HEALING ATTACHMENT WOUNDS

A Compassionate Guide to Understanding How You Love, Soothing Old Fears, and Creating Lasting Emotional Security

Hanz Yiglix



Tryhard Publishing

Dedication

For everyone who learned to reach, or to retreat,
and is learning that closeness can be safe.

Legal Disclaimer

This book is intended for **educational and informational purposes only**. It does not replace professional psychological, therapeutic, or medical advice, and it is not intended to diagnose, treat, cure, or prevent any mental health condition.

Every person's experience is different, and readers are encouraged to seek guidance from a qualified mental health professional when facing ongoing distress. If you are experiencing severe emotional distress, thoughts of self-harm, or concerns about your immediate safety, contact a crisis service or local emergency services right away.

The people and stories in this book are fictional composites created for illustration. Any resemblance to real persons is coincidental.

The author, Hanz Yiglix, and Tryhard Publishing expressly disclaim any responsibility or liability for any adverse effects, losses, or consequences, direct or indirect, that may result from the use, application, or interpretation of the information contained in this book, and make no guarantees regarding specific outcomes.

© 2026 Tryhard Publishing. All rights reserved.

No part of this book may be reproduced, distributed, or transmitted in any form or by any means, including photocopying, recording, or other electronic or mechanical methods, without the prior written permission of the publisher, except in the case of brief quotations embodied in critical reviews and certain other noncommercial uses permitted by copyright law.

CONTENTS

A Note to the Reader 16
How to Use This Book 18
INTRODUCTION 20
The Text Message Left on "Read" 20
The Ache Behind the Pattern 21
What Attachment Wounds Are, and What They Are Not 22
Why This Is Not About Blaming Your Parents 23
Meeting the Companions on This Journey 23
What This Book Will Ask of You 24
A Promise Before We Begin 24
PART I: UNDERSTANDING ATTACHMENT 26
What Attachment Really Is 26
The Need Beneath All Needs 27
Bowlby, Ainsworth, and the Birth of Attachment Science 28
The Secure Base and the Safe Haven 29
Inside the Mind: Working Models 30
What Attachment Wounds Look Like in Adulthood 30
Inheritance Is Not Destiny 31
Common Myths About Attachment 32
Attachment Across the Lifespan 33
Questions to Carry Forward 33
Healing Practice: The Attachment Story Timeline 34
Reflection Prompts 35
What to Remember 35

Claire's Thread....36
How Attachment Wounds Form....37
How a Wound Forms....38
Misattunement....39
Neglect....39
Inconsistency....40
When the Caregiver Was Also the Source of Fear....41
Rupture Without Repair....42
Separation and Loss....42
The Wounds That Leave No Scene....43
Family and Cultural Context....44
Temperament and Fit....44
When You Were the Caregiver....45
How Wounds Become Beliefs....46
Healing Practice: Naming What You Needed....46
Reflection Prompts....47
What to Remember....48
Theo's Thread....48
Your Nervous System on Attachment....50
Why the Body Matters....51
Why Closeness Can Feel Like Danger....51
The Window of Tolerance....53
Two Strategies: Turning Up and Turning Down....53
Fight, Flight, Freeze, and Fawn in Relationships....54
The Body Keeps Its Own Attachment Story....55
Signs Your Attachment Alarm Is Sounding....55

Sleep, Stress, and Sensitivity 56
Triggers in Everyday Life 57
Safety Signals 57
Healing Practice: Mapping Your Attachment Alarms 58
Reflection Prompts 59
What to Remember 59
Leila's Thread 60
PART II: RECOGNIZING YOUR ATTACHMENT PATTERNS 61
The Four Patterns 61
A Map, Not a Verdict 62
Two Dimensions 63
Secure 64
Anxious 64
Avoidant 65
Fearful-Avoidant 65
How Patterns Shift Across Relationships 66
Recognizing Your Pattern Without Judging It 66
Dismissing and Fearful Avoidance 67
Beyond Romance 68
Common Questions About the Four Patterns 68
Healing Practice: Finding Your Pattern 69
Reflection Prompts 70
What to Remember 71
Jonah's Thread 71
The Anxious Heart 73
What the Anxious Heart Is Like From the Inside 74

Where It Comes From 74
Protest Behavior 75
Hyperactivation: When the Alarm Won't Turn Off 76
The Fear Underneath 77
The Strengths of the Anxious Heart 77
Effects on Partners 78
Calming the Alarm From Within 78
The Reassurance Loop 79
Jealousy and Comparison 80
Anxious Love at Work and in Friendship 80
Healing Practice: The Reassurance Pause 81
Reflection Prompts 81
What to Remember 82
Claire's Thread 82
The Guarded Heart 84
What the Guarded Heart Is Like From the Inside 85
Where It Comes From 85
Deactivation: The Habit of Needing Nothing 86
Independence as Armor 87
The Longing Beneath the Distance 87
How Avoidance Affects Partners 88
The Strengths of the Guarded Heart 88
Small Steps Toward Closeness 89
Avoidance in Friendship and Family 89
When Independence Hides Exhaustion 90
How Partners Can Help Without Chasing 90

Healing Practice: Staying One Minute Longer 91
Reflection Prompts 92
What to Remember 92
Jonah's Thread 93
The Pull and Push of Fear 95
Wanting Closeness and Fearing It 96
Where It Comes From 97
What It Can Look Like 97
A Word About Safety 98
Unresolved Loss and Trauma 99
Finding Steadiness in Contradiction 99
Pacing and Titration 100
The Strengths of the Fearful Heart 101
Idealization and Disappointment 101
Intensity Versus Intimacy 101
Building Trust in Small Experiments 102
Healing Practice: The Both/And Inventory 103
Reflection Prompts 103
What to Remember 104
Leila's Thread 104
PART III: THE HEALING PATH 106
Safety First 106
Why Safety Comes First 107
Regulating Before Relating 108
Self-Soothing and Co-Regulation 109
Tools for Returning to Your Window 109

Regulation Is Not Suppression 110
Resourcing: Building Inner and Outer Supports 111
When to Seek Extra Support 112
A Week of Regulation Experiments 112
The Body's Basics 113
Time-Outs That Work 113
Healing Practice: Build Your Calm Plan 114
Reflection Prompts 115
What to Remember 115
Theo's Thread 116
Grieving What Was Missing 118
The Grief Beneath the Pattern 119
Ambiguous Loss and Disenfranchised Grief 120
What Grief Can Look Like 120
Grief and the Body 121
Holding Two Truths 122
Rituals of Grief 122
Going Gently 123
Grief in the Middle of Relationships 123
Anger Without Harm 124
Gratitude Alongside Grief 124
Healing Practice: A Letter to the Child You Were 125
Reflection Prompts 126
What to Remember 126
Leila's Thread 126
Earned Security 128

What "Earned Security" Means 129
What the Research Shows 130
The Two Ingredients 130
Reflecting on Your Story 131
Learning From Safe Relationships 132
Therapy as a Secure Base 133
How Security Actually Feels 133
Small Signs of Change 134
Setbacks Are Part of the Path 134
How Long Does It Take? 135
Groups and Community 135
Micro-Moments of Security 136
Healing Practice: Rewriting Your Attachment Narrative 136
Reflection Prompts 137
What to Remember 138
Claire's Thread 138
Reparenting Yourself 140
What It Means to Become Your Own Secure Base 141
The Inner Critic 142
Self-Compassion 142
Reparenting Looks Different for Different Patterns 143
Everyday Acts of Reparenting 144
Becoming Reliable to Yourself 145
Reparenting Through Routine 145
Scripts for Hard Moments 146
Rest, Play, and Joy 146

Healing Practice: The Compassionate Reply 147
Reflection Prompts 148
What to Remember 148
Jonah's Thread 149
PART IV: LIVING SECURELY 151
Secure Love 151
Secure Love Is Learned 152
Choosing Safe People 152
Asking for What You Need 154
The Dance of Two Patterns 154
Rupture and Repair 155
Being Safe and Being Brave 156
New Relationships and Dating 157
When Your Partner Has a Different Pattern 157
Physical Closeness and Comfort 158
Healing Practice: The Repair Conversation 159
Reflection Prompts 160
What to Remember 160
Claire's Thread 160
Boundaries and Closeness 162
Boundaries Are Part of Closeness 163
Why Boundaries Feel So Hard 164
Writing a Boundary 165
Difficult Conversations With Family 165
When Someone Cannot Meet You 166
Guilt Is Not Evidence 167

Boundaries With Friends and at Work 168
Boundaries in the Digital Age 169
Holidays and Family Gatherings 169
Healing Practice: One Boundary, One Conversation 170
Reflection Prompts 171
What to Remember 171
Leila's Thread 171
Breaking the Cycle for the Next Generation 173
The Chain Can Change 174
What Children Need From a Secure Base 175
The Nursery Ghost and How to Meet It 176
Your Pattern as a Parent 177
Repair Is Your Most Powerful Tool 177
Helping Children With Feelings 178
If You Do Not Have Children 179
Be Gentle With Yourself 179
Co-Parenting and Blended Families 180
Teenagers and Attachment 180
When Your Child's Needs Are Different From Yours 181
Healing Practice: The Pause and Repair Plan 182
Reflection Prompts 182
What to Remember 183
Theo's Thread 183
CONCLUSION 185
You Were Always Worthy of Closeness 185
The Characters, One Year Later 185

What You Have Done 186
Healing Is Not a Finish Line 187
A Final Word 187
APPENDIX A: CALM CARDS 189
APPENDIX B: CONVERSATION SCRIPTS 191
Asking for Reassurance Directly 191
Asking for Space Without Disappearing 191
Sharing a Feeling 191
Setting a Boundary 191
Repairing After a Rupture 192
Repairing With a Child 192
Responding When Someone Cannot Meet You 192
Ending a Difficult Conversation 192
APPENDIX C: THE 30-DAY PRACTICE PLAN 193
Week 1: Understand 193
Week 2: Recognize 193
Week 3: Heal 194
Week 4: Live Securely 194
APPENDIX D: GLOSSARY 195
APPENDIX E: RESOURCES 198
Support and Crisis Resources 198
For Further Reading 198
APPENDIX F: FREQUENTLY ASKED QUESTIONS 200
"Is my attachment style permanent?" 200
"I do not remember much of my childhood. Can I still do this work?" 200

"My parents did their best. Is it wrong to feel hurt?" 200

"What if I recognize myself in more than one pattern?" 200

"Can I heal if my partner does not want to change?" 201

"Do I need a therapist?" 201

"What if I feel worse before I feel better?" 201

"How can I tell the difference between a trigger and a real problem in the relationship?" 201

"Is it selfish to focus on my own healing?" 202

"What if I am afraid that I will repeat my parents' patterns with my children?" 202

APPENDIX G: GUIDE FOR READING GROUPS AND PROFESSIONALS 203

Suggested Group Agreements 203

A Sample Session Structure 203

A Twelve-Week Reading Plan 203

Facilitation Tips 204

Discussion Questions by Part 204

APPENDIX H: COMPANION WORKSHEETS 206

Worksheet 1: My Attachment Alarm Log 206

Worksheet 2: My Needs and Requests 208

Worksheet 3: Repair Planner 210

Worksheet 4: Letters 212

Worksheet 4 (continued): A Letter to My Future Self 214

Worksheet 5: My Safe Base Inventory 215

Worksheet 6: Monthly Review 217

APPENDIX I: TWELVE-WEEK PROGRESS TRACKER 219

BIBLIOGRAPHY & SELECTED WORKS 221

Attachment Theory and Development....221
Adult Attachment and Relationships....222
Earned Security and Healing....223
Stress, the Body, and Emotion Regulation....223
Grief, Self-Compassion, and Family....224
About the Sources....225
ABOUT THE AUTHOR....226

A NOTE TO THE READER

You do not need a painful childhood to be holding this book.

You do not need a diagnosis, a dramatic story, or a clear memory of the moment something went wrong. Many people who pick up a book about attachment are loved, capable, and often admired, and they are quietly puzzled by the way closeness feels. They want connection and they flinch from it. They long to be chosen and they cannot believe that they are. They hold on too tightly, or they hold the door half closed, or they do both within a single afternoon.

Maybe you read a short message, notice that a reply has not come, and feel your whole day tilt. Maybe someone says "I love you" and you feel an urge to step back. Maybe you are the one everyone leans on, and you cannot remember the last time you leaned on anyone yourself. Maybe you have watched yourself with a partner, a friend, or a child and thought, *Why do I keep doing this?*

This book is about the answer to that question. It is about the earliest relationships that taught your mind and body what closeness is, what it costs, and what you can expect from it, and about the very real possibility that those lessons can be revised.

I want to be honest about what this book is and is not. It is not a book about blaming your parents. Most caregivers offer what they were given, and many were given very little. It is also not a replacement for therapy. It is a guide, built on decades of research in attachment science and trauma studies, that will help you understand your patterns with compassion and practice something new.

Some pages will ask something real of you. Go slowly. Put the book down when you need to. Come back to the parts that move you, and skip ahead when you are ready. There is no correct pace for healing, only yours.

And your pace is enough.

Hanz Yiglix

HOW TO USE THIS BOOK

This book is not meant to be rushed.

Attachment patterns are among the oldest habits in a life. They formed long before you had words for them, and they are tied to the body as much as to the mind. You may read a chapter in an evening and need a week for it to settle. That is not a sign that you are doing it wrong. It is what understanding looks like when it is given time.

Here are a few suggestions to help you get the most from these pages.

Keep a journal nearby. Every chapter closes with a healing practice, reflection prompts, and a short summary called "What to Remember." Writing your answers, even a few lines, helps move insight from your head into your lived experience. Research on expressive writing suggests that putting difficult experiences into words can reduce their emotional weight over time (Pennebaker, 1997).

Read in order, at least the first time. The book has four parts. Part I explains what attachment is, how wounds form, and how your nervous system responds to closeness. Part II helps you recognize your own pattern, whether anxious, guarded, or fearful. Part III offers a healing path: safety, grief, earned security, and reparenting. Part IV turns toward living differently, with secure love, boundaries, and the next generation. Each part builds on the one before it.

Meet the companions. Four fictional people appear throughout the book: Claire, Jonah, Leila, and Theo. They are composites created for illustration. You will meet them in the opening pages of many chapters, and you will see them again, a year later, in the conclusion.

Notice your body as you read. Attachment is felt in the chest, the stomach, the throat, and the breath. If you notice tightness, heat, sadness, or an urge to close the book, pause. Put both feet on the floor and take a slow breath. These reactions are not failures. They are

information, and every time you notice one you practice something this book is trying to teach.

Go gently with the practices. Some will feel awkward, especially those that ask you to reach out, to ask for something, or to speak kindly to yourself. Resistance is normal. You do not have to feel the words yet. You only have to be willing to try them.

Use the tools at the back. The appendices include calm cards for hard moments, conversation scripts, a thirty-day practice plan, a glossary, a list of resources, answers to frequently asked questions, and a guide for reading groups. If you are not sure where to begin, start with the thirty-day plan and read the chapters alongside it.

If this material brings up memories or feelings that feel too heavy to hold alone, please consider working with a trauma-informed therapist or another qualified mental health professional. Seeking support is not a sign that the work is failing. For many people, it is the very thing that makes the work possible.

And remember: you picked up a book about healing attachment wounds. That took courage. The wound would prefer you stay at a distance. You chose to come closer.

INTRODUCTION



THE TEXT MESSAGE LEFT ON "READ"

Claire Donovan was grading spelling tests at her kitchen table when she noticed that her message had been read.

It was a small message. *Hey, how was your day? Want to grab dinner this weekend?* She had sent it to Daniel, whom she had been dating for four months, at 6:12 in the evening. At 6:15, the word *Read* appeared beneath it. It was now 8:40.

She turned the phone face down. She picked up her red pen. She graded one test, and then another, and found that she was reading each sentence three times without understanding it. Her chest felt tight and shallow, as if there were a hand pressed against it. Her mind, politely and without being asked, began supplying explanations. *He's losing interest. I came on too strong. He saw it and didn't want to answer. Of course. This is how it always goes.*

At 8:52 she turned the phone over. Nothing. At 9:05 she sent a second message: *No pressure at all! Just checking in :)*. She hated it the moment it left her hands.

At 9:30, Daniel replied: *Sorry, work was insane. Saturday sounds great.*

The tightness in her chest loosened at once, and what flooded in behind it was not quite relief. It was a strange mixture of gratitude, embarrassment, and exhaustion, as though she had run a very long way to reach a place that had been right there all along.

Claire is thirty-three. She teaches third grade, she is warm and quick to laugh, and her friends describe her as one of the most loyal people

they know. She is also someone whose entire emotional weather can change in the space between a message and its answer.

She has never been able to explain it, not even to herself. She only knows that somewhere beneath the logic, in a place that logic does not reach, a small and very old part of her is always listening for a door to close.

If some part of Claire's evening feels familiar, you are in the right place.

THE ACHE BEHIND THE PATTERN

Most people who struggle in close relationships do not struggle for lack of love. They struggle because love, for them, is wrapped in alarm.

For some, the alarm sounds when someone pulls away. They feel an urgent need to reconnect, to ask, to check, to make sure. For others, it sounds when someone moves closer. They feel crowded, suffocated, or oddly trapped, and they reach for distance without quite knowing why. For others still, both alarms sound at once, so that every step toward closeness is also a step toward danger.

These reactions can seem irrational, even to the people who have them. But they are not random, and they are not character flaws. They are patterns that formed in the earliest relationships of your life, when your survival depended on the adults around you, and your mind and body worked out, with remarkable precision, what those adults were likely to do.

The research on this is more than half a century old, and it has been remarkably consistent. The British psychiatrist John Bowlby proposed in the 1950s and 1960s that human beings are born with a built-in system that drives us to seek closeness with caregivers, especially when we are frightened, tired, or in pain (Bowlby, 1969). The quality of the responses we receive shapes our expectations about closeness for years to come, sometimes for life. This is the foundation of what is now called *attachment theory*.

This book builds on that foundation. It will take you through the science, but more importantly, it will give you tools, because understanding the origin of a pattern is only the first step. The second step is learning what to do when it activates.

WHAT ATTACHMENT WOUNDS ARE, AND WHAT THEY ARE NOT

The phrase *attachment wound* is not a clinical diagnosis. It is a way of describing a lasting emotional injury that arises when a child's need for safe, responsive closeness is not reliably met.

An attachment wound may result from something that happened: a caregiver who was frightening, a long separation, a loss, a hospitalization, a divorce that rearranged a child's world. It may also result from something that did *not* happen: comfort that rarely came, attention that was unpredictable, feelings that no one noticed. Often it results from a combination, spread over years, with no single scene to point to.

It helps to be clear about what the term does not mean.

It does not mean that your parents were bad people. Many were doing their best in circumstances that were beyond their control, such as poverty, illness, migration, grief, or their own unhealed histories.

It does not mean that you are damaged beyond repair. One of the most important findings in attachment research is that patterns can change, and that people who begin with insecure attachment can develop security later in life, a process researchers call *earned security*.

It does not mean that every difficulty in your relationships comes from childhood. Adult relationships involve two people, current stress, communication skills, and sometimes genuine incompatibility.

And it does not mean that you must label yourself. The patterns in this book are tendencies, not types. Most people are a mixture, and the mixture changes with the relationship and the stage of life.

WHY THIS IS NOT ABOUT BLAMING YOUR PARENTS

Almost everyone who begins this work worries about the same thing: *Am I blaming my parents?*

The worry is understandable, and it deserves a direct answer. Understanding a pattern is not the same as accusing a person. A mother who was never comforted as a child may find it hard to comfort her own. A father who learned that feelings were dangerous may withdraw when his child cries. Each generation offers what it received, and in doing so passes on both gifts and wounds.

At the same time, understanding does not require you to pretend that nothing hurt. You can hold two truths at once: *They did what they could*, and *I still needed something I did not receive.* A large part of healing happens in the space between those two sentences.

MEETING THE COMPANIONS ON THIS JOURNEY

Throughout this book you will meet four people. They are fictional composites drawn from patterns that are common in relationships, and they are not based on any real individual.

Claire Donovan, thirty-three, is a third-grade teacher who reads closeness through the lens of possible loss. She is warm, devoted, and quick to check whether she is still wanted.

Jonah Reyes, thirty-eight, is a software engineer who prides himself on being self-sufficient. He is kind, steady in a crisis, and baffled by how often partners tell him that they cannot reach him.

Leila Hassan, thirty-one, is an emergency room nurse who is superb at caring for strangers and uneasy about being cared for. She craves closeness and, when it arrives, often feels an urgent need to run.

Theo Lindqvist, forty-five, is a divorced father of two who is determined to raise his children differently from how he was raised, and who is learning that determination alone is not enough.

You will not agree with everything they do, and they will not always agree with themselves. That is part of why they are useful. They are not examples of perfect healing. They are examples of what it looks like to try.

WHAT THIS BOOK WILL ASK OF YOU

This book will ask for some things that are not always easy to give.

It will ask for **curiosity** where you may be used to self-judgment. When you notice a reaction, the invitation is to ask, *What is this protecting?* instead of *What is wrong with me?*

It will ask for **patience**. Patterns that took years to form do not dissolve in weeks. A new response practiced for a month will not replace a response practiced for thirty years, but it can begin to loosen it.

It will ask for **honesty**, including about the real strengths your pattern gave you and the real costs it still carries.

And it will ask you to **take your own pace seriously**. If a practice feels like too much, make it smaller. If a memory feels too heavy, stop and seek support. Healing that overwhelms you is not working.

A PROMISE BEFORE WE BEGIN

I cannot promise that this book will change your relationships, or that the people you love will respond the way you hope. I can promise something smaller and, I think, more important.

If you read with openness and practice with patience, you will understand yourself better than you did before. You will have language for experiences that once had no name. You will have tools for the moments when the old alarm sounds, and you will have a clearer picture of what a secure relationship looks like and how to build one.

You may also discover something that surprises you. The part of you that clings, or hides, or flees is not the enemy. It is a young, frightened, intelligent part that learned what it had to learn. This book is about helping that part feel, finally, that it is safe.

Let us begin.

PART I: UNDERSTANDING ATTACHMENT

CHAPTER 1
WHAT ATTACHMENT REALLY IS



Theo Lindqvist was sitting on a park bench with a lukewarm coffee when his daughter fell off the climbing frame.

It was not a bad fall. Ines, four years old, slid the last two feet, landed on her hands and knees on the rubber matting, and for a moment said nothing at all. Then her face crumpled. She looked around the playground, past the other children, past the swings, until her eyes found him. And then she ran.

She ran straight at him, crying, arms already out. He caught her, and she pressed her whole wet face into his jacket and sobbed with the full, uninhibited force of a child who knows exactly where to go. He held her. He said, "I've got you, I've got you. That looked scary." Within two minutes, the crying had thinned to hiccups. Within five,

she wriggled out of his lap, wiped her nose on her sleeve, and ran back to the climbing frame.

Theo sat on the bench, watching her climb, with an odd tightness in his throat.

He could not remember ever running to anyone. When he fell off his bike at seven and scraped his elbow to the bone, he had walked home slowly, washed the wound at the kitchen sink, and put on a bandage by himself. His mother had been on the phone. His father had been at work. Nobody had been unkind. Nobody had been there.

He had always thought of his self-reliance as a kind of strength. Now, watching his daughter go to him without a flicker of doubt, he felt something he had no word for, a mixture of tenderness, awe, and a grief so old that it had never learned to speak.

THE NEED BENEATH ALL NEEDS

Before there is language, there is attachment.

A human infant is born more helpless than almost any other animal. For years, survival depends on the presence of adults who feed, shelter, protect, and soothe. Evolution has built a solution into our biology: an intense, automatic drive to stay close to those who care for us, and to protest, cry, cling, or search when closeness is threatened.

This drive is not a luxury or a sign of weakness. It is as fundamental as hunger. When it is met, children feel safe enough to explore the world, to play, to learn, and to take risks. When it is repeatedly unmet, the drive does not disappear. It adapts, and the adaptations shape the way we love for the rest of our lives.

This chapter lays the foundation for the whole book. It explains what attachment is, where the science comes from, and what attachment wounds tend to look like in adult life.

BOWLBY, AINSWORTH, AND THE BIRTH OF ATTACHMENT SCIENCE

In the years after the Second World War, a British psychiatrist named John Bowlby became interested in the effects of separation on young children. He had worked with children who had been evacuated from cities, hospitalized for long periods, or placed in institutions, and he noticed that even when their physical needs were met, many showed profound distress.

Bowlby proposed that infants are born with a behavioral system designed to maintain closeness to a caregiver, and that this system is as much a part of human biology as the systems that regulate feeding or temperature (Bowlby, 1969). Crying, clinging, following, and calling are not signs of spoiling. They are signals, shaped by evolution, that say: *Stay near me. I need you.*

At about the same time, experiments with infant monkeys by the psychologist Harry Harlow challenged the idea that babies bond to caregivers simply because they provide food. Young monkeys given a choice between a wire surrogate that provided milk and a soft cloth surrogate that provided none spent most of their time clinging to the cloth, going to the wire only to feed (Harlow, 1958). Contact comfort, it seemed, mattered deeply.

Bowlby's colleague, the psychologist Mary Ainsworth, took the theory into the laboratory. She developed a procedure called the *Strange Situation*, in which a one-year-old is briefly separated from a caregiver and then reunited, while observers note how the child responds (Ainsworth, Blehar, Waters, & Wall, 1978). What she found was that infants differed in a systematic way, not so much in how they behaved during the separation, but in how they behaved when the caregiver returned.

Some children, whom Ainsworth called *secure*, were upset by the separation, sought comfort on reunion, and were quickly soothed. Some, called *avoidant*, appeared calm during the separation and turned

away from the caregiver on return. Some, called *anxious* or *ambivalent*, were highly distressed, and on reunion both clung to the caregiver and angrily resisted comfort. Later, Mary Main and Judith Solomon identified a fourth group of children who showed confused, contradictory, or frozen behaviors in the caregiver's presence, a pattern they called *disorganized* (Main & Solomon, 1986).

These patterns were not random. They tracked how caregivers had typically responded at home. Caregivers who were generally sensitive to their babies' signals tended to have securely attached children. Caregivers who were consistently rejecting, inconsistent, or frightening tended to have children with the other patterns. The child's behavior, in other words, was an intelligent adaptation to the care actually available.

THE SECURE BASE AND THE SAFE HAVEN

Two ideas from attachment theory are worth holding onto throughout this book.

The first is the *safe haven*. When a child is hurt, scared, or tired, a safe haven is the person to whom the child goes for comfort. Like Ines running to her father, a child with a safe haven can bring distress to someone who will receive it and help to settle it.

The second is the *secure base*. A secure base is a caregiver who is reliably present in the background, so that the child feels free to explore. A toddler plays at some distance, glancing back now and then to check that the parent is still there. The knowledge that you can return is what makes it safe to leave. Bowlby later wrote that the secure base is the foundation from which we move out into the world and to which we come back (Bowlby, 1988).

Notice that the two ideas belong together. Comfort in distress and confidence in exploration both depend on one underlying belief: *Someone is there for me, and I am worth responding to.*

When that belief forms, it becomes a quiet background certainty, like gravity. People who grew up with it often do not realize they have it. When it does not form, a different set of expectations takes its place.

INSIDE THE MIND: WORKING MODELS

How does early experience become a lasting pattern? Bowlby suggested that children build mental representations of relationships, which he called *internal working models*. These are not conscious ideas. They are expectations, formed from repeated experience, about whether others will be available and about whether the self is worthy of care (Bowlby, 1973).

An internal working model might hold implicit rules such as:

- *When I am upset, someone will come, or no one will.*
- *My feelings are welcome, or they are a burden.*
- *People who love me stay, or they leave.*
- *Closeness is safe, or it hurts.*

These models operate quickly and automatically, usually outside of awareness. They shape what we notice, how we interpret ambiguous signals, and what we do next. A delayed text message, a neutral tone, a cancelled plan, each can be read through the lens of the model, and the reading will feel like plain fact.

The models are not fixed. They can be revised by new experience. But because they are built into expectation itself, they tend to persist unless something challenges them.

WHAT ATTACHMENT WOUNDS LOOK LIKE IN ADULTHOOD

Researchers began to ask whether the same patterns appeared in adult relationships. Cindy Hazan and Phillip Shaver proposed that romantic love could be understood as an attachment process, with adults showing patterns similar to those in infants (Hazan & Shaver, 1987). Later research has refined this picture, showing that adult

attachment can be described along two dimensions: *anxiety*, the degree to which a person worries about being abandoned or unloved, and *avoidance*, the degree to which a person feels uncomfortable with closeness and dependence (Fraley & Shaver, 2000).

In daily life, attachment wounds may show up in many ways.

In how you handle distance. You may feel panic when someone is slow to respond, or relief when someone gives you space, or both in quick succession.

In how you handle closeness. You may feel a deep craving for it, a quiet discomfort with it, or a pull to test it.

In how you handle conflict. You may pursue and protest, withdraw and shut down, or swing between the two.

In how you handle needs. You may ask too often, or never, or only in indirect ways that others miss.

In how you see yourself. You may carry a quiet belief that you are too much, not enough, or somehow fundamentally hard to love.

In how you see others. You may expect them to leave, to disappoint, to control, or to be unreliable.

If these descriptions touch something familiar, it does not mean that you are broken. It means that your attachment system learned its lessons well. The next sections of this chapter, and the whole of this book, are about what can happen next.

INHERITANCE IS NOT DESTINY

It is natural to wonder whether attachment patterns are fixed. The evidence says that they have a real degree of stability, and that they can also change.

Longitudinal studies that follow people from infancy into adulthood have found substantial continuity. In one study, researchers assessed infants in the Strange Situation and interviewed the same people about their relationships twenty years later. A majority had the

same classification, and the changes that occurred were linked to significant life events such as loss of a parent, parental divorce, or serious illness (Waters, Merrick, Treboux, Crowell, & Albersheim, 2000). A meta-analysis of studies on attachment stability suggests that patterns carry forward with moderate stability, and that stability varies with circumstances (Fraley, 2002).

But the same research that shows continuity also shows change. Some people who begin with insecure attachment move toward security, and some who begin with security move away. The ones who move toward security often describe things like a steady relationship, a trusted mentor, a therapist, or a period of deep reflection on their own history. Researchers refer to this as *earned security*, and we will explore it in detail in Chapter 10 (Roisman, Padron, Sroufe, & Egeland, 2002).

The message is hopeful and also honest. Your early experience shaped you, and the shaping was real. But it did not finish you. Attachment is a system that continues to learn, and what it learns depends on what it keeps encountering.

COMMON MYTHS ABOUT ATTACHMENT

Attachment is one of the most popular ideas in popular psychology, and with popularity comes distortion. Before going further, it helps to clear away a few misunderstandings.

Myth	Reality
Attachment style is decided in infancy and never changes.	Patterns show real stability, and they also shift with relationships, stress, and reflection.
Anxious and avoidant people are opposites who cannot be happy together.	They can build secure relationships when both understand their cycle and practice new moves.
Insecure attachment means you had bad parents.	Many caregivers did their best under real strain. Attachment reflects the care that was available, not a verdict.

Myth	Reality
Secure people never feel anxious or lonely.	Secure people feel hurt and fear too. They recover faster and reach out more easily.
Needing others is a sign of weakness.	The need for closeness is built into human biology. It is a strength to meet it well.

ATTACHMENT ACROSS THE LIFESPAN

Attachment is often described as a story about babies and parents, but Bowlby insisted that it matters "from the cradle to the grave." Mary Ainsworth made the same point in a later paper, noting that adults form attachments to partners, close friends, and sometimes mentors, and that these bonds come to serve the functions that parents once did: a place to bring distress and a base from which to explore (Ainsworth, 1989).

This is worth remembering for two reasons. First, it means that the adults around you now are not only ordinary friends and partners. They are potential attachment figures, and your nervous system will treat them accordingly. That helps explain why a small slight from a partner can feel enormous, while a larger slight from a stranger barely registers.

Second, it means that the relationships you build now carry real healing potential. A steady friend, a patient partner, a wise mentor, or a skilled therapist can offer exactly the kind of experience that revises an old internal working model. You are not limited to the care you received as a child.

QUESTIONS TO CARRY FORWARD

As you move into the rest of this book, you may find it helpful to carry a few questions in the back of your mind. They are not meant to be answered quickly.

- *When I am upset, what do I most want from another person?*
- *What do I do when I do not get it?*
- *Whose face do I look for when I am frightened?*
- *Who looks for mine?*
- *What would it be like to believe that I am worth responding to?*

You will come back to these questions in many forms. For now, let them sit.

HEALING PRACTICE: THE ATTACHMENT STORY TIMELINE

This first practice helps you look at your attachment history with curiosity, without judgment. You will need a notebook and about thirty minutes.

Step 1: Draw a line. Draw a horizontal line across a page, and mark it with ages: birth, five, ten, fifteen, twenty, and so on up to your current age.

Step 2: Mark the closeness. Above the line, write the names of people who were sources of comfort, safety, or encouragement at each stage. These might be parents, relatives, teachers, friends, partners, coaches, or neighbors. Include anyone, even if the relationship was brief.

Step 3: Mark the hurts. Below the line, write moments or periods of separation, loss, fear, or rejection. You do not need to write details. A few words will do: *Moved schools. Parents divorced. Dad deployed. Grandmother died. Left alone a lot.*

Step 4: Notice the patterns. Look at the whole timeline. Ask: *Who did I go to when I was upset? What happened when I did? What did I learn about asking for help?* Write two or three observations.

Step 5: Notice the protective figures. Look at the people above the line. Even if the list is short, someone was there. Write one sentence about what each person offered.

Step 6: Write a sentence. Complete this sentence: *When I was young, closeness taught me that...* Be honest. There are no wrong answers.

Step 7: Be kind to yourself. End by writing one sentence of care to the person who lived this timeline.

If the exercise stirs strong feelings, pause. Plant your feet on the floor, take a few slow breaths, and return another day.

REFLECTION PROMPTS

1. When you were a child and you were upset, where did you go, and what happened?
2. What did you learn, without anyone telling you, about what happens when you need someone?
3. Which of the adult patterns described in this chapter, such as worry about distance, discomfort with closeness, or difficulty asking for what you need, feel most familiar?
4. Who in your life, past or present, has been even a little like a secure base for you?
5. What would it mean to you if your pattern was an intelligent adaptation rather than a flaw?

WHAT TO REMEMBER

Attachment is the built-in drive to seek closeness with caregivers. It is as fundamental as hunger.

Early experience of how caregivers respond shapes internal working models: expectations about whether others will be there and whether you are worth responding to.

Adult relationships often reflect these models, through anxiety about being left, discomfort with closeness, or both.

Attachment patterns have real stability, but they can change. People can move toward security through steady relationships and reflection.

In the next chapter, we will look at how attachment wounds form, and why they are so often invisible to the people who carry them.

CLAIRE'S THREAD

Claire drew her timeline at her kitchen table on a Sunday afternoon, with a cup of tea going cold beside her.

Above the line, she wrote *Grandma Rose*, and then, after a pause, *Mrs. Okafor, fourth grade.* She had not thought of Mrs. Okafor in years. She remembered a teacher who, when Claire cried at the classroom door every morning for a month, had simply knelt down and said, "I'll be right here when you come in."

Below the line, she wrote *Parents' divorce, age 8*. She wrote *Dad moved to Arizona.* She wrote *Mom working all the time.* And, at the edge of the page, almost without meaning to, she wrote: *Waited by the window a lot.*

She looked at that last line for a long time. She had never thought of it as waiting, only as a habit, a small and silly thing she used to do on Saturdays. But sitting there, thirty years old and then some, with her phone face down beside her, she felt the shape of it. Of a girl at a window. Of a girl who had learned that when someone is gone, the thing to do is to watch for them to return.

At the bottom of the page she completed the sentence: *When I was young, closeness taught me that people leave, and that I should keep watch.*

She did not cry. But she put her hand flat on the page for a moment, the way you might on the shoulder of someone who has been carrying something heavy for a very long time.

CHAPTER 2
HOW ATTACHMENT WOUNDS FORM



Leila Hassan was walking out of the hospital at seven in the morning, after a twelve-hour shift, when her phone buzzed.

Come home. I need you. Please.

It was her mother. Leila stopped on the sidewalk, one hand still gripping the strap of her bag. Her stomach dropped in a way that had nothing to do with fatigue. It was an old drop, a lift-and-fall like a missed stair.

She knew this message. It could mean that her mother had had a bad night and wanted company. It could mean that she had had a glass of wine too many and wanted an audience. It could mean a flood of tears, a flood of accusations, or a sudden hug so tight that it hurt. It might mean all three, in sequence, within an hour.

Leila had learned to read her mother's moods before she could read books. She knew the sound of a particular footstep on the stairs, the

pitch of a voice in the kitchen, the weight of silence after the front door closed. She had known, as a little girl, how to make herself small, and how to make herself useful, and how to tell, within seconds, which version of her mother had come home.

At thirty-one, she can place an IV in a trembling child's arm on the first try, and she can walk into a room where a family has just received terrible news and know exactly what to say. She is calm, competent, and trusted.

But standing on the sidewalk in the early light, she felt twelve years old. She felt the old pull toward her mother, the dread of that pull, and the shame of both. She typed, *On my way*, and then stood there for a full minute without moving, her whole body in two directions at once.

HOW A WOUND FORMS

When people hear the phrase *attachment wound*, they often imagine a single dramatic event. Sometimes that is the case. More often, an attachment wound forms gradually, through patterns of experience that are repeated again and again, until the pattern itself becomes the child's picture of how relationships work.

Attachment researchers have identified a few conditions that seem to matter most. This chapter looks at them one by one: misattunement, neglect, inconsistency, and fear. It then turns to separation and loss, to the quiet wounds that leave no scene behind, to the role of rupture without repair, and to the context in which families live.

As you read, keep two things in mind. First, none of these conditions requires that a caregiver be cruel. Most arise from stress, illness, grief, or unhealed history. Second, every child finds a way to cope, and the way they found was probably the best available to them at the time.

MISATTUNEMENT

Attunement is the ability to notice what a child is feeling and respond in a way that fits. A baby cries because she is hungry, and the caregiver feeds her. A toddler is frightened by a loud noise, and the caregiver picks him up. A seven-year-old comes home sad, and the parent notices, sits beside her, and asks.

Misattunement happens when the response does not fit the need. A caregiver might consistently misread distress as manipulation, or respond to sadness with anger, or answer fear with a joke, or overlook what the child is feeling altogether. None of this needs to be intentional. A parent who is exhausted, preoccupied, or reacting from their own history may simply miss the signal.

The effect depends on how often it happens. Every parent misreads sometimes. The concern is a persistent pattern, in which a child's emotional world is regularly unseen or misunderstood. Children in these situations may come to doubt what they feel, or to believe that their feelings are wrong, excessive, or a problem.

One classic demonstration of how sensitive babies are to attunement comes from the "still-face" experiments of Edward Tronick and his colleagues. In these studies, a mother plays normally with her infant, then is asked to hold a blank, unresponsive face for a short time. Within seconds, most infants try to re-engage the mother, and when that fails, they become distressed, turn away, and may withdraw (Tronick, Als, Adamson, Wise, & Brazelton, 1978). The experiment is brief and the mother then reconnects, which typically repairs things quickly. But it shows how deeply babies rely on a responsive face, and what the absence of one feels like.

NEGLECT

Neglect is the absence of care that a child needs: attention, comfort, supervision, stimulation, emotional response. It is a kind of wound that is easy to miss because there is nothing to see. No raised voice, no

blow, no dramatic moment, only a long quiet in which a child's needs went unanswered.

Neglect may be physical, as when basic needs are not met, or emotional, as when a child's feelings are consistently ignored. Emotional neglect is often described as the absence of what *should* have happened: a hug after a bad day, a question about how school really went, someone noticing that the child was struggling.

The adults who raised emotionally neglected children may have loved them deeply. They may have worked long hours, struggled with depression, faced serious illness, or simply had no model of how to attend to a child's inner world. The result for the child is nevertheless real. Children who learn that their needs go unmet often conclude that needing is pointless, or that they are not important enough to be noticed.

Jonah Reyes, whom you will meet in the next part of the book, put it this way: "Nobody ever hurt me. That's the thing. I keep trying to find the thing, and there isn't a thing. There's just a lot of quiet."

INCONSISTENCY

Perhaps the most confusing kind of care is the unpredictable kind. A caregiver who is warm and attentive one day, and distant or irritable the next, teaches a child that closeness is possible but unreliable. The child cannot rely on the pattern, so the child learns to watch.

Ainsworth's research suggested that inconsistent responsiveness is often found in the backgrounds of children who show the anxious or ambivalent pattern (Ainsworth et al., 1978). Because comfort sometimes arrives and sometimes does not, the child learns to keep the attachment system turned up, protesting louder, clinging harder, scanning for signs of availability, since reducing the alarm might mean going unnoticed.

Inconsistency can arise for many reasons: a parent with depression, an unstable work schedule, substance use, a chaotic household, a

parent who is warm only when they have energy. The child does not know the reasons. The child only knows the pattern, and builds a mind around it.

Many adults who recognize themselves in this description describe a particular kind of vigilance: a sensitivity to small shifts in tone or attention, a habit of reading faces, an ability to detect the first sign of withdrawal. It is a real skill. It is also exhausting.

WHEN THE CAREGIVER WAS ALSO THE SOURCE OF FEAR

Attachment theory holds that children turn toward caregivers when they are frightened. This works well when the caregiver is a source of safety. It creates an impossible bind when the caregiver is also a source of fear.

Imagine a child whose parent is sometimes frightening, through rage, violence, threats, intoxicated unpredictability, or sudden dissociative states in which the parent seems to be somewhere else entirely. The child is frightened, so the child's attachment system urges, *Go to the parent.* But the parent is the source of the fear, so another system urges, *Get away.* The child cannot do both. The result may be confusion, freezing, or a collapse of any consistent strategy.

Mary Main and Erik Hesse proposed that this kind of frightened or frightening caregiving is at the heart of the *disorganized* attachment pattern, and that it may often arise when a parent has unresolved loss or trauma that intrudes upon their parenting in moments of stress (Main & Hesse, 1990). A caregiver may not be intending to frighten their child. A flash of fear or rage rooted in the parent's own history may pass across their face or voice, and for a young child it is alarming.

Adults whose early attachment was disorganized often describe a painful pattern in relationships: a deep craving for closeness alongside an equally deep fear of it. They may swing between pursuit and

withdrawal, or feel that closeness itself is dangerous. This is sometimes called the *fearful* or *fearful-avoidant* pattern. We will explore it in detail in Chapter 7.

RUPTURE WITHOUT REPAIR

Every relationship includes moments of disconnection. A parent snaps. A child is overlooked. A promise is forgotten. Developmental research has shown that even in good relationships, caregivers and infants are often out of sync, and that the *repair* of those moments is what builds security (Tronick, 1989).

Repair is simple in principle. The caregiver notices, returns, acknowledges, and reconnects. A mother who has lost her patience says, "I'm sorry I snapped. I love you. Let's try again." A father who has missed a recital says, "I wish I had been there. Tell me about it." The child learns that connection can break and be restored, that conflict is survivable, and that relationships are strong enough to hold mistakes.

The wound arises when repair rarely happens. A parent who is angry may withdraw for days and never speak of it. A parent who is ashamed of having shouted may pretend it did not occur. A child who is hurt may be told that they are too sensitive. In such homes, ruptures pile up without resolution, and the child learns that disconnection is permanent, or dangerous, or must be silently endured.

Many people who grew up this way report that they have almost no experience of a conflict that ended well. They know how to argue, or how to go quiet, but not how to come back. Learning to repair is one of the most important parts of healing, and we return to it in Chapter 12.

SEPARATION AND LOSS

Some attachment wounds follow from events that physically separated a child from a caregiver: a death, a divorce, a long hospital

stay, a parent who deployed, a period in foster care, an adoption, a migration that split a family.

Bowlby described the typical reactions of young children who are separated from their attachment figures in three phases: *protest*, in which the child cries, searches, and calls out; *despair*, in which the child becomes quiet and withdrawn; and *detachment*, in which the child seems to recover but may be protecting themselves from further hurt (Bowlby, 1973). He emphasized that the child's behavior is a normal response to a serious loss, and that how adults respond, with honesty, comfort, and continued contact, makes a great difference.

Many children lose a caregiver without anyone helping them understand or grieve. A child may be told "Mommy had to go away" without explanation, or be expected to move on. In such cases, the loss becomes part of the child's inner world, unspoken but present.

THE WOUNDS THAT LEAVE NO SCENE

Some of the most pervasive attachment wounds cannot be located in a single memory. They are made up of a thousand ordinary moments that added up.

A child with a parent who is chronically depressed may find that the parent is present but unreachable. A child who is the "easy one" in a stressed family may learn to need nothing in order to be loved. A child who becomes a parent's confidant or caretaker may feel important and burdened at once. A child praised only for achievement may come to feel that love must be earned. A child in a household where emotions are never discussed may grow up without the vocabulary to name their own.

In each case, there may be no villain and no scene. If you search your memory for the moment when things went wrong, you may find nothing, and conclude that there is nothing to heal. But a pattern of absence is also a kind of presence. It shapes you.

The question is not whether your childhood was bad enough to count. The question is whether certain needs, to be seen, comforted, delighted in, and understood, were met often enough. If you suspect that they were not, you are allowed to explore that, without needing to justify it.

FAMILY AND CULTURAL CONTEXT

Caregiving does not happen in a vacuum. Families live inside cultures, economies, and histories, and these shape how care is given and received.

In some cultures, children are raised by many caregivers, including grandparents, aunts, siblings, and neighbors. In others, one or two parents carry most of the load. In some, emotional expression is encouraged. In others, it is discouraged and care is shown through practical help, food, and presence. Researchers have debated the extent to which attachment theory applies in the same way across cultures. Some argue that the basic need for secure attachment is universal while its expression varies, and others caution against imposing one culture's ideals of parenting on another (Rothbaum, Weisz, Pott, Miyake, & Morelli, 2000).

For our purposes, the practical lesson is humility. Your family's way of caring was shaped by its context. Parents who worked three jobs, fled war, or faced discrimination may have shown love in ways that did not look like the images in a parenting book, and may have had little room for the kind of attunement that stable circumstances allow. This does not erase your unmet needs. But it can help you hold the people who raised you with compassion.

TEMPERAMENT AND FIT

It would be unfair to describe attachment as something that parents do to children. Children arrive with temperaments of their own: some are easily soothed, some are intense, some are shy, some are exuberant. Developmental researchers Alexander Thomas and Stella Chess

described this as the *goodness of fit* between a child's temperament and the demands of the environment (Thomas & Chess, 1977).

A highly sensitive child in a loud, fast-moving household may feel perpetually overwhelmed, even if the parents are loving. A very active child with a parent who prizes quiet may be told, again and again, to settle down. A parent who is naturally reserved may find a clingy, demanding child exhausting, while a parent who is naturally expressive may find a quiet child hard to read.

None of this is anyone's fault. It means that two children raised in the same home can have very different attachment experiences, and that a sibling who says "Our childhood was fine" and a sibling who says "I was lonely" may both be telling the truth. Fit matters.

If you suspect that you were a poor fit for your family, a "too sensitive" child among practical people, or a "too quiet" child among loud ones, you do not need to decide who was at fault. You can simply notice that your needs were not matched, and let that be a piece of your story.

WHEN YOU WERE THE CAREGIVER

In some families, the flow of care runs the wrong way. A child becomes the comforter of a distressed parent, the peacemaker between quarreling adults, the manager of younger siblings, or the confidant for adult worries. The family therapists Ivan Boszormenyi-Nagy and Geraldine Spark called this *parentification* (Boszormenyi-Nagy & Spark, 1973).

Children in this position are often praised for being mature, responsible, or "such a help." They may feel proud, and needed, and also privately exhausted. Their own needs tend to go unmet, because they are too busy meeting others'. As adults, they may find it hard to receive care, feel uneasy when they are not useful, or choose partners who need rescuing.

If this describes you, it can be a relief to name it. You were not "just helpful." You were doing a job that was too big for a child, and you did it with skill. Part of healing is allowing yourself, now, to be the one who is cared for.

HOW WOUNDS BECOME BELIEFS

Children are natural meaning-makers, and they tend to explain what happens to them by reference to themselves. A parent who is distant is interpreted as *I am not interesting enough.* A parent who is angry is interpreted as *I am bad.* A parent who leaves is interpreted as *I was not worth staying for.*

These conclusions are almost always wrong, but a child has no other framework. Over time, they harden into beliefs that run beneath awareness and shape adult relationships.

Here are some of the most common beliefs that grow out of attachment wounds, along with the experiences that often feed them:

- *I am too much.* Feelings that were treated as overwhelming or inconvenient.
- *I am not enough.* Love that seemed to depend on performance.
- *People leave.* Separation, divorce, loss, or unpredictable presence.
- *I have to take care of myself.* Needs that went unanswered.
- *Closeness is dangerous.* Care that came with fear, control, or harm.

Recognizing a belief as a *conclusion from childhood*, rather than as a fact about who you are, is one of the first steps toward loosening it.

HEALING PRACTICE: NAMING WHAT YOU NEEDED

This practice helps you identify what you needed as a child, without assigning blame. You will need a notebook and about twenty minutes. Choose a time and place where you feel steady.

Step 1: Check in. Before you begin, take three slow breaths. Notice how your body feels. If you feel overwhelmed, stop and return another day.

Step 2: Draw two columns. Label the left one *What I received* and the right one *What I needed.*

Step 3: Fill in the left column. Write the ways you were cared for, even imperfectly: *Fed. Clothed. Driven to school. A parent who worked hard. A grandmother who made soup.* Be generous and honest. Include every form of care.

Step 4: Fill in the right column. Ask: *What did I need when I was upset, afraid, proud, or ashamed?* Write whatever comes: *Someone to ask how I felt. A hug. To be told it was not my fault. Someone to stay.*

Step 5: Look at the gap. Read both columns. Notice what feelings arise. There is no need to resolve them.

Step 6: Write a sentence of understanding. Complete this sentence: *The people who raised me did the best they could with what they had, and I still needed...*

Step 7: Offer yourself something. Choose one need from the right column, and write one small way you could offer it to yourself this week, such as rest, a kind word, or a phone call to a friend.

REFLECTION PROMPTS

1. Which of the conditions in this chapter, misattunement, neglect, inconsistency, fear, separation, or lack of repair, feels most familiar to you?
2. What was the emotional weather of your childhood home, and how did you learn to read it?
3. How were ruptures, such as arguments or hurt feelings, repaired in your family, if at all?
4. What did you do as a child to feel safe or to stay close to the people you needed?
5. What would it mean to hold compassion for your caregivers and for yourself at the same time?

WHAT TO REMEMBER

Attachment wounds usually form gradually, through repeated patterns of misattunement, neglect, inconsistency, fear, or loss, rather than through a single event.

Caregivers who frightened, ignored, or confused their children were often responding to their own unresolved history.

Repair after rupture builds security. Its absence leaves children with the sense that disconnection is permanent or dangerous.

Some wounds leave no scene. A pattern of absence is also a presence, and it shapes you.

In the next chapter, we will look at how your nervous system carries these early lessons, and why closeness can feel like danger even when you are safe.

THEO'S THREAD

Theo did the exercise on a Sunday night after the children were in bed, sitting at the kitchen table with a pen he did not often use.

In the left column he wrote: *Fed. Clothed. A roof. Mom worked double shifts. Dad never missed a day of work.* Looking at it, he felt a rush of gratitude. His parents had been working so hard. They had not had much, and they had given what they had.

In the right column, it took him a long time. Then he wrote: *Someone to ask me how I was. Someone to notice when I was quiet. Someone to say it was okay to cry.* He added: *To be a kid.*

He looked at the two columns side by side. They did not argue with each other. They were both true.

At the bottom of the page he wrote, *The people who raised me did the best they could with what they had, and I still needed someone to notice.* He put the pen down.

In the other room, a small voice called, "Papa? I had a bad dream." He stood up. He felt the old tightness in his throat, and under it,

something steadier. He walked down the hallway, knelt by the bed, and said, “I’m here. Tell me about it.”

CHAPTER 3
YOUR NERVOUS SYSTEM ON ATTACHMENT



Jonah Reyes was loading the dishwasher when Maren said it.

It was a Tuesday, nothing special. She had come in from work, kicked off her shoes, and put her arms around him from behind while he rinsed a plate. “I love you,” she said into his shoulder. It was easy, simple, the way you might comment on the weather.

Jonah stood very still. The plate was in his hand. The water was running. And a wave of something moved through his body that he could only have described as *tightness*, a clamp across the chest, a hum in the jaw, a sudden, urgent awareness of every point where her body touched his.

“Yeah,” he said. “Me too.” His voice sounded strange to him, clipped and polite, like a man giving his name to a receptionist.

A minute later, he said he needed to take out the recycling. He carried a bag of it outside that did not need carrying, stood in the cold

of the driveway, and looked at the stars with his jaw set and his heart thudding.

What is wrong with me? he thought. *She said something kind.*

He is thirty-eight. He has been with Maren for two years. He loves her, he has no doubt about that. He also knows, with a certainty that frightens him, that when she moves toward him he wants, more than anything, to step away. He has no story that explains it. No one ever hurt him. He has simply never been able to stay in the room with that much closeness.

What Jonah did not yet understand is that his body was not malfunctioning. It was doing exactly what it had been taught to do.

WHY THE BODY MATTERS

So far, we have talked about attachment as a matter of expectations and relationships. But attachment is also physical. When you feel the urge to cling, to withdraw, or to freeze, you are feeling the nervous system respond, quickly and automatically, to what it perceives as safe or dangerous in a relationship.

This is why insight alone is rarely enough. You can understand your history perfectly, and still find your heart racing when a text goes unanswered or your shoulders tensing when someone says "I love you." The body responds first, and the explanations come later.

It is also why healing involves the body. A great deal of what feels like irrational emotion is the nervous system acting on old information. Working with the body is not a distraction from the real work. It is a central part of it.

WHY CLOSENESS CAN FEEL LIKE DANGER

The human brain constantly assesses whether the environment is safe. This assessment happens below conscious awareness and extremely fast. The brain's alarm systems, which include the amygdala and the networks that regulate stress hormones, scan for cues of threat

and prepare the body to respond: heart rate up, muscles tense, breathing quickens, attention narrows.

For most of human history, one of the most important cues for danger or safety has been other people. Faces, voices, touch, and presence tell the nervous system whether we are protected or exposed. When early caregivers were generally reassuring, the nervous system learned to associate closeness with calm. When caregivers were unpredictable, absent, or frightening, closeness became linked with alarm, whether the alarm was about being left, being smothered, or being hurt.

The stress researcher Bessel van der Kolk has argued that early experiences are stored not just as memories we can narrate, but as bodily patterns, automatic reactions, and implicit expectations that shape perception without our awareness (van der Kolk, 2014). A person may have no clear memory of what happened, and still feel the body's old response when something resembles it.

This is why closeness can feel like danger. Not because the person in front of you is dangerous, but because the nervous system is responding to a pattern it learned long ago. The alarm is real, even if the threat is not.

One influential framework, the polyvagal theory proposed by Stephen Porges, describes how the autonomic nervous system moves between states of social engagement, mobilization, and shutdown in response to cues of safety and danger (Porges, 2011). The theory has been widely used in trauma therapy, though some physiologists have questioned parts of its anatomical claims. What matters for this book is the practical observation, strongly supported by clinical experience, that the body shifts into protective modes when it senses threat, and that these shifts shape how we behave in relationships.

THE WINDOW OF TOLERANCE

The psychiatrist Daniel Siegel offers a useful picture of how this works in daily life. He describes a *window of tolerance*, the zone of emotional arousal in which a person can feel strong emotions and still think, speak, and act in ways that feel like their own (Siegel, 1999).

Inside the window, you can feel hurt or anger or fear without being overwhelmed. You can listen, reflect, and respond. You may be uncomfortable, but you are still present.

Outside the window, the body shifts in one of two directions. Above the window is *hyperarousal*: the system is flooded. Heart pounding, thoughts racing, panic, rage, an urge to fight or flee. Below the window is *hypoarousal*: the system shuts down. Numbness, blankness, heaviness, a sense of being far away or unable to move.

Attachment wounds often narrow the window in relationships. A person with an anxious pattern may be pushed above the window by silence, distance, or ambiguity. A person with an avoidant pattern may be pushed outside it, by intimacy, demands, or emotional intensity, into numbness or an urgent need to escape. A person with a fearful pattern may swing between the two.

You may notice that you have a wide window in some areas of life, say at work, and a very narrow one in close relationships. This is typical. Attachment is, after all, the system most sensitive to emotional closeness.

TWO STRATEGIES: TURNING UP AND TURNING DOWN

Attachment researchers Mario Mikulincer and Phillip Shaver describe two main strategies that people use when their attachment system is activated and no one seems to be available (Mikulincer & Shaver, 2007).

Hyperactivating strategies turn the attachment system up. The person seeks proximity intensely: calling, texting, checking, protesting, clinging, worrying about being abandoned, and having trouble

calming down. The unspoken logic is: *If I make enough noise, someone will come.* This is often seen in people with an anxious pattern.

Deactivating strategies turn the attachment system down. The person minimizes need, avoids closeness, suppresses feelings, relies on themselves, and creates distance. The logic is: *If I need nothing, I cannot be disappointed.* This is often seen in people with an avoidant pattern.

Both strategies are attempts to manage a threat to the attachment bond. Both are intelligent responses to the care that was available. Hyperactivation makes sense if care was inconsistent and noise was the thing that sometimes worked. Deactivation makes sense if needs were met with irritation or silence, and withdrawal was the safest option.

The problem is that in adult relationships, each strategy can create exactly what it fears. Pursuit can push a partner away. Distance can leave a partner feeling shut out. Neither one allows the experience of reaching out and being met.

FIGHT, FLIGHT, FREEZE, AND FAWN IN RELATIONSHIPS

The survival responses we usually associate with physical danger also operate in relationships. You may recognize them in yourself.

Fight can show up as criticism, blame, sarcasm, or sharp protest when you feel hurt or abandoned.

Flight can show up as leaving the room, burying yourself in work, staying busy, ending relationships before they deepen, or scrolling through your phone instead of talking.

Freeze can show up as going blank, being unable to speak, feeling numb, or agreeing to things without really being present.

Fawn can show up as appeasing, over-apologizing, saying yes when you mean no, hiding your own needs, and focusing entirely on what the other person wants.

Most people use more than one. They may fawn first, then fight if that fails, then flee. Learning your sequence is a powerful way to get ahead of it.

THE BODY KEEPS ITS OWN ATTACHMENT STORY

If the body carries the memory of early relationships, then it can also learn from new ones. Some striking evidence comes from a study by James Coan and colleagues. They scanned the brains of married women while the women faced the threat of a mild electric shock. When a woman held her husband's hand, activity in threat-related brain regions was lower than when she held a stranger's hand or no hand at all. The effect was strongest for women with the happiest marriages (Coan, Schaefer, & Davidson, 2006).

The message is that safe human contact can quiet the threat response. This is the physiology of *co-regulation*: the way one nervous system settles another. It also suggests why secure relationships are so powerful, and why people who have not had them can feel as though they are bracing alone against the world.

Similar results appeared in a study of couples receiving emotionally focused therapy, in which the soothing effect of a partner's touch on threat responses increased after treatment (Johnson et al., 2013). The nervous system, it seems, can learn that someone is a safe place.

This is among the most hopeful findings in the science of attachment. The same biological machinery that registered danger can register safety. The shift will not happen through willpower or argument. It happens through repeated experiences of being met.

SIGNS YOUR ATTACHMENT ALARM IS SOUNDING

How can you tell when your attachment system has been activated? The signals vary, but common ones include:

- A rush of heat, tightness, or hollowness in the chest or stomach.

- Racing thoughts about what a person meant, or whether they are leaving.
- An urgent need to check, ask, text, or find reassurance.
- An urge to withdraw, leave the room, or become suddenly busy.
- A feeling of irritation, resentment, or being "crowded."
- Numbness, blankness, or a sense of leaving your body.
- A feeling of being much younger than you are.
- A conviction that something terrible is about to happen.

Noticing these signals is a step toward choice. The alarm will still sound. But if you can recognize it as an alarm, rather than as plain fact about the person in front of you, you create a little room.

SLEEP, STRESS, AND SENSITIVITY

The nervous system does not respond to closeness in a vacuum. Its sensitivity depends heavily on how rested, nourished, and stressed you are, which is one reason that the same text message can feel tolerable on Saturday morning and devastating on Wednesday night.

Sleep deserves special mention. In a well-known study, researchers found that after a night without sleep, the amygdala, a region involved in threat detection, showed far stronger responses to negative images, and its connection with the prefrontal regions that help regulate emotion was weaker (Yoo, Gujar, Hu, Jolesz, & Walker, 2007). Put simply, a tired brain is a more reactive brain.

For people with attachment wounds, this has a practical meaning. If you find that your anxiety, irritability, or urge to withdraw spikes at certain times, it is worth looking at your sleep, your meals, your workload, and your isolation before concluding that the relationship is the problem. Tending to the basics will not cure an attachment wound. It will give you a wider window in which to work.

TRIGGERS IN EVERYDAY LIFE

Attachment alarms are often set off by small, ordinary cues. Here are some that people commonly report:

- A message that is read but not answered, or answered with a single word.
- A change in tone of voice, a sigh, a pause.
- A cancelled plan, or a plan that is made without you.
- Someone saying "We need to talk."
- A partner being busy, absorbed, or in a bad mood.
- Too much closeness: a sudden declaration, a request to move faster, a long gaze.
- Unequal attention in a group.
- Praise, tenderness, or gifts, especially if you are not used to them.

If you notice that your reaction to such cues is larger than the cue seems to warrant, that is not a flaw. It is useful information: *this cue touches something old.* You can then ask, *What does this remind my body of?*

SAFETY SIGNALS

Much of this book has been about alarms. It is worth giving equal attention to their opposites, the cues that tell the nervous system, *You are safe.*

Safety signals vary from person to person. For many people they include a calm, warm voice, a relaxed face, a steady touch, a consistent routine, a familiar place, the presence of a trusted person or a pet, and the sound of someone breathing slowly nearby. They can also be internal: a phrase you say to yourself, a memory of being cared for, a mental image of a safe place.

Because attachment wounds sensitize us to danger, we tend to notice alarms more than we notice safety. Part of healing is training your attention to register safety too. A simple way to begin is to pause once or twice a day and ask, *What in this moment tells me I am okay?*

Name it. Let your body register it. Over time, this builds a quiet counterweight to the alarm.

HEALING PRACTICE: MAPPING YOUR ATTACHMENT ALARMS

This practice helps you identify your personal attachment alarms and the signals your body gives. You will need a notebook and about twenty minutes.

Step 1: Recall two moments. Think of one recent moment when you felt a strong urge to pursue, check, or cling, and one when you felt an urge to withdraw, shut down, or create distance. Choose moments of mild to moderate intensity.

Step 2: Describe each like a camera. For each moment, write what happened in one or two plain sentences: *He did not reply for four hours. She said she loved me.*

Step 3: Locate the body. For each moment, ask: *Where did I feel it in my body? What was the sensation?* Write the answers: *tight chest, buzzing hands, hollow stomach, clenched jaw.*

Step 4: Name the thought. Write the thought or story that arrived: *He has lost interest. I am being trapped.*

Step 5: Name the urge. Write what your body wanted to do: *Text again. Leave the room.*

Step 6: Rate the level. On a scale of one to ten, where one is sleepy and flat, five is steady, and ten is flooded, write where you were at the peak. Note whether it was above or below your window.

Step 7: Choose one early signal. Look over your notes and choose the earliest sign that tells you the alarm is starting. Write it as: *My early signal is...*

Step 8: Write a kind sentence. Complete this sentence: *My body learned to do this to keep me safe.*

REFLECTION PROMPTS

1. What happens in your body when you feel disconnected from someone you care about?
2. What happens in your body when someone moves closer than you are comfortable with?
3. Do you tend to turn the attachment system up, turn it down, or alternate? How did that strategy help you as a child?
4. Which survival response, fight, flight, freeze, or fawn, appears most often in your close relationships?
5. Who or what helps your body feel safe? How might you let more of that in?

WHAT TO REMEMBER

Attachment is felt in the body. The nervous system responds to closeness and distance quickly and automatically, based on old learning.

Closeness can feel like danger when the nervous system associates it with being left, smothered, or hurt. The alarm is real, even when the present threat is not.

The window of tolerance describes the zone in which you can feel and still think. Attachment wounds often narrow the window in close relationships.

People tend to turn the attachment system up (hyperactivating) or down (deactivating). Both are intelligent adaptations, and both can be changed.

Safe human contact can calm the threat response. Secure relationships can teach the nervous system a new lesson.

In the next part, we turn from understanding to recognizing your own pattern, beginning with a map of the four main attachment styles.

LEILA'S THREAD

Leila filled in the Attachment Alarm map on the break-room table, between a code and a lunch she did not eat.

In the first column, she wrote *Mom texted, "I need you."* In the body column: *Stomach drops. Hands go cold. Jaw tightens.* Under the thought: *If I don't go, something will happen and it will be my fault.* Under the urge: *Run to her. Or run away.*

In the second moment, she wrote, *A coworker, Priya, asked if I wanted to get dinner and talk.* Body: *Chest fills up. Throat closes.* Thought: *She will find out I'm a mess.* Urge: *Say I'm busy.*

She sat looking at the two columns for a while. They looked very different, and then, slowly, they looked alike. In both, her body had said the same thing: *Danger. Closeness.* In one, the body had pushed her toward the danger. In the other, it had pushed her away.

At the bottom she wrote, in handwriting that seemed to belong to someone gentler, *My body learned to do this to keep me safe.*

Then she picked up her phone and texted Priya: *Dinner sounds good. I might be quiet. Is that okay?* The three dots appeared almost at once. *That's more than okay.*

Leila put the phone face down on the table and breathed. Her hands were still cold. But for a moment, one small part of her body, somewhere under the ribs, was not bracing.

PART II: RECOGNIZING YOUR ATTACHMENT PATTERNS

CHAPTER 4
THE FOUR PATTERNS



On a Friday afternoon, three different people received the same message from a friend.

So sorry, something came up and I have to cancel tonight. Rain check?

The first was Claire. Her stomach fell. Within a minute she had read the message six times, searching for hidden meaning. *Rain check. Is that real, or is it a polite way of saying no? Did I say something last time? She seemed distant on Tuesday.* She typed, *Of course! No worries at all!* and then, nine minutes later, *Is everything okay? I hope I didn't do anything!* She spent the evening checking her phone.

The second was Jonah. He read the message, felt a flicker of relief that he could not entirely explain, and typed, *No problem.* Then he put

the phone down and ordered a pizza. He was fine, he told himself. He had been planning to be sociable, but an evening alone was also good. He was perfectly fine. It did not occur to him that the relief he felt was a clue.

The third was Leila. She read the message and felt two things at once: a stab of disappointment so sharp that it surprised her, and an immediate chill, as though a warning bell had gone off. *She never wanted to come. She is being polite. I should have known.* She typed, *Sure*, and then deleted it, and typed, *Totally fine*, and then deleted that, and finally sent nothing. She spent the evening alone on the couch, feeling both abandoned and strangely vindicated.

None of them did anything unusual. Each was reacting to the same message through a different set of old expectations. And each, if asked, would have insisted that their reaction was simply the logical response to the facts.

A MAP, NOT A VERDICT

The three scenes above illustrate something that attachment researchers have been mapping for decades: people differ systematically in how they respond to closeness, distance, and uncertainty in relationships. These differences are often described as *attachment styles* or *attachment patterns*.

Before we look at them in detail, a few cautions are essential.

These are tendencies, not types. Most people are a mixture, and they show different patterns in different relationships, with a partner, a parent, a friend, or a boss. Researchers who study adult attachment generally describe it along two dimensions, anxiety and avoidance, rather than as four boxes (Fraley & Shaver, 2000). The four patterns are a convenient shorthand for regions of that space.

They are not diagnoses. An attachment pattern is not a mental disorder. It is a description of how a person's attachment system tends to operate.

They are not destiny. As we saw in Chapter 1, patterns have real stability, and they also change.

They are not an excuse, or an accusation. Knowing your pattern does not mean that you are not responsible for your behavior. It means that you can understand it, and take responsibility for working with it.

With those cautions in mind, here is the map.

TWO DIMENSIONS

Imagine two sliding scales.

The first is **anxiety**: how much a person worries that others will not be available, will reject or abandon them, or do not value them as much as they hope. High anxiety brings a heightened sensitivity to signs of distance and a strong need for reassurance.

The second is **avoidance**: how much a person feels uncomfortable with closeness, dependence, and emotional openness. High avoidance brings a preference for self-reliance, a tendency to minimize needs, and discomfort when others get too near.

Each person falls somewhere on each scale. A person low on both has what researchers call a *secure* pattern. A person high on anxiety and low on avoidance has an *anxious* pattern. A person low on anxiety and high on avoidance has an *avoidant* (or dismissing) pattern. A person high on both has a *fearful-avoidant* (sometimes called *fearful* or *disorganized*) pattern (Bartholomew & Horowitz, 1991).

Pattern	Inner experience	Common behavior
Secure	"I am worthy of care, and people are generally dependable."	Comfortable with closeness and independence; can ask for and offer support.
Anxious	"I may not be enough, and I fear being left."	Seeks reassurance; sensitive to signs of distance; protests when disconnected.

Pattern	Inner experience	Common behavior
Avoidant	"I must rely on myself, and closeness is risky."	Values independence; withdraws under stress; uncomfortable with emotional demands.
Fearful-avoidant	"I want closeness, and I fear it."	Alternates between seeking and pushing away; difficulty trusting.

SECURE

People with a secure pattern generally believe that they are worthy of love and that others are reasonably dependable. They are not free of fear or hurt. They have their own difficult moments. But in the face of stress or conflict, they tend to turn toward others for support, to communicate their needs directly, and to recover from disagreement without losing their sense of self or of the relationship.

They are not perfect partners. They can be defensive, tired, or unkind. What distinguishes them is a background confidence that the relationship can survive hard moments, and that they can handle being close and being alone.

Researchers estimate that a majority of people in community samples are classified as secure, though the proportion varies with the measure and the population. If you do not see yourself in this description, you are not unusual, and you are not stuck.

ANXIOUS

People with an anxious pattern long for closeness and worry about losing it. Their attachment system is easily activated, and slow to settle. They tend to be highly attuned to a partner's moods, to read small signs as significant, to seek reassurance often, and to feel intensely distressed by distance, silence, or conflict.

At their best, they are warm, devoted, perceptive, and generous with care. At their most stressed, they may protest, criticize, test, cling, or become consumed by worry. Underneath is often a belief that they must work to keep love, and a fear that they are too much, not enough, or somehow hard to love.

We take a close look at the anxious pattern in Chapter 5.

AVOIDANT

People with an avoidant pattern value independence and self-reliance, and may feel uneasy when relationships become emotionally intense. Their attachment system is turned down. They tend to minimize their own needs, to cope with stress alone, to downplay the importance of relationships, and to feel crowded when a partner asks for more closeness.

At their best, they are calm, capable, and steady under pressure. At their most stressed, they may withdraw, shut down, intellectualize, or leave. Underneath, there is often a history in which needs went unmet or were met with discomfort, and a lesson that it is safer to need nothing.

Importantly, avoidance does not mean the absence of longing. Research suggests that people with avoidant patterns still have physiological responses to separation, and that their calm can be a form of suppression (Mikulincer & Shaver, 2007). We examine this pattern in Chapter 6.

FEARFUL-AVOIDANT

People with a fearful-avoidant pattern, sometimes called *disorganized* in the research on infants, want closeness and fear it at once. They may swing between pursuit and withdrawal, feel overwhelmed by intimacy, struggle to trust, and carry a deep sense of both craving and danger.

This pattern often, though not always, arises in the context of frightening or unpredictable caregiving, or of unresolved loss and trauma. People with this pattern may have especially strong emotional reactions, and may benefit from extra support in building safety. We explore it in Chapter 7.

HOW PATTERNS SHIFT ACROSS RELATIONSHIPS

One of the most important things to understand about attachment patterns is that they are not fixed in the same way across all relationships.

Different people draw out different patterns. A person who is secure with friends may become anxious with a partner who is inconsistent. A person who is avoidant in romance may be warm and close with siblings. Research suggests that attachment orientations vary somewhat across relationships, with a general orientation that tends to be somewhat stable (Pietromonaco & Barrett, 2000).

Stress changes things. Under heavy stress, such as illness, a job loss, a new baby, or grief, people often move toward their more insecure tendencies, and then return to baseline when things settle (Simpson & Rholes, 2017).

Partners affect each other. An anxious partner and an avoidant partner can trigger each other in a self-reinforcing loop. A secure partner can gradually help an insecure partner feel safer, and a partner who is highly insecure can shake a secure person.

Life changes you. Therapy, supportive relationships, parenthood, loss, and reflection can shift a pattern toward security or away from it.

These shifts are good news. They mean that attachment is a living system, responsive to experience, rather than a fixed trait.

RECOGNIZING YOUR PATTERN WITHOUT JUDGING IT

When people first read about attachment patterns, they often react in one of two ways. Some feel immediate relief: *That's me. I'm not crazy.*

Others feel a sinking sense of being labeled or judged: *So I'm the problem.*

Neither reaction tells the whole story. The aim of naming a pattern is to give it a place on a map, so that you can see where you are, how you got there, and where you might want to go.

As you consider your own pattern, try holding it lightly. You might ask: *Which description fits me most often? In which relationships does it show up most? What does it protect me from? What does it cost me?*

If more than one pattern seems to apply, that is entirely normal. Notice the mixture, and notice how it changes with context.

DISMISSING AND FEARFUL AVOIDANCE

The word *avoidant* is used for two quite different experiences, and it helps to tell them apart.

Dismissing avoidance is the pattern of people who seem comfortable with distance. They tend to think well of themselves, downplay the importance of relationships, and see closeness as unnecessary or intrusive. They may say, sincerely, "I'm just not that kind of person."

Fearful avoidance is the pattern of people who want closeness and are afraid of it. They tend to doubt themselves and others, and they pull away because they are afraid of being hurt, not because they do not care.

On the outside, the two can look the same: both withdraw, both can seem hard to reach. On the inside, they are very different. The dismissing person feels mostly calm when they distance. The fearful person feels torn. Understanding which one fits you changes what kind of work is most helpful: the first often needs to recover the ability to feel and ask, and the second often needs to build safety and a way of holding contradictory feelings.

BEYOND ROMANCE

Attachment patterns are usually discussed in terms of romantic relationships, but they appear everywhere that people depend on one another.

In friendship, an anxious pattern may show up as a worry that friends are secretly annoyed, or a habit of over-apologizing and over-giving. An avoidant pattern may show up as a steady stream of acquaintances and very few confidants. A fearful pattern may show up as friendships that burn bright and then end suddenly.

At work, an anxious pattern may appear as a heightened need for feedback and fear of disapproval from a boss. An avoidant pattern may appear as reluctance to delegate, ask for help, or share credit. A fearful pattern may appear as difficulty trusting colleagues, or sudden swings between engagement and withdrawal.

In families, patterns often reflect the roles you learned as a child. Visiting a parent may bring out a younger version of you, one that is more anxious, more guarded, or more compliant than the person you are everywhere else.

Noticing where your pattern is strongest, and where it softens, tells you a great deal about what triggers it and what helps.

COMMON QUESTIONS ABOUT THE FOUR PATTERNS

"Can I have more than one pattern?" Yes. Most people are a mixture, and many describe a different pattern with different people.

"Can my pattern change from one relationship to another?" Yes. A relationship with a steady, responsive partner can soften an anxious or avoidant pattern, while a relationship with an inconsistent or critical partner can intensify it.

"What if I seem secure in some situations and not in others?" That is common. Security can be strong in one domain, such as work or friendship, and shaky in another, such as romance.

"Do I need to take an online test to know my pattern?" Not necessarily. Online tests can be a starting point, but they vary in quality. The most useful information often comes from noticing your own reactions over time.

HEALING PRACTICE: FINDING YOUR PATTERN

This practice offers a gentle way to explore your tendencies. It is not a test or a diagnosis. You will need a notebook.

Step 1: Read the lists. Read the following statements slowly. Put a check beside any that feel true for you *in close relationships* most of the time.

Group A

- I worry that people will leave or lose interest.
- I need frequent reassurance that I am loved.
- I notice small changes in tone or attention, and they affect me deeply.
- I sometimes feel that I care more than the other person does.
- I find it hard to calm down when I feel disconnected.

Group B

- I prefer to handle problems on my own.
- I feel uncomfortable when someone wants me to be emotionally open.
- I pull away when a relationship feels too close.
- I rarely ask for help, even when I need it.
- I feel relieved when plans are cancelled or someone needs space.

Group C

- I want closeness and fear it at the same time.
- I find it hard to trust people, even those who are good to me.
- I sometimes push people away right after drawing them close.
- My feelings about relationships can change very quickly.
- I feel confused by my own reactions in close relationships.

Group D

- I generally feel comfortable relying on others and having them rely on me.
- I can say what I need without much fear.
- When there is conflict, I trust we can work it out.
- I can enjoy time alone and time with others.
- I recover from disagreements without losing my sense of self.

Step 2: Count and notice. Count the checks in each group. There is no scoring rule. Notice which group has the most, and whether you checked items from several.

Step 3: Choose a relationship. Think of one close relationship. Ask: *Which group describes me best in this relationship? Is it different in other relationships?*

Step 4: Write what it protects. Complete this sentence: *My pattern protects me from...*

Step 5: Write what it costs. Complete this sentence: *My pattern costs me...*

Step 6: Write a sentence of respect. Complete this sentence: *My pattern made sense because...*

REFLECTION PROMPTS

1. Which of the four patterns, or which mixture, seems closest to how you tend to relate? Does it change by relationship?
2. How did you react to the three scenes at the start of this chapter? Which felt most familiar?
3. What does your pattern protect you from? What does it cost you?
4. How do the patterns of the people close to you interact with yours?
5. What would it feel like to hold your pattern with curiosity instead of judgment?

WHAT TO REMEMBER

Attachment patterns describe tendencies in how people respond to closeness and distance. They are best understood along two dimensions: anxiety and avoidance.

The four common patterns are secure, anxious, avoidant, and fearful-avoidant. They are maps, not diagnoses, and most people are a mixture.

Patterns vary across relationships, shift under stress, and can change with experience, support, and reflection.

Naming your pattern is useful when it helps you see yourself with understanding. It is not useful when it becomes a label or an excuse.

In the next chapter, we take a close look at the anxious heart, and at what it takes to feel settled when love feels uncertain.

JONAH'S THREAD

Jonah did the practice standing at the kitchen counter, reading the lists on his phone. He had planned to treat it as a joke.

Group B was almost entirely checked. *I prefer to handle problems on my own. I pull away when a relationship feels too close. I feel relieved when plans are cancelled.* He checked that last one slowly, remembering the Friday pizza and the little flicker of relief.

He also checked two items in Group D, and one, to his own surprise, in Group A: *I sometimes feel that I care more than the other person does.* He had never said that, even to himself.

He sat down and wrote, *My pattern protects me from being a burden, and from being disappointed.* Under it: *It costs me closeness with Maren.* Under that: *It made sense because nobody ever asked me how I was, so I stopped expecting to be asked.*

He reread the last line. It was the first time he had written something that felt, even a little, like grief. He closed the notebook and sat for a while with his hand on the cover.

When Maren came home that evening, he did not carry out the recycling. He said, "I think I get weird when you say you love me. I'm working on it." She looked at him with an expression he would remember for a long time, and said, "Thank you for telling me."

CHAPTER 5
THE ANXIOUS HEART



At 1:47 on a Wednesday morning, Claire was lying in bed with her phone propped against her knees, composing a message she had no intention of sending.

Hey, I just wanted to say that I noticed you seemed quiet tonight, and I hope everything is okay, and I also hope it's not about me, but if it is, I'd really like to talk.

She read it through. She deleted *I also hope it's not about me*, because it sounded needy. She deleted *I noticed you seemed quiet*, because it sounded accusing. She wrote a shorter version, then a longer one, then a joke. By the time she had saved four drafts, her heart was beating as if she had been running.

Nothing had happened. That was the part she could never explain. Daniel had been tired at dinner, had said, "Long day," and had kissed her goodnight. But somewhere between the kiss and the dark, her mind had begun to assemble evidence: the pause before he answered a

question, the way he looked at his phone, the fact that he had not said "I love you" first this time.

She knew, in the rational part of her brain, that none of it meant anything. She also knew that the rational part of her brain was not in charge.

She put the phone on the nightstand. She picked it up. She put it down.

In the morning, she would say, *Sorry if I was weird last night.* Daniel would say, *You weren't weird.* And she would feel the familiar mixture of relief and shame, the relief of having been reassured and the shame of having needed it.

WHAT THE ANXIOUS HEART IS LIKE FROM THE INSIDE

If you recognize yourself in this chapter, you may know the feeling well: a heart that is easily alarmed and slow to settle. An attention that moves toward signs of distance as if drawn by a magnet. A constant, quiet background question: *Am I still wanted?*

People with an anxious attachment pattern often describe their inner experience as a kind of vigilance. They are attuned to tone, to timing, to facial expression, to the slightest change in warmth. They are often remarkably perceptive, and sometimes they are right. But the perception is organized around a single worry, which means that ambiguous events are more likely to be read as threats.

It is important to say clearly that this pattern is not a sign of weakness, or neediness in the pejorative sense, or an unwillingness to be independent. It is the sign of an attachment system that learned, early, that closeness is precious and unreliable, and that learned to stay alert.

WHERE IT COMES FROM

As we saw in Chapter 2, the anxious pattern is often associated with caregiving that was inconsistent: warm and attentive at times,

unavailable or preoccupied at others. A child in such a home learns that comfort is possible but not guaranteed. The child cannot relax into the assumption that care will come, so the child keeps the system turned up. Crying louder, clinging, scanning, protesting: these behaviors work often enough to be reinforced.

In adulthood, the same strategy is expressed in the language of adult relationships. The child who cried for a parent who might or might not come is now an adult who texts again, or asks for reassurance, or monitors a partner's moods. The behavior is the same. Only the setting has changed.

Not every anxious pattern comes from inconsistent caregiving. Some arise after the loss of a caregiver, a painful separation, bullying, a betrayal, or a relationship in which a partner was unfaithful or unpredictable. The anxious pattern can be learned in adulthood, as well as in childhood.

PROTEST BEHAVIOR

Bowlby described the first phase of a child's response to separation as *protest*: crying, searching, calling out, and refusing to be comforted by anyone else (Bowlby, 1973). Protest is an attempt to bring the caregiver back.

In adult relationships, protest takes more sophisticated forms. It may include:

- Repeated calls, texts, or messages when a partner does not respond.
- Checking a partner's social media, location, or whereabouts.
- Testing: creating situations to see whether a partner will respond with care.
- Criticism or accusation, often as a covering for hurt: "You never make time for me."
- Jealousy, comparisons, or demands for proof of love.

- Withdrawal as punishment: going cold in the hope that the partner will chase.
- Emotional outbursts that arise after a long period of holding things in.

Protest behaviors have a logic. They are efforts to restore connection. The painful irony is that they often produce the opposite result. A partner who feels monitored, criticized, or tested may pull back, which confirms the original fear and intensifies the protest.

Understanding this cycle does not excuse hurtful behavior, but it does make room for compassion. Underneath most protest is a very simple message: *I am scared, and I need to know that I matter.*

HYPERACTIVATION: WHEN THE ALARM WON'T TURN OFF

As described in Chapter 3, anxious attachment is associated with *hyperactivating strategies*, in which the attachment system is kept turned up. The mind stays focused on the relationship. It replays conversations, searches for hidden meanings, imagines worst cases, and rehearses what to say. The body stays on alert.

One of the most exhausting features of hyperactivation is that reassurance does not seem to last. A partner says "I love you," and the relief is real, but within hours or days, the alarm sounds again. This is not because the partner's words were not believed. It is because the alarm is not driven by the evidence in front of you. It is driven by an old expectation that the nervous system keeps testing.

Understanding this helps explain why reassurance alone is not enough. Reassurance can soothe in the moment, and it is a good thing to ask for. But the lasting change comes from teaching the nervous system, through repeated experience and through practices of regulation, that it can settle even when the answer is not yet known.

THE FEAR UNDERNEATH

Beneath the behaviors and the thoughts, people with an anxious pattern often carry a core belief about themselves. It may sound like:

- *I am too much.*
- *I am not enough.*
- *I will be left if I'm not careful.*
- *Love must be earned and maintained.*
- *My needs make people tired of me.*

These beliefs are rarely chosen. They are conclusions that a child drew from the experience of care that came and went. A child cannot conclude, "My parent is overwhelmed." A child is more likely to conclude, "When I am good, they come. When I am too much, they go."

This is why the anxious pattern is so often wound together with shame. A person may feel ashamed of needing reassurance, and ashamed of asking, and ashamed of feeling ashamed. Shame tends to push toward hiding or attack, rather than repair (Tangney & Dearing, 2002). The result is a person who longs to be known and who is afraid of being too visible.

THE STRENGTHS OF THE ANXIOUS HEART

It would be incomplete, and unkind, to describe only the costs. People with an anxious pattern often bring remarkable strengths to relationships.

They tend to be **perceptive**, attuned to others' emotional states. They are often **devoted**, willing to invest deeply and to work through difficulties. They are **expressive**, able to name feelings and needs. They are **empathic**, quick to notice when someone is hurting. And they tend to take relationships **seriously**, caring about connection as something worth tending.

Healing does not require getting rid of these qualities. It involves freeing them from fear, so that attunement can serve connection

instead of alarm, and devotion can come from choice rather than from the dread of loss.

EFFECTS ON PARTNERS

It is also worth considering the pattern from a partner's point of view.

A partner of someone with an anxious pattern may feel loved and wanted, and also pressured, watched, or responsible for managing another person's emotions. They may feel that nothing they do is enough. They may begin to withdraw, which confirms the anxiety.

Sue Johnson, who developed emotionally focused therapy, describes this as a dance of pursuit and withdrawal in which each partner is reaching for safety in a way that triggers the other (Johnson, 2004). Neither person is the villain. Each is acting out of fear. The healing move is for both to see the cycle, and to name it together.

For the anxious partner, the first step is often to learn to calm the alarm in ways that do not depend entirely on the other person's response. For the other partner, it may be to offer steadiness without being drained. We will return to this in Chapter 12.

CALMING THE ALARM FROM WITHIN

Here is a gentle principle: *you can learn to soothe yourself, and still need other people.* The two are not opposites. A securely attached person is not someone who needs no one. It is someone who can settle themselves enough to ask for what they need, and who can receive support when it comes.

Some ways to practice include:

- **Slow your body first.** A longer exhale than inhale, a hand on your chest, feet on the floor. When the body slows, the mind often follows.

- **Name the feeling.** *This is anxiety. This is the old fear of being left.* Putting feelings into words can reduce their intensity (Lieberman et al., 2007).
- **Check the story.** Ask: *What are the facts? What am I adding? What is another explanation?*
- **Delay the urge.** If you want to text, wait ten minutes. Move your body, and then decide.
- **Offer yourself reassurance.** Say to yourself what you would say to a frightened friend.
- **Ask directly.** Instead of testing or hinting, say what you need: "I'm feeling a bit anxious. Could you tell me you're glad we're together?"

None of this means giving up on asking for support. It means widening your options, so that you are not at the mercy of one alarm.

THE REASSURANCE LOOP

One of the most puzzling features of the anxious pattern is that reassurance does not seem to last. A partner says "I love you," and the relief is real. Hours or days later, the alarm sounds again.

It helps to think of this as a loop. An alarm sounds. You seek reassurance. The reassurance brings relief. But the relief teaches the nervous system that the alarm was a real emergency, one that had to be answered. So the next time the alarm sounds, it feels even more urgent, and the need to seek reassurance grows. Meanwhile, the partner may begin to feel that no amount of reassurance is enough, and may become weary.

The way out is not to cut off reassurance entirely, which would only deepen the fear. It is to add something. When the alarm sounds, you practice settling your own body first, using your calm tools, and then you decide whether to ask. Over time, the nervous system learns that the alarm can pass without being answered, and the loop weakens.

JEALOUSY AND COMPARISON

Jealousy is a common companion of anxious attachment. It is a signal that something valued feels threatened, and it often comes with painful comparison: *She is more interesting than I am. He talks to her more easily. I can't compete.*

There is nothing wrong with feeling jealous. The question is what you do with it. Acting on jealousy by monitoring, accusing, or testing tends to damage the very closeness you want. A more helpful approach is to treat jealousy as information about a fear, and to speak about the fear rather than the person.

For example: *"I noticed I felt jealous when you were laughing with her. I think I was afraid of losing your attention. Could we spend some time together this weekend?"* This sentence makes a request, names a feeling, and invites connection.

Social media can intensify comparison by presenting edited pieces of other people's lives and by making a partner's online activity visible all the time. It is worth noticing how much of your anxiety is fed by what you see on a screen, and setting limits that protect your peace.

ANXIOUS LOVE AT WORK AND IN FRIENDSHIP

The anxious pattern is not limited to romance. At work, it may show up as a strong need for approval, difficulty receiving critical feedback, or a habit of taking on too much to avoid disappointing others. In friendships, it can look like over-giving, fear of being a burden, or intense hurt when a friend is slow to respond.

The same tools apply. Notice the alarm. Name the fear. Check the facts. Ask directly when you need something. And remember the strengths of the anxious heart: loyalty, perceptiveness, devotion. They are real, and the people who love you value them.

HEALING PRACTICE: THE REASSURANCE PAUSE

This practice helps you work with the urge to seek reassurance or protest. It takes about ten minutes, and it is most helpful when practiced in calm moments first. You will need a notebook.

Step 1: Identify the urge. Think of a recent moment when you felt a strong urge to check, text, ask, or test. Write what the urge was.

Step 2: Notice the body. Write where you felt it and what it felt like.

Step 3: Name the fear. Complete the sentence: *Underneath this urge is the fear that...* Be as honest as you can.

Step 4: Practice the pause. Set a timer for ten minutes. During that time, do not act on the urge. Instead: take five slow breaths with a longer exhale, place a hand on your chest, and silently say *This is the old alarm. I am safe right now.*

Step 5: Check the facts. Write what you actually know, and separate it from what you are guessing. Write one alternative explanation.

Step 6: Choose a response. Ask: *What do I actually need?* Reassurance, connection, a plan, or time? Then decide whether to ask, wait, or let it go. If you ask, use a direct sentence: *"I'm feeling a bit unsure. Could we check in tonight?"*

Step 7: Reflect. Afterward, write what happened, what helped, and what you might do differently. Notice any sense of strength, however small.

REFLECTION PROMPTS

1. When you feel the alarm of possible distance, what are the first signs in your body and mind?
2. What protest behaviors do you recognize in yourself? What do you hope they will bring about, and what do they actually bring?
3. What core belief sits beneath your anxiety? Where do you think it came from?

4. What strengths come from your anxious heart that you would not want to lose?
5. What is one way you can soothe yourself that you could practice this week?

WHAT TO REMEMBER

The anxious pattern is an attachment system turned up. It often arises from inconsistent care, and it is a sign of a heart that learned closeness is precious and uncertain.

Protest behavior is an attempt to restore connection, though it often has the opposite effect. Beneath it is usually a simple message: *I am scared, and I need to know that I matter.*

Reassurance helps in the moment but does not last, because the alarm is driven by old expectation. Lasting change comes from regulation, reflection, and new experience.

You can learn to soothe yourself and still need other people. Both are part of security.

In the next chapter, we turn to the opposite strategy: the guarded heart, and the longing beneath the distance.

CLAIRE'S THREAD

The next time Claire felt the pull, it was on a Saturday afternoon, while Daniel was at his brother's house and she was supposed to be enjoying a quiet day.

At 2:15, she had not heard from him since breakfast. By 2:40, she had picked up her phone twice. At 2:50, she had a message half typed: *Everything okay?*

She stopped. She remembered the practice. She put the phone face down, set a timer on the oven for ten minutes, and sat on the kitchen floor with her back against the cabinet.

She took five slow breaths. She placed a hand on her chest and felt her heart going hard. *This is the old alarm,* she said silently. *I am safe right now.* She wrote, in the notebook she kept for this, *Fear: that he is pulling away and I did something wrong.* Under it: *Facts: he is at his brother's. He told me he'd be there all afternoon.* Under that: *Another explanation: he is watching football.*

When the timer rang, her heart had come down from about an eight to a five. She still wanted to send a message. But she wrote instead: *Thinking of you. Have fun with your brother. Can't wait to see you tonight.*

He replied twenty minutes later. *Miss you too. Be home at six.*

Claire put the phone down and noticed something small and strange. She felt calm, and the calm was not entirely the result of his reply. Some of it had been there before. Some of it she had made.

CHAPTER 6
THE GUARDED HEART



The sentence that Theo Lindqvist could not forget had been spoken, quite calmly, by his former wife.

"Living with you," Karin had said, in the kitchen of the house they were about to sell, "is like living with a very polite wall."

She had not said it cruelly. She had said it the way someone describes a long illness that has finally been given a name. And Theo, who had prepared a dozen defenses for the conversation, found that he had none for that one. He stood holding a mug and said, "I'm sorry you felt that way."

It was exactly the wrong thing to say, and he knew it as the words left his mouth.

He had not been unkind to Karin. He had been reliable, generous, and calm. He had paid the bills, repaired the fence, taken the children to the dentist. When she cried, he had made tea. What he had not done,

in eleven years, was tell her what he felt, or ask her for anything, or sit beside her in a mood he did not know how to fix.

He had thought that was what strength looked like.

Now, on a Sunday afternoon two years later, driving Ines back from her mother's house, he heard the phrase again in his mind. A very polite wall. He glanced at his daughter in the rearview mirror, her head tilted against the window, her eyes closed, and felt a cold clarity settle over him. *I do not want to be a wall to her.*

WHAT THE GUARDED HEART IS LIKE FROM THE INSIDE

If you recognize yourself in this chapter, you may know a particular kind of competence. You solve your own problems. You do not like to be a burden. You are the person who stays steady in an emergency, who rarely complains, who is quietly proud of not needing much.

People with an avoidant attachment pattern often describe a sense of discomfort when relationships become emotionally intense, a sense that they are being asked for something they do not know how to give, or crowded by something they would rather keep at arm's length. They may care deeply about the people in their lives, and show it through action, loyalty, and practical help. What they find difficult is emotional closeness: saying what they feel, being vulnerable, receiving comfort, depending on someone.

It is worth repeating, because it is so often misunderstood: avoidance does not mean the absence of feeling, or the absence of longing. It means that the attachment system has learned to turn itself down.

WHERE IT COMES FROM

As we saw in Chapter 2, the avoidant pattern often arises when a child's emotional needs were met with discouragement, irritation, or absence. A child who cries and is told to stop crying, who seeks

comfort and is told to be strong, or who is simply left to manage alone learns that bringing needs to others does not help. The most adaptive response, in that environment, is to need less.

In Ainsworth's Strange Situation, avoidant infants were often remarkably calm when their caregivers left and turned away on reunion. It looked as if they did not care. But later research showed otherwise. Studies that measured the physiological responses of avoidant children and adults found that their bodies were often highly aroused, even when their behavior was calm (Dozier & Kobak, 1992). The calm was a performance, in a sense, a way of keeping the need out of sight.

This is a crucial insight. The avoidant pattern is not coldness. It is a strategy of protection, learned very early, in which feeling the need and showing the need are both turned down because showing it did not help.

DEACTIVATION: THE HABIT OF NEEDING NOTHING

As described in Chapter 3, *deactivating strategies* are the ways in which the attachment system is dampened. They may include:

- **Minimizing needs**: *I'm fine. It's not a big deal. I don't need anything.*
- **Self-reliance**: handling everything alone, refusing help, feeling uncomfortable accepting care.
- **Staying busy**: work, hobbies, exercise, screens, anything that fills the space where closeness might go.
- **Intellectualizing**: discussing feelings in abstract terms rather than feeling them.
- **Keeping options open**: holding relationships at a slight distance, imagining that someone better may be out there, or finding fault when intimacy increases.
- **Humor and deflection**: turning serious moments into jokes.
- **Withdrawing under stress**: going quiet, leaving the room, or disappearing for a while when emotions rise.

- **Suppressing feelings**: pushing them out of awareness so that they no longer seem to exist.

Many of these are not conscious choices. They happen quickly, before thought, as the system moves to protect against the discomfort of need and vulnerability.

The research on emotional suppression suggests a cost. People who habitually suppress their emotional expression tend to report less positive emotion, have less satisfying relationships, and be less well-liked by others (Gross & John, 2003). The strategy that was meant to protect closeness can end up limiting it.

INDEPENDENCE AS ARMOR

Independence is a genuine strength, and nothing in this chapter is meant to diminish it. The difficulty arises when independence becomes the only option, a suit of armor that cannot be removed.

A growing body of research suggests that, paradoxically, being able to depend on others supports independence. In a series of studies of couples, Brooke Feeney found that partners who felt they could rely on each other during stress showed greater confidence and autonomy in exploring their own goals (Feeney, 2007). This is what Bowlby's idea of the secure base predicts: those who feel supported are freer to go out and explore. Feeney called it the dependency paradox.

For someone who learned to depend only on themselves, this is a surprising and possibly uncomfortable idea. It suggests that the self-reliance you worked so hard to build might, in some ways, be limiting your freedom rather than securing it. Allowing yourself to lean a little might make you not weaker, but more able.

THE LONGING BENEATH THE DISTANCE

If the guarded heart were truly unmoved, it would be easy to leave it alone. But most people with this pattern have glimpses of something beneath the calm: a loneliness at night, a pang when they watch a close

friendship, a sudden ache at a wedding or a funeral, a quiet envy of people who seem to be able to say "I need you."

Often there is also a history of grief that has never been felt. The child who learned not to need was, after all, a child who needed. That need is still there, perhaps a long way down.

The healing task is not to force the longing to the surface. It is to create enough safety that the longing can be acknowledged at all. For many people, this begins with a very small step: a moment of noticing, a sentence said aloud to a trusted person, a minute longer in a hug than usual.

HOW AVOIDANCE AFFECTS PARTNERS

Partners of people with an avoidant pattern often describe a painful experience of loving someone who seems to be unreachable. They may feel that they are always the one to reach out, that their partner is emotionally absent, or that their needs are an imposition. They may begin to feel lonely inside the relationship, and the more they pursue, the more their partner withdraws.

This is the other half of the pursue-withdraw cycle described in Chapter 5. From the avoidant partner's perspective, the experience is different: they may feel overwhelmed, criticized, or smothered, and withdraw in an effort to calm down. Each person is protecting themselves, and each is unintentionally hurting the other.

For avoidant partners, one of the most useful steps is to learn to *say what is happening*, even clumsily: "I'm overwhelmed. I need a few minutes, and I'm coming back." This single sentence can turn a withdrawal that feels like rejection into a pause that feels like care.

THE STRENGTHS OF THE GUARDED HEART

As with every pattern, the guarded heart has real strengths.

People with this pattern are often **steady under pressure**. They are **self-sufficient**, **practical**, and **dependable**. They can be **calm in a**

crisis, **respectful of others' independence**, and **loyal** in action. They are frequently **good listeners** in practical matters, and often have a gift for helping others find solutions.

Healing does not mean becoming dependent or emotionally flooded. It means widening your range, so that you can be as steady as ever and also able to be known.

SMALL STEPS TOWARD CLOSENESS

For people with an avoidant pattern, change tends to come through very small steps, practiced repeatedly, that gradually expand what feels tolerable. Trying to leap into deep emotional openness can feel overwhelming and may provoke a retreat. A better approach is gentle and incremental.

Some examples:

- **Stay one minute longer** in a hug, a conversation, or a moment of closeness than you usually would.
- **Name one feeling a day**, aloud or in writing, even if it is small: *I felt a bit lonely today.*
- **Ask for something small**: a favor, a ride, an opinion.
- **Say what is happening** when you pull away: *I am getting overwhelmed. I need twenty minutes.*
- **Receive a compliment** or a kindness without deflecting.
- **Notice the longing**, without needing to act on it.

Each of these is a tiny experiment. Each gives the nervous system a small piece of new evidence: *I can be close, and I am still okay.*

AVOIDANCE IN FRIENDSHIP AND FAMILY

The guarded heart is often at its most visible in relationships that are not romantic. A person with an avoidant pattern may have many friendly acquaintances and few people who know what is really going on in their lives. They may be the one who shows up to help a friend

move, and does not mention that they are going through a divorce. They may visit family regularly and keep every conversation light.

In families, avoidance often mirrors the family style. If emotions were not discussed at home, a person may find that visits feel like a performance of closeness, warm in tone and thin in content. That can be quietly painful for everyone involved, even when no one says so.

The invitation here is not to dismantle your privacy. It is to ask whether there is at least one relationship in which you would like to be known more fully, and to take one small step in that direction.

WHEN INDEPENDENCE HIDES EXHAUSTION

People with an avoidant pattern often carry a great deal on their own. They are used to being the one who handles things. They may rarely ask for help, and they may feel faintly irritated when others do.

The cost of this is often invisible until it is large. Carrying everything alone can lead to chronic tiredness, a feeling of being unseen, and a sense that no one knows how much effort it takes to be so capable. There may also be a quiet resentment, because no one is offering help that you have never asked for.

If this rings true, consider an experiment: ask for something small this week. Not a major favor, just something ordinary, such as a ride, a recommendation, or ten minutes of someone's attention. Notice what happens in your body as you ask. Notice what happens when the answer is yes. Each small experiment gives the nervous system new data.

HOW PARTNERS CAN HELP WITHOUT CHASING

If you love someone with an avoidant pattern, you may be tempted to pursue harder when they withdraw. Understandably, this often increases the distance.

Some approaches tend to work better.

Stay steady. Offer warmth without demanding a response. A calm, brief message such as "Thinking of you, no need to reply" is easier to receive than an insistent one.

Name your own needs clearly and briefly. Long emotional appeals can feel overwhelming. A short, specific request is easier to meet: "I'd love to have dinner together on Thursday."

Appreciate small steps. When a guarded partner opens up, even a little, acknowledge it warmly and without making a fuss. *"Thank you for telling me."*

Allow breaks, and ask for a return. If your partner needs time, agree, and ask when you can talk again. A pause that has an end is much less frightening than silence with no horizon.

Look after your own regulation. You are not responsible for your partner's pattern, and you cannot fix it. You can be a steady presence while you take care of yourself.

HEALING PRACTICE: STAYING ONE MINUTE LONGER

This practice helps you gradually expand your capacity for closeness. It is most effective when practiced with someone who is safe and kind, though it can also be practiced with a pet, a trusted friend, or even in imagination at first. You will need a notebook and a timer or watch.

Step 1: Choose a safe person or situation. Pick someone you trust, or a situation that feels mildly uncomfortable but manageable, such as a hug, a talk about your day, or sitting close together.

Step 2: Notice your usual exit. Ask: *When closeness increases, what do I usually do? Joke, change the subject, leave, get busy?* Write it down.

Step 3: Notice the early signs. Ask: *What does my body do just before I pull away?* Write down any signals: tightness, restlessness, heat, an urge to look at my phone.

Step 4: Stay one minute longer. The next time you feel the pull to step away, take a slow breath and stay for one more minute. Keep your feet on the floor. Notice what happens in your body. You do not need to say anything. If it becomes too much, you may leave, and that is okay.

Step 5: Name what you notice. After the minute, silently or aloud, name one thing you felt: *warmth, tension, fear, relief.* If you are with someone safe, you might say, "That was a little hard, and I'm glad I stayed."

Step 6: Write it down. Record what happened. What did you expect? What actually happened? What did you learn?

Step 7: Repeat with care. Practice several times a week, and increase the time very slowly as it feels tolerable. Notice your progress, however small.

REFLECTION PROMPTS

1. When someone gets close emotionally, what do you notice in your body, and what do you usually do?
2. How did your family respond when you showed need or vulnerability? What did you learn to do instead?
3. In what ways has independence protected you? In what ways has it limited you?
4. What longing, if any, do you notice beneath your distance?
5. What is one small step toward closeness that you could try this week?

WHAT TO REMEMBER

The avoidant pattern is an attachment system that learned to turn itself down. It often arises when emotional needs were met with discouragement or absence.

Avoidance is not coldness. Physiological studies suggest that avoidant people often feel the need, even when they appear calm.

Independence is a strength, and the ability to depend on others can support it. The dependency paradox suggests that feeling supported makes people freer, not weaker.

Change comes through small steps, practiced repeatedly: staying one minute longer, naming a feeling, asking for something small, and saying what is happening when you pull away.

In the next chapter, we look at the fearful heart, in which the longing for closeness and the fear of it come together.

JONAH'S THREAD

Jonah tried the practice on a Sunday evening, sitting next to Maren on the couch while a movie played on the screen.

He had told her about it beforehand, awkwardly, standing in the kitchen. "I'm trying something. When I feel like moving away, I'm going to stay a little longer. I might be weird about it." She had smiled and said, "Weird is fine."

About forty minutes into the movie, she leaned her head on his shoulder. He felt it, the familiar clamp in his chest, the sudden clarity of his own arm, the urge to stand and refill the water. *Stay,* he told himself. *One minute.*

He took a slow breath, longer on the exhale. He put his feet flat on the floor. He felt the warm weight of her head. He noticed that his heart was going faster than the movie warranted, and that his shoulders were up near his ears. He let them drop, an inch at a time.

After a minute, the clamp had loosened a little, not away but down, like a dial turned from nine to six. He did not move. After a few more minutes, he realized that he had not been following the movie at all, and that, beneath the discomfort, there was something else. It was warm and unfamiliar, and it took him a moment to name it. He was a little bit happy.

"That was hard," he said quietly, when the credits rolled. "I'm glad I stayed."

Maren put her hand over his. She did not say anything, which was exactly right.

CHAPTER 7
THE PULL AND PUSH OF FEAR



The third date with Adam had been perfect, and Leila had spent the following morning planning how to end it.

They had walked along the river, eaten dumplings from a paper bag, and talked until the streetlights came on. He had asked questions and listened to the answers. At the end of the night he had kissed her, gently, on the forehead, and said, "I'd really like to see you again."

She had gone home glowing. She had lain awake, replaying the evening like a favorite song. And then, at about four in the morning, the glow had curdled.

He doesn't know me yet. When he does, he'll leave. Better to end it before I get attached. He's too nice. Something is wrong with him. Or something is wrong with me.

By nine she had a draft in her phone: *Hey, I think I'm not in a place for this right now.* By ten, she had deleted it and written, *I had such a good*

time. When are you free? By noon, she had deleted that and was staring at the wall.

This was the part she could never explain to anyone, least of all herself. She wanted what Adam was offering with an ache that was almost physical. And the closer it came, the more her whole body insisted that it was a trap.

She had been through this before. She had pushed, pulled, run, returned, and run again, with partners, with friends, with her own sister. She had a long list of people she had cared for deeply and had also, at the first sign of real warmth, found a reason to flee.

She sent the second message. Then she turned the phone face down, put her hands over her face, and wondered how a person could be so afraid of the one thing she wanted most.

WANTING CLOSENESS AND FEARING IT

The pattern that Leila lives with is sometimes called *fearful-avoidant* attachment, or *disorganized* attachment in the language of infant research. It is a pattern in which the longing for closeness and the fear of it exist side by side, with neither one winning.

Imagine the dilemma from a child's perspective. Attachment theory says that when frightened, a child instinctively moves toward the caregiver. But what if the caregiver is the source of the fear? The child is pulled toward the parent by one urge and pushed away by another. The two cannot be satisfied at once. Main and Solomon, who first described this pattern, observed infants who approached a parent with their heads turned away, froze mid-movement, or fell to the floor as though caught in a conflict they could not resolve (Main & Solomon, 1986).

The child does not have the resources to reconcile such a dilemma. What often develops, over time, is a flexible but unstable set of strategies: reaching for closeness when afraid of being alone, pulling

away when afraid of being hurt, and sometimes shutting down altogether when neither works.

In adulthood, the pattern may appear as an intense desire for intimacy that is hard to bear when it arrives. People may swing between pursuit and withdrawal, idealize and then doubt a partner, or feel that their reactions are bigger and more confusing than they can explain.

WHERE IT COMES FROM

As discussed in Chapter 2, the fearful-avoidant pattern is often linked to experiences in which a caregiver was frightening, unpredictable, or dissociated, or in which a child experienced abuse, serious neglect, or loss. It may also be linked to the parent's own unresolved trauma, which can intrude into caregiving through sudden shifts in mood, a blank or frightened expression, or an abrupt loss of attunement.

Mary Main and Erik Hesse proposed that parents who have not resolved their own experiences of loss or trauma may sometimes behave in frightened or frightening ways without intending to, and that this places the child in the impossible bind just described (Main & Hesse, 1990). It is a theory about how unprocessed pain moves across generations, rather than a story about bad parents.

It is worth saying that not everyone with this pattern has a history of severe trauma, and not everyone with a history of severe trauma has this pattern. Attachment patterns arise from many combinations of experience, temperament, and later life. If you recognize yourself in this chapter, you do not need to find a particular memory to justify it.

WHAT IT CAN LOOK LIKE

The fearful pattern is varied, and it can look different from person to person. Some of the common features include:

- **Push and pull.** Seeking closeness intensely, then withdrawing when it arrives. Sometimes within the same day.
- **Fear of being known.** Feeling that if someone sees the real you, they will reject you, and also longing to be seen.
- **Difficulty trusting.** Waiting for the other shoe to drop, or testing people to see whether they will leave.
- **Emotional intensity.** Feelings that rise quickly and strongly, and that may be hard to settle.
- **Mixed signals.** Saying one thing and doing another, not out of dishonesty but out of conflict.
- **Attraction to the unavailable or the unsafe**, because intensity feels familiar, and calm feels strange.
- **Sudden shutdown.** Going numb, blank, or far away when emotions become too much.
- **Self-blame.** A belief that you are the problem: *There is something wrong with me.*

If you see yourself here, it may help to know that these reactions are not a sign that you are unlovable or too difficult. They are the signs of a mind that learned, long ago, that the people you needed could also be the people you needed protection from.

A WORD ABOUT SAFETY

It is important to say something clearly. For people whose attachment histories involved fear, the familiar can feel like love, and the unfamiliar can feel like danger. This means that some people find themselves repeatedly drawn into relationships that are unsafe, such as relationships involving control, intimidation, humiliation, or violence.

If you are in a relationship in which you feel afraid, controlled, or unsafe, your safety comes first. Please reach out to a trusted person, a domestic violence hotline, or emergency services. You can find some resources in Appendix E. An attachment framework helps us understand why leaving can be so hard, but it does not mean that you

must stay, and it does not mean that the danger is something you caused.

UNRESOLVED LOSS AND TRAUMA

For many people with this pattern, there are experiences that have not been fully processed: losses, frightening events, or periods when the world was unsafe. Because these experiences were too overwhelming to integrate at the time, they may remain in the body as implicit memories, triggering reactions that seem out of proportion to what is happening now.

Healing, in these cases, often involves the support of a trained professional. Therapies for trauma, such as trauma-focused cognitive behavioral therapy, EMDR, and other approaches, are designed to help people process difficult memories at a pace that is safe, and they are discussed in Chapter 10 and in the appendix on resources.

You do not need to relive painful events to benefit from this book. The practices in this chapter and throughout Part III are designed to build safety first, and to allow you to go as slowly as you need.

FINDING STEADINESS IN CONTRADICTION

One of the most important skills for someone with a fearful pattern is learning to hold *both/and* instead of *either/or*.

I want closeness, and I am afraid of it.

I trust him a little, and I am also scared.

I feel safe right now, and part of me is bracing.

I want to run, and I want to stay.

In the middle of a fear response, contradictions can feel unbearable. Part of the mind says one thing, and another part says the opposite, and it can feel as though you are being torn in two. The skill is to allow both sentences to be true at once, without forcing a decision in the heat of the moment.

Many people find it helpful to think of these experiences as coming from different *parts* of themselves. A younger part may be terrified of being hurt. Another part may crave warmth. A third may be a fierce protector, determined to keep you safe by pushing everyone away. This idea is used in some forms of therapy, such as Internal Family Systems (Schwartz, 1995). Whether or not you use the language of parts, the practical point is that you can listen to each voice with respect, rather than trying to silence one in favor of the other.

PACING AND TITRATION

For people who have experienced trauma, healing works best when it is slow. Therapists use the word *titration* to describe the practice of approaching difficult material in very small doses, returning to safety between each dose.

Some principles:

- **Go slowly.** It is better to take many small steps than one overwhelming one.
- **Return to safety often.** After approaching something difficult, take a break, ground yourself, and do something calming.
- **Choose your pace.** You are allowed to stop, to say no, and to come back later.
- **Build resources first.** Before you explore hard memories or feelings, make sure you have supports in place, such as a calm plan, a trusted person, and professional help if possible.
- **Notice the window.** If you find yourself flooded or numb, step back. Healing happens within the window of tolerance, not outside it.

Relationships can be titrated, too. You may choose to approach closeness in small, repeated steps, letting each one settle before taking the next. A person who is safe will not mind the pace.

THE STRENGTHS OF THE FEARFUL HEART

As with the other patterns, there are strengths that tend to accompany this one.

People with this pattern are often **deeply empathic**, because they have felt pain intensely. They are often **intuitive**, quick to sense moods and tensions. They are **resilient**, having survived real difficulty. They often have a **fierce capacity for love** when they feel safe, and a deep **loyalty** to those who earn their trust. And many are **creative**, able to channel intensity into meaning.

Healing does not involve shrinking these qualities. It involves offering them a safer home.

IDEALIZATION AND DISAPPOINTMENT

One of the more painful features of the fearful pattern is a tendency to move quickly between seeing a person as wonderful and seeing them as a threat. In the early days of a relationship, a partner may seem like a rescuer. Later, a small disappointment can feel like proof of betrayal.

This swing is not a sign of dishonesty. It reflects a nervous system that has not yet been able to hold a whole person in mind: someone who is kind and also imperfect, loving and also sometimes late, trustworthy and also human. The ability to hold both qualities at once is one of the marks of security, and it can be learned.

A practical tool is to name both sides when you notice a swing: *"I feel hurt that he forgot, and he has also been very kind this month."* This is not the same as minimizing. It is making room for a more complete picture.

INTENSITY VERSUS INTIMACY

For people whose early relationships were unpredictable, intensity can feel like love. Rapid disclosure, dramatic reconciliations, and an

all-consuming focus on one another may feel exciting, like the real thing. Calm, steady attention can feel flat by comparison.

But intensity and intimacy are not the same. Intensity is a state of high arousal. Intimacy is the experience of being known and accepted over time. It tends to be quieter and slower, and it is built through repeated experiences of reliability and honesty.

If you find that you lose interest when a relationship becomes calm, or that you are most drawn to people who keep you off balance, it may be worth asking whether you are chasing an adrenaline response. This does not mean that calm relationships are better in every way, or that you must settle. It means that your sense of attraction was trained in a particular environment, and that you can learn to recognize steadiness as a form of care.

BUILDING TRUST IN SMALL EXPERIMENTS

Trust is not a switch. It is built in small steps, each one tested and either confirmed or not. For people with a fearful pattern, this process can feel agonizingly slow, and also much safer than trying to leap.

Here is a simple way to approach it. Think of trust as a series of small experiments:

1. **Share something small.** A minor worry, a preference, a small piece of history.
2. **Watch how it is received.** Does the person listen? Do they respect it? Do they use it kindly?
3. **Notice your body.** Does it relax a little, or tighten?
4. **Adjust.** If the response was kind, you might share a little more next time. If it was careless, you can slow down.
5. **Repeat.** Over weeks and months, a pattern emerges.

This approach lets you gather evidence about who is safe, without having to decide, in a single moment, whether to trust someone

entirely. It also lets you notice when you are being asked to move faster than feels safe, which is itself useful information.

HEALING PRACTICE: THE BOTH/AND INVENTORY

This practice helps you notice and hold your contradictory feelings with compassion, without being forced to pick a side. You will need a notebook. Check your window first, and stop if you feel flooded.

Step 1: Name the situation. Choose a current relationship or moment in which you feel pulled in two directions. Write one sentence about it.

Step 2: Write the two voices. Draw two columns. Label them *Part of me wants...* and *Part of me fears...* Fill in each, in plain, honest language. For example: *Part of me wants to see him again. Part of me fears he will leave once he knows me.*

Step 3: Add a third voice. In a third column, write *The part of me that is watching.* This is the calmer, wiser part that can observe the other two. Write one sentence from it: *I can see that both are trying to protect me.*

Step 4: Thank each part. Write a short thank-you to each: *Thank you for wanting to connect. Thank you for trying to keep me safe.*

Step 5: Choose a small, reversible step. Do not try to resolve the conflict. Instead, choose one tiny action that respects both parts. For example: *Reply to the message, and tell him I need to go slowly.*

Step 6: Practice a both/and sentence. Say aloud: *I want closeness and I'm scared. Both are true.* Notice how it feels in your body.

Step 7: Care for yourself afterward. Use one of your calming tools, or do something gentle. Notice that you stayed with a hard feeling, and honor that.

REFLECTION PROMPTS

1. In what situations do you feel pulled in two directions? What does each side want?

2. What was it like, as a child, to need someone who could also be frightening or unpredictable?
3. How do you handle the moments when closeness arrives, and the fear arrives with it?
4. What helps you feel safe enough to stay, even a little, in a hard moment?
5. What would it mean to go as slowly as you need to, without judgment?

WHAT TO REMEMBER

The fearful-avoidant pattern is one in which the desire for closeness and the fear of it exist together. It often arises when the source of comfort was also a source of fear.

Parents' unresolved loss or trauma can intrude into caregiving and leave children in an impossible bind. This is a story about unprocessed pain, rather than bad people.

Healing often involves holding both/and: *I want closeness, and I am afraid. Both are true.* It also involves pacing, resources, and sometimes professional support.

If a relationship is unsafe, your safety comes first. Familiar intensity is not the same as love.

In the next part, we turn to the healing path, beginning with the foundation of all change: safety.

LEILA'S THREAD

Leila did the Both/And Inventory at her kitchen table on her day off, with a cup of tea and her phone in a drawer.

In the first column she wrote: *Part of me wants to see Adam again. Part of me wants to disappear before he sees me.* In the second: *Part of me is so tired of being alone. Part of me is certain that being alone is the only safe thing.*

For the third column, she sat for a long time. *The part of me that is watching,* she wrote, *can see that the part that wants to run is very young and very scared.* She stopped, and read the sentence again. It was a strange feeling to see her fear not as an enemy, but as a child.

She wrote the thank-yous. They felt awkward, and then they did not. *Thank you for wanting to connect. Thank you for trying so hard to keep me safe. I know you've been doing it for a long time.*

Her small step was a message. *I had a really good time. I should tell you that I'm scared of getting close to people, so I might go slowly. I'd still like to see you.*

She read it three times, and her thumb hovered. Then she pressed send and placed the phone back in the drawer, and closed it.

She did not feel calm. She felt, in her chest, the whole battlefield of her contradictions, and to her surprise, she did not feel torn apart by it. For the first time, the two sides were in the same room, and neither one was being asked to leave.

PART III: THE HEALING PATH

CHAPTER 8
SAFETY FIRST



Leila got home at 8:15 in the morning, after a night that had included two cardiac arrests and a child who did not make it, and found that she could not make her hands stop shaking.

She stood in her kitchen with her coat still on. Her heart was beating quickly. Her thoughts were running on a loop of sounds and numbers. She wanted, with a ferocity that scared her, to call someone. And she wanted, with equal ferocity, to be alone behind a locked door.

Her phone lay on the counter. Adam had texted twice. *Thinking of you. Hope the shift wasn't too rough.* Her mother had texted too: *Call me when you can.* She looked at both messages and felt her chest fill with something like panic. If she called Adam now, she would say too much, and then feel exposed. If she called her mother, she would end

up comforting her. If she called no one, she would feel the old, flat loneliness.

She had a choice, but it did not feel like a choice. It felt like a pull toward one of three disasters.

Then she remembered something from the book on her nightstand. *Regulate before you relate.* She did not understand it completely, but she had underlined it.

She put her phone in a drawer. She took off her coat. She sat on the kitchen floor with her back against the cabinets and took a long, slow breath, in for four, out for six. She did it again. And again. She felt her feet against the tiles, and the weight of her own body.

It took about eight minutes. Her hands did not stop shaking altogether, but they slowed. The loop of sounds loosened. She was still sad. She was still exhausted. But she was inside her window again, and from there, she could think.

Now, she thought. *I can call someone.*

WHY SAFETY COMES FIRST

After three chapters of understanding and two of recognizing your patterns, you might expect the next step to be more insight: more memories, more analysis, more connection-making. But the research and the clinical experience of trauma therapists point to a different order. Before deep emotional work, people need to feel safe enough in their bodies and lives to do it.

There are several reasons.

Understanding works best when the nervous system is calm. When the body is in alarm, the parts of the brain that handle reflection, perspective, and choice are less available. You can know everything about your history and still find that you cannot use it when you are flooded.

Attachment wounds live in the body. As we saw in Chapter 3, the body responds to closeness and distance quickly and automatically. Working only with thoughts leaves out the system that is actually sounding the alarm.

Premature digging can retraumatize. Plunging into painful memories before you have the resources to hold them can be overwhelming, and can reinforce the sense that feelings are dangerous.

Safety is itself healing. For people whose nervous systems learned that closeness is unsafe, the repeated experience of feeling safe is a form of therapy. Every time you return to your window and find that you are still here, you teach your body something new.

REGULATING BEFORE RELATING

One of the most practical ideas in this book is also one of the simplest: *when your attachment alarm is sounding, calm your body before you try to resolve the relationship.*

When you are flooded or shut down, what you say and do is more likely to reflect the old pattern than your current values. Anxious pursuit, angry criticism, icy silence, sudden flight: these are what the alarm produces. Trying to resolve a conflict, or to decide whether a relationship is working, from inside the alarm usually makes things worse.

Regulating first does not mean avoiding the issue. It means getting back into a state where you can actually do what you want to do. It is a way of having the conversation you meant to have, rather than the one that the alarm would have.

A useful rule of thumb is: *if you are above a seven out of ten, take a break.* You can say, "I want to talk about this, and I need twenty minutes to settle first. I'll come back." Then actually return. A break that is never followed by a return becomes avoidance.

SELF-SOOTHING AND CO-REGULATION

Two kinds of regulation matter in attachment: calming yourself, and being calmed by someone else.

Self-soothing is the ability to bring your own nervous system toward balance. It includes slow breathing, grounding, movement, comforting self-talk, and rest.

Co-regulation is the process by which one person's steady presence helps another's nervous system settle. Infants cannot self-soothe, and they depend on caregivers to lend them calm. Adults remain co-regulating creatures. As we saw in the study by Coan and colleagues, holding a trusted person's hand can reduce the brain's threat response (Coan et al., 2006).

A secure person is not someone who has no need for co-regulation. It is someone who can do both: settle themselves enough to function, and also reach for others and receive support.

People with anxious patterns often find co-regulation easier to seek and self-soothing harder. People with avoidant patterns often find self-soothing easier and co-regulation harder, sometimes to the point of not being able to receive it at all. People with fearful patterns may find both difficult, depending on the moment. Whatever your pattern, the aim is to widen your range, so that you can use both.

TOOLS FOR RETURNING TO YOUR WINDOW

None of these tools requires belief. All work best when practiced before you need them.

Slow breathing. A systematic review found that slow breathing practices, especially those with extended exhalation, are associated with improvements in heart rate variability and reductions in stress and anxiety (Zaccaro et al., 2018). A simple pattern is to breathe in through the nose for four counts and out through the mouth for six, repeating five or six times.

Grounding through the senses. Bring your attention to the present moment through what you can see, touch, hear, smell, or taste. Naming five things you can see, four you can touch, and three you can hear is a simple way to do this.

Contact with the floor and the chair. Press your feet into the floor, feel the chair beneath you. This reminds the nervous system that you are supported.

Orienting. Slowly turn your head and look around the room, letting your eyes land on whatever they find. Notice that there is no threat here.

Movement. Walking, stretching, shaking out your hands, or pressing your palms against a wall can help discharge energy. Gentle movement can also help when you feel numb or frozen.

Warmth and comfort. A warm drink, a soft blanket, a hand placed over your heart or on your arm. Many people find that gentle, warm self-touch calms the body.

Naming. Put the feeling into words: *This is fear. This is loneliness.* In a series of studies, Lieberman and colleagues found that labeling emotions was associated with reduced amygdala activity and increased activity in regulatory regions of the prefrontal cortex (Lieberman et al., 2007).

Other people. Sit near someone steady. Hear a calm voice. Hold a pet. Sometimes the most effective regulation is simply not being alone.

REGULATION IS NOT SUPPRESSION

If your pattern is avoidant, you may hear "calm yourself down" and think, *I already do that. I'm very good at it.*

It helps to distinguish between *regulation* and *suppression*. Suppression pushes feelings out of awareness so that they appear not to exist. Regulation acknowledges feelings and helps the body settle, so that you can feel them without being overwhelmed. The research

suggests that suppression has costs for well-being and relationships (Gross & John, 2003).

A simple test: after you have calmed yourself, do you still know what you felt? If you can say, "I was frightened, and now I'm steadier," you have regulated. If you cannot say what you felt, or if the feeling seems to have disappeared without a trace, you may have suppressed it.

For people who grew up needing to hide their feelings, learning the difference is a core part of healing.

RESOURCING: BUILDING INNER AND OUTER SUPPORTS

Trauma therapists often begin by helping clients build *resources*, internal and external supports that make it safer to approach difficult material. You can begin building your own.

A safe place. Think of a real or imagined place where you feel calm, protected, and at ease: a beach, a room, a forest, a grandparent's kitchen. Imagine it in detail: what you see, hear, smell, and feel. Practice returning to it in your mind for a minute or two a day.

A safe person. Think of someone who makes you feel steady, even if only a little: a friend, a teacher, a relative, a pet. Recall a moment when you felt cared for. Notice what happens in your body as you remember.

A calming object. A smooth stone, a scarf, a photograph, anything that you associate with comfort.

A supportive routine. Regular sleep, meals, movement, and time outdoors are among the most effective regulators. They are also the most easily overlooked.

A professional. If you can, work with a trauma-informed therapist who can help you build resources and pace the work.

WHEN TO SEEK EXTRA SUPPORT

While the practices in this chapter are generally safe, some people find that attending to the body brings up intense reactions, such as flashbacks, panic, or a sense of unreality. If this happens, you do not need to push through. It may be a sign that you would benefit from the support of a trauma-informed professional.

Other signs that extra support may help include nightmares or flashbacks, difficulty functioning in daily life, using substances to cope, persistent numbness, or thoughts of harming yourself. These are not signs of weakness. They are signs that your system has been carrying a great deal and deserves help.

If you are in crisis or thinking about harming yourself, please contact emergency services or a crisis line right away. Appendix E lists some options.

A WEEK OF REGULATION EXPERIMENTS

Skills practiced in calm moments are far easier to use during a crisis. Here is a simple week-long plan for experimenting with the tools in this chapter. Each experiment takes about five minutes.

- **Day 1: Breath.** Practice four counts in, six counts out, five times. Notice what happens in your body.
- **Day 2: Grounding.** Name five things you can see, four you can touch, three you can hear. Notice what changes.
- **Day 3: Movement.** Take a short walk, or shake out your arms and legs. Notice your energy.
- **Day 4: Warmth.** Hold a warm mug, wrap in a blanket, or place a hand over your heart. Notice how your body responds.
- **Day 5: Naming.** Pause three times today and name what you feel, as precisely as you can.
- **Day 6: Connection.** Spend a few minutes near someone steady, or with a pet. Notice how your body feels.

- **Day 7: Review.** Look back at your notes. Which tool helped most? Which felt awkward? Write your top three.

There are no right answers, only information about what suits you.

THE BODY'S BASICS

Regulation tools work best when the body's basic needs are met. Several are worth special attention.

Sleep. As we saw in Chapter 3, sleep loss increases emotional reactivity. A regular schedule, a dark and cool room, and a wind-down routine all support regulation.

Movement. Regular physical activity, including walking, is associated with better mood and stress resilience. You do not need an intense routine. Consistency matters more than intensity.

Food and water. Long gaps without eating, heavy caffeine use, and dehydration can make anxiety feel worse. Regular meals and enough water help the body stay steady.

Light and air. Time outdoors, especially in morning light, supports rhythms of sleep and mood.

Limits on substances. Alcohol and some other substances may seem to calm the nervous system in the short term, but they often disrupt sleep and increase anxiety later. If you find that you rely on a substance to manage feelings, consider speaking with a professional.

TIME-OUTS THAT WORK

The practice of taking a break during a conflict is widely recommended, and it is often done badly. A break that is announced with a slammed door, or that never ends, tends to feel like abandonment to a partner and deepens the cycle.

A good break has several features:

- **It is announced calmly.** *"I'm getting overwhelmed. I need twenty minutes. I'll come back."*

- **It has a defined length.** Twenty to thirty minutes is usually enough for the body to settle. Hours may be too long, and a few minutes too short.
- **It is used for regulation.** Breathe, walk, ground. Do not spend the time rehearsing arguments.
- **It ends with a return.** You come back, as you said you would, even if you do not feel perfect.
- **It is agreed in advance, when possible.** The best time to discuss how breaks will work is when you are both calm.

A well-handled break teaches both partners something important: that disagreement does not mean abandonment, and that a pause can be an act of care.

HEALING PRACTICE: BUILD YOUR CALM PLAN

This practice helps you create a personal plan for the moments when your attachment alarm is sounding. You will need a notebook, and you may want to copy the finished plan onto a card or into your phone.

Step 1: Learn your signals. Write down the three earliest signs that your attachment alarm is starting: for example, *chest tight, mind racing, urge to check my phone,* or *jaw clenched, urge to leave, flat feeling.*

Step 2: Rate your levels. Using a scale of one to ten, where one is flat and five is steady and ten is flooded, write the level at which you want to take action. A good target is around seven on the high side, or three on the low side.

Step 3: Choose three tools. Choose one for the body (such as breathing or movement), one for the senses (such as grounding), and one for connection (such as calling a friend or holding a pet).

Step 4: Write your script. Write a sentence you can say to yourself and one you can say to someone else. For example: *To myself: "This is the old alarm. I'm safe right now." To a partner: "I'm getting overwhelmed. I need twenty minutes, and then I'll come back."*

Step 5: Prepare your people. If you share your life with someone, tell them about your plan ahead of time, so that a break is not misunderstood. You might say, "When I say I need a break, it means I want to talk when I'm calmer."

Step 6: Practice when you are calm. Spend five minutes a day practicing one of your tools when you are in the middle of your window. Skills practiced in calm are far easier to use in a crisis.

Step 7: Review. After a hard moment, ask: *What helped? What would I change?* Adjust your plan accordingly.

REFLECTION PROMPTS

1. What are the earliest signals that your attachment alarm is starting?
2. When you are upset, are you more likely to seek co-regulation, to soothe yourself, or to avoid both? What would a balance look like?
3. Which tool in this chapter helps you most? Which feels hardest?
4. What is the difference, for you, between calming yourself and suppressing a feeling?
5. Who or what in your life helps your body feel safe? How might you let more of it in?

WHAT TO REMEMBER

Safety comes first. Understanding works best when the body is calm, and attachment wounds are felt in the body.

Regulate before you relate. Resolving a conflict from inside the alarm usually reproduces the old pattern. A break, followed by a return, is a form of care.

Self-soothing and co-regulation are both part of security. Most people find one easier than the other, and the aim is to widen your range.

Regulation is not suppression. Regulation lets you know what you felt and settle; suppression makes feelings disappear.

Go slowly, build resources, and seek professional support when the work feels heavy.

In the next chapter, we turn to grief: the work of mourning what you needed and did not receive.

THEO'S THREAD

Theo wrote his calm plan on an index card and propped it behind the sugar jar, where only he would see it.

Signals: jaw tight, hands in pockets, voice gets flat. Level to act: 7. Tools: breath (4-6), feet on floor, walk around the block. Script: "I need ten minutes. I'm coming back."

The first test came at the custody exchange on Friday. Karin arrived late and said something about the children's homework that Theo experienced as a criticism. He felt the old wall go up, a smooth cold sheet sliding into place between his chest and his voice.

He recognized the signal. *Jaw,* he thought. *Flat voice.* He took one slow breath, in for four, out for six, and put his feet flat on the pavement.

"I'd like to talk about this," he said, and heard his own voice come out almost normal. "I need a couple of minutes first. Can I call you tonight?"

Karin blinked. She looked at him as though he had spoken in another language. "Sure," she said slowly.

That evening, after Ines and her brother were in bed, he called. It was a short conversation, and it was clumsy. But for the first time in years, he had said, "I got defensive earlier. I'm sorry." And Karin, after a pause, had said, "Thank you. I got snippy too."

He hung up and looked at the index card behind the sugar jar. It was only a piece of paper. But it was the first time he had planned, in advance, to stay.

CHAPTER 9
GRIEVING WHAT WAS MISSING



Jonah had gone to his parents' house to help his mother clear out the attic, which seemed like a simple enough task.

It was a bright Saturday in October. They carried boxes down the narrow stairs, sorting as they went: *keep, donate, trash.* His mother, brisk and practical, held up a lamp and asked, "Do you want this?" and he said no, and she put it in the donate pile without a word.

Near the bottom of a carton, Jonah found a manila folder with his name on it. Inside were his old school reports. He flipped through them with mild interest. *Jonah is a bright, independent boy who rarely needs help. Jonah works quietly and never causes problems. Jonah is very self-sufficient for his age.* He read the last one, from second grade, twice.

He sat down on the attic stairs with the folder in his lap. It was a strange thing to feel, in the middle of a sunny afternoon, with his mother humming in the next room. He felt a pressure rise behind his eyes. He felt his throat thicken. And then, without any warning, he

was crying, silently at first and then not silently at all, with his face in his hands and his shoulders shaking.

His mother appeared at the foot of the stairs. "Jonah?" she said, uncertainly.

He tried to say he was fine. He could not get the word out. He gestured vaguely at the folder, at the reports, at the whole dusty attic. "I was seven," he managed to say. "I was seven, and I was so *independent*."

His mother stood very still. She did not know what to say. And that, in a way, was the whole story. He did not blame her. He just sat there on the stairs and grieved for a little boy who had been praised, again and again, for not needing anyone.

THE GRIEF BENEATH THE PATTERN

Healing attachment wounds is not only a matter of learning new skills. It is also, inevitably, a matter of loss.

When you begin to understand what you needed as a child, you may find that a kind of mourning begins. You grieve what you did not receive: the comfort that did not come, the attention that was absent, the safe base that was not there. You may grieve the years you spent protecting yourself, and the relationships that your protection cost you. You may grieve the person you might have been if the world had felt safe.

This grief is a normal and healthy part of healing. It is also often unexpected, and sometimes frightening. Many people avoid it for years, because they sense that it is vast, or that it might not stop once it starts.

This chapter is about how to make room for grief in a way that is safe, slow, and kind.

AMBIGUOUS LOSS AND DISENFRANCHISED GRIEF

Two ideas from the psychology of grief are particularly helpful here.

The first is *ambiguous loss*, a term developed by the family therapist Pauline Boss. It describes a loss that is unclear, unresolved, or without closure. One form of it is the loss of someone who is physically present but psychologically absent, such as a parent who was emotionally unavailable, depressed, or consumed by their own troubles (Boss, 1999). There was no death, no funeral, no moment when anyone said, "This is a loss." And yet something was lost: the parent you needed, in the form you needed them.

The second is *disenfranchised grief*, a term coined by the grief researcher Kenneth Doka. It refers to grief that is not openly acknowledged, socially validated, or publicly mourned (Doka, 1989). Grieving a childhood that was not terrible enough to count, or a relationship that never quite existed, is often of this kind. There are no cards, no casseroles. There may even be voices, inside or out, saying, "You have no right to feel this way."

If you find that you are grieving something that no one around you recognizes, it is not unusual, and it is not self-indulgent. Grief does not require a certain level of tragedy. It requires only that something that mattered was lost.

WHAT GRIEF CAN LOOK LIKE

Grief does not follow a straight line, and it does not look the same in everyone. Bowlby, who studied grief as well as separation, described how the responses of protest, yearning, despair, and eventual reorganization appear in bereaved adults much as they do in separated children (Bowlby, 1980). For a lost childhood or an absent parent, grief may take several forms.

Sadness. A deep, quiet ache, with or without tears.

Anger. Resentment at what happened, at the people who did not protect or notice, or at the unfairness of it all. Anger is often an

important part of grief. It signals that something mattered, and that a boundary was crossed. For people raised in homes where anger was dangerous, it can be frightening. Remember that feeling anger is different from acting on it.

Longing. A yearning for the parent, the home, or the childhood that might have been.

Guilt. A sense that grieving is disloyal: *They did so much for me. How can I be sad?*

Relief. Sometimes, when grief is finally allowed, there is a loosening, as if something that was clenched has relaxed.

Numbness. A pause, or an absence. Numbness can be protective. It can signal that you need rest before feeling more.

Confusion. Feelings may shift quickly, or contradict one another, especially for people with a fearful pattern.

Let grief come in its own time and in its own form. It is not a task to complete. It is a process to allow.

GRIEF AND THE BODY

Grief is not only an emotion. It is also a bodily experience. You may notice heaviness, fatigue, tightness in the chest or throat, changes in appetite or sleep, or a sense of emptiness. You may feel waves, in which the feeling rises, peaks, and passes.

It can help to remember that emotions, when allowed, tend to move. A wave of grief that is felt and breathed through usually crests and falls. It is the effort to hold it back that tends to make it endless.

At the same time, it is not necessary or wise to push through grief to the point of overwhelm. As described in Chapter 8, the window of tolerance matters. If you notice that you are flooded or shutting down, step back, use your calm plan, and return later.

HOLDING TWO TRUTHS

When people begin to grieve their childhoods, they often feel pulled into a painful argument with themselves.

My parents did the best they could. They were struggling. They loved me in the way they knew.

And I still needed something I did not get.

Both of these are true, and the work is to hold both without choosing. It is tempting to resolve the tension by excusing everything ("It wasn't that bad") or blaming everyone ("They ruined my life"). Neither is accurate, and neither brings peace.

Holding two truths does not mean that you must forgive anyone, or that you must reconcile, or that you must stay in contact. It means acknowledging the full picture: the care that was given, the care that was missing, and the grief that remains.

RITUALS OF GRIEF

Because disenfranchised grief has no public ritual, it sometimes helps to create your own.

- **A letter.** Writing to the child you were, or to a caregiver, in a letter that you never send.
- **A symbolic act.** Lighting a candle, visiting a place that mattered, planting something, or releasing a note into running water.
- **A photograph.** Looking at a picture of yourself as a child, and speaking to that child with kindness.
- **A conversation.** Telling a trusted friend or therapist what you are mourning.
- **A marking of time.** Choosing a day to acknowledge the loss, so that the grief has a place.
- **Creative expression.** Music, painting, poetry, or movement.

There is no right way to grieve. The point of a ritual is to say, in some form, *This mattered. I am allowed to feel it.*

GOING GENTLY

Grief work, like all deep emotional work, is best done gently and in small doses. A few guidelines:

- **Use your calm plan.** Before and after any grief practice, check in with your window.
- **Keep sessions short.** Twenty to thirty minutes is often enough.
- **Plan something kind afterward.** A walk, a warm drink, a call to a friend, a favorite show.
- **Avoid doing it alone if you can.** If you have a safe person or a therapist, let them know what you are doing.
- **Stop if needed.** If you feel overwhelmed, numb, or unsafe, stop and come back another day.
- **Seek help for heavy grief.** If grief feels unmanageable, or if you have thoughts of harming yourself, contact a mental health professional or crisis line right away.

If your history includes serious abuse or violence, please consider working through this chapter with a trauma-informed therapist instead of alone.

GRIEF IN THE MIDDLE OF RELATIONSHIPS

Grief for what you did not receive does not always arrive in solitude. Often it shows up in the middle of ordinary relationships, in a partner's arms, at a family dinner, or when you see a friend with their child.

This can be startling. A moment of tenderness, such as a partner soothing you after a bad day, may bring up sudden tears, not because anything is wrong, but because the care touches the place where care was missing. People often describe this as "crying at kindness."

If it happens to you, it can help to name it, to yourself and, if you feel safe, to the other person: *"That felt so good that it made me realize how much I needed it before."* Many partners find such moments moving and are glad to be trusted with them.

ANGER WITHOUT HARM

Anger often appears in grief, and it can be frightening, especially for people who learned that anger is dangerous. It is worth remembering that anger is a signal, not an action. It tells you that something mattered and that a boundary was crossed.

There are ways to feel and express anger that do not harm anyone, including yourself.

- **Move it.** Walking, running, pushing against a wall, or other vigorous movement can help discharge energy.
- **Write it.** An unsent letter, written without editing, can let the anger say everything it needs to say.
- **Speak it safely.** With a therapist, a trusted friend, or in a quiet space alone, say aloud what you are angry about.
- **Name what is underneath.** Anger often protects hurt, fear, or sadness. Asking *What is this anger guarding?* can lead to deeper understanding.
- **Pause before acting.** Use your calm plan. Decide later whether to say anything to anyone, and how.

If your anger feels uncontrollable, or if you find yourself wanting to harm yourself or someone else, please seek professional help or contact a crisis line right away.

GRATITUDE ALONGSIDE GRIEF

One of the most common worries about grieving is that it means being ungrateful. In fact, the two can sit side by side.

You may feel grateful for what your caregivers gave: the meals, the roof, the hours of work, the love expressed in the only way they knew. You may also grieve what was missing. You may feel gratitude for the people who showed up for you, the teacher, the aunt, the friend, and grief that they were not your parents. You may feel proud of what you built and sad about what it cost.

Letting both exist is not a failure of consistency. It is a more accurate account of a real life. If you notice yourself rushing to gratitude to avoid grief, or clinging to grievance to avoid gratitude, consider letting yourself feel both, one at a time, without insisting that either one cancel the other.

HEALING PRACTICE: A LETTER TO THE CHILD YOU WERE

This practice invites you to write a letter from the adult you are now to the child you once were. Set aside thirty minutes in a private, quiet place. Keep a glass of water nearby. If you have a photograph of yourself at the age you are writing to, put it where you can see it.

Step 1: Choose an age. Pick an age when you remember needing comfort, understanding, or protection. It does not have to be the most painful time.

Step 2: Check your window. Take three slow breaths. Notice where your body is. If you feel steady, begin. If not, try again another day.

Step 3: Begin the letter. Write, "Dear [your name] at [age]," and describe what you see: where they are, what they look like, what they are carrying.

Step 4: Acknowledge. Tell your younger self that you see what was happening. Name the feelings you imagine they had, and let them know those feelings made sense.

Step 5: Offer what was missing. Write what you wish someone had said or done: *"You were not too much." "You didn't have to do this alone." "I'm here now."*

Step 6: Make a promise. Write one small, realistic promise you will keep to yourself from now on. For example: *"I will notice when you're lonely." "I will let you ask for help."*

Step 7: Close gently. End with words of care, and sign it with your name. Read it aloud, slowly, if you feel able.

Step 8: Care for yourself afterward. Do something gentle. If strong feelings remain, use your calm plan or reach out to someone safe.

REFLECTION PROMPTS

1. What did you need as a child that you did not receive? Can you name it without minimizing it?
2. Which forms of grief, sadness, anger, longing, guilt, relief, or numbness, are present for you right now?
3. Is there a loss that no one around you has acknowledged? What would it mean to acknowledge it yourself?
4. What would it feel like to hold compassion for your caregivers and for yourself at the same time?
5. What ritual or small act could give your grief a place to rest?

WHAT TO REMEMBER

Healing attachment wounds involves grief: for what you needed, for what you protected, for what you lost.

Ambiguous loss and disenfranchised grief are real. A parent who was present but unavailable is a loss, even without a funeral.

Grief takes many forms, and it moves like a wave. Allow it, and go slowly.

You can hold two truths: *They did what they could,* and *I still needed something I did not receive.*

Rituals, letters, and gentle company can give grief a place to land.

In the next chapter, we turn to the process of building security: how people who began with insecure attachment can develop what researchers call earned security.

LEILA'S THREAD

Leila wrote her letter on a Thursday afternoon with a photograph propped against the sugar bowl. It was a school picture, taken when

she was nine, with a gap in her front teeth and her hair carefully braided by a mother who, that morning, had been in a good mood.

Dear Leila at nine, she began. *You are sitting very straight. You are smiling carefully, like someone who knows that smiling is a job.*

She had to stop for a moment. She breathed, and kept writing.

I want you to know that you were not too much. You were a child who needed a mother who was steady, and she couldn't always be. That wasn't your fault. It was never your job to figure out which version of her had come home. You were so good at it. You shouldn't have had to be.

She wrote for twenty minutes. Her tears came and went and came again, and she let them. At the end she wrote, *I'm sorry that no one told you this. I'm telling you now. I'm going to start paying attention when you're scared, and I'm not going to ask you to be small.*

She read it aloud, once, in a voice that cracked on the third sentence. Then she put the letter in a drawer, and the picture back on the shelf, and made a pot of tea.

That evening, she called Adam. "I've had a heavy day," she said. "I don't need anything. I just wanted you to know." There was a short silence, and then he said, "Thank you for telling me," and she sat on the couch and felt, in the place where her old fear usually lived, something unfamiliar. It was not the absence of fear. It was the presence of someone else.

CHAPTER 10
EARNED SECURITY



Claire found Mrs. Okafor's name in the alumni directory of her old elementary school, after twenty minutes of searching and an equal amount of second-guessing.

She had told herself she was only curious. A teacher who had knelt at the classroom door and said, "I'll be right here when you come in," might remember nothing about it at all. She might be dead. She might be offended by a message from a stranger she taught in fourth grade. Claire typed, deleted, and retyped a note three times before she sent it.

The reply came two days later, in careful, old-fashioned punctuation. *Dear Claire, of course I remember you. You had a braid and you were afraid of the fire drill. I would be delighted to have coffee.*

They met on a Saturday at a café near the school. Mrs. Okafor was eighty-one, small and straight-backed, with white hair and a cardigan the color of oatmeal. She hugged Claire as though she had been waiting.

They talked for two hours. Claire said, near the end, with a flush in her cheeks, "I think about you more than you'd guess. When I started teaching, I thought about the way you used to wait at the door."

Mrs. Okafor looked at her with an expression Claire could not entirely read. "I did that for many children," she said. "But you were one who needed it. I could always tell. You watched the door the way some children watch the sky before a storm."

Claire laughed, and then, unexpectedly, her eyes filled. "I think I still do," she said.

"Well," said Mrs. Okafor, patting her hand with surprising firmness, "you are allowed to learn that the door will open. It is not too late to learn it. I have seen people learn it at ninety."

WHAT "EARNED SECURITY" MEANS

Throughout this book, we have been talking about patterns that formed early and tend to persist. This chapter turns to the other side of the story: how those patterns can change.

Attachment researchers use the term *earned security* to describe a secure way of relating that develops in adulthood, in people whose early experiences were difficult or insecure. These are people who describe painful or inconsistent childhoods and who nevertheless show the characteristics of security in their adult lives: they can reflect on their experiences with balance, they form stable, trusting relationships, and they can respond to others, including their own children, with warmth and sensitivity.

The idea matters because it challenges a fatalistic reading of attachment theory. It suggests that your early history is not a sentence. Security is not only something you are given. It is also something you can build.

WHAT THE RESEARCH SHOWS

The research on earned security is still developing, but the main findings are encouraging.

In a study of adults from a long-running longitudinal project, researchers compared people who had been continuously secure since childhood with those who had earned security later. Adults with earned security, despite difficult early experiences, were similar in their adult relationships and parenting to those who had been secure all along (Roisman, Padron, Sroufe, & Egeland, 2002). Another study found that mothers with earned security had levels of depressive symptoms and parenting styles closer to continuously secure mothers than to those who remained insecure (Pearson, Cohn, Cowan, & Cowan, 1994).

Researchers have also asked what helps people develop earned security. One study of adults found that a significant number of those who had developed earned security described an *alternative support figure* in their lives: a teacher, grandparent, therapist, mentor, or partner who offered a stable, caring relationship and a different model of what relationships could be (Saunders, Jacobvitz, Zaccagnino, Beverung, & Hazen, 2011).

Mrs. Okafor, in other words, was not a sentimental detail in Claire's story. She was, in all likelihood, one of the reasons Claire is someone who is still looking for the door to open.

THE TWO INGREDIENTS

If we look across the research and the clinical experience, two ingredients seem to appear again and again in stories of earned security.

New experiences of safe relationships. People who develop security often describe at least one relationship in which they felt reliably seen, respected, and cared for, and in which conflict did not

end in abandonment or attack. Over time, these experiences revise the expectations that the nervous system holds.

A coherent understanding of one's own history. People who develop security are often able to talk about their early experiences in a balanced, reflective way. They can acknowledge what was hard, give credit to what was good, and understand how it shaped them, without being overwhelmed, idealizing, or dismissing it.

The second ingredient has its own research tradition. Mary Main and her colleagues developed a method called the Adult Attachment Interview, in which adults are asked about their childhood relationships and how they understand them. What mattered most was not whether the childhood had been happy or painful, but how coherently the person could discuss it (Main, Kaplan, & Cassidy, 1985). A person who could describe a hard childhood in a balanced, reflective way was classified as secure, regardless of what had happened.

This is why this book includes so much reflection. It is not an academic exercise. Making sense of your story is one of the central ways in which security is built.

REFLECTING ON YOUR STORY

Psychologists use the word *mentalization* to describe the ability to understand your own behavior and that of others in terms of underlying thoughts, feelings, needs, and intentions. Peter Fonagy and his colleagues have shown that this capacity develops in the context of secure attachment and is a key resource for emotional regulation and for relationships (Fonagy, Gergely, Jurist, & Target, 2002).

You can practice mentalizing about your own history. Instead of asking, *Why was I treated that way?* with all of the emotion that question carries, you might ask:

- *What was happening in my caregivers' lives at that time?*
- *What might they have been feeling, needing, or afraid of?*
- *What did I feel, and what did I need?*

- *How did I make sense of it as a child, and how might I understand it now?*

Such questions do not excuse anyone. They widen the picture. They allow you to see the situation as a story involving several human beings, each doing what they could, rather than as a verdict on your worth.

Writing and talking can both help. Research on narrative suggests that people who construct a coherent account of difficult experiences, one that includes insight and meaning, tend to benefit more than those who simply repeat their distress (Pennebaker & Seagal, 1999).

LEARNING FROM SAFE RELATIONSHIPS

Perhaps the most powerful route to earned security is experiential. If your nervous system learned that closeness is dangerous or unreliable, the most direct way to teach it something different is through repeated experiences of closeness that turn out to be safe.

This does not mean that you must find a perfect partner. It means noticing, and allowing in, the moments in which someone is kind, consistent, honest, and respectful. It means letting a friend help, allowing a partner to comfort you, accepting a compliment, telling the truth about a hard feeling and finding that the relationship holds.

Researchers call experiences like these *corrective emotional experiences*, moments in which a person encounters something different from what their old expectations predicted, and takes it in. Each one is small. Over time, they accumulate.

Some people find these experiences in friendships, mentoring relationships, communities of faith or practice, or in a supportive partner. Others find them in therapy, in which a trained professional offers a consistent, caring, boundaried relationship in which old patterns can be noticed and revised.

THERAPY AS A SECURE BASE

Therapy can be one of the most powerful settings for earned security. A good therapeutic relationship provides many of the ingredients of a secure base: reliability, attunement, respect, a willingness to hear difficult things without judgment, and a commitment to repair after misunderstandings.

Research on psychotherapy suggests that the quality of the relationship between therapist and client is one of the most consistent predictors of success, across many approaches (Norcross & Lambert, 2018). Attachment-informed therapies pay particular attention to the pattern of relating that unfolds in the room, and use it as material for change.

If you are considering therapy, it is worth looking for someone who is trauma-informed and who has experience with attachment and relationship patterns. It is also worth remembering that the fit matters. You may need to meet more than one therapist before finding the right person, and that is a normal part of the process.

HOW SECURITY ACTUALLY FEELS

Many people imagine that security means the end of fear. It does not. Securely attached people feel jealousy, hurt, anxiety, and loneliness like everyone else. What differs is what happens next.

They recover more quickly. The alarm sounds, and it settles.

They can reach out. They are able to say, "I'm struggling," or "I need something."

They can tolerate being alone and being together. Neither one is a crisis.

They can repair. After a conflict, they can return, acknowledge, and reconnect.

They can tolerate uncertainty. A delayed reply, a quiet day, a disagreement can be borne without total collapse.

They can see the other person as a separate human being, with their own needs and limits.

Earned security, then, does not look like a person who is never triggered. It looks like a person who is triggered, notices, and chooses.

SMALL SIGNS OF CHANGE

Because earned security is gradual, it is easy to miss. It can help to know what the early signs look like. They include:

- Noticing your pattern sooner than you used to.
- Recovering from an alarm in minutes rather than days.
- Asking for something directly, even if your voice shakes.
- Staying in a hard conversation a little longer than before.
- Feeling a flicker of calm in the middle of uncertainty.
- Letting someone help you, and noticing that nothing terrible happens.
- Speaking to yourself a little more kindly.
- Choosing a relationship partly because it feels calm, rather than only because it feels intense.

These are not small things. They are the visible edge of a deep change in the nervous system.

SETBACKS ARE PART OF THE PATH

Change is rarely linear. The same research that shows that people can move toward security also shows that stability is real, and that major stress can shake it (Waters, Merrick, Treboux, Crowell, & Albersheim, 2000). You may find that, after months of progress, a loss, a conflict, or an exhausting period sends you back to old patterns.

This is not failure. It is the way a living system works. When it happens, treat it with the same curiosity you have been practicing: *What triggered this? What does it need? What do I know now that I did not know before?* Each return to the old pattern, met with awareness, is a chance to deepen the new one.

HOW LONG DOES IT TAKE?

Almost everyone who begins this work asks the same question: *How long will it take?* The honest answer is that it varies.

Some people notice early changes within weeks: an alarm that settles a little faster, a conversation that goes differently. Deeper shifts, such as a changed sense of what to expect from relationships, often take months or years. Many people describe the process as a spiral rather than a line, in which they revisit the same themes at deeper levels, each time with more tools and more compassion.

It can help to measure progress in terms of the small signs listed in this chapter, rather than in terms of an end point. You are not waiting for a day when you will be fixed. You are noticing a gradual widening of what you can feel, say, and do.

Be wary of the voice that says you should be further along. That is usually the inner critic, and it is not a reliable guide.

GROUPS AND COMMUNITY

Therapy is not the only place where earned security grows. Groups can offer something that individual work does not: the experience of being one of several people who are sharing similar struggles, and of being accepted anyway.

Peer support groups, therapy groups, faith communities, creative groups, sports teams, and volunteer organizations can all provide repeated, ordinary experiences of belonging, consistency, and mutual care. A person who shows up weekly to the same group, and is greeted by name, is practicing a form of secure attachment.

If you are drawn to groups but nervous, it can help to begin with a short commitment, such as a single meeting, and to give yourself permission to leave if it does not feel right. Many people find that the first few sessions are the hardest, and that something shifts once they have been welcomed.

MICRO-MOMENTS OF SECURITY

Earned security is built not only in dramatic breakthroughs but in countless small moments. Here are some examples of micro-moments that count.

- You feel the alarm and name it instead of acting on it.
- You tell someone, "I'm having a hard time," and they respond kindly.
- You say no to something and the relationship survives.
- You wait ten minutes before sending a message, and the world does not end.
- You accept a compliment without deflecting.
- You return after a conflict and say, "I'm sorry. Can we try again?"
- You spend an evening alone and feel peaceful rather than abandoned.
- You notice a kindness and let your body register it.

Each of these is a small piece of evidence that closeness can be safe and that you can handle it. Notice them. Write them down. Over time, they accumulate into a different sense of who you are and what you can expect.

HEALING PRACTICE: REWRITING YOUR ATTACHMENT NARRATIVE

This practice helps you build a more coherent and compassionate account of your attachment history. It draws on the practices of earlier chapters, and it is best done after you have completed several of them. You will need a notebook and about forty-five minutes. Check your window before you begin.

Step 1: Write the facts. In a few sentences, write what happened in your early relationships, as if you were describing it for a stranger: who raised you, what the household was like, what changed over time, what losses or disruptions occurred.

Step 2: Write what you needed and received. In two short lists, write what you received and what you needed. Be generous and honest in both.

Step 3: Write how you adapted. Complete this sentence: *To stay close to the people I needed, I learned to...* Include behaviors, beliefs, and feelings.

Step 4: Write about your caregivers with understanding. For each primary caregiver, write one or two sentences about what you now understand of their own history, fears, and limits. Do not excuse harm. Simply widen the picture.

Step 5: Write the cost and the gift. Complete these sentences: *My adaptation cost me...* and *My adaptation also gave me...* Be honest about both.

Step 6: Name your safe people. Write the names of people who have offered you some experience of safety, now or in the past. Write what each offered.

Step 7: Write a new paragraph. Write one paragraph that tells the story of your attachment history in a way that is truthful, balanced, and kind. Begin with: *When I was young, I learned...* End with: *And now I am learning...*

Step 8: Read it aloud. If you can, read the paragraph aloud, slowly. Notice what changes in your body. Adjust the words until they feel true.

REFLECTION PROMPTS

1. Who in your life has served, even a little, as an alternative support figure? What did they offer?
2. How coherently can you tell the story of your early relationships? Where does it become confusing, idealized, or painful?
3. What experiences of safe closeness have you had, and how did your body respond?
4. What small signs of change do you notice in yourself?

5. When you have a setback, what would it mean to treat it with the same compassion you would offer a friend?

WHAT TO REMEMBER

Earned security is a secure way of relating that develops in adulthood. People with difficult early histories can and do develop it.

Two ingredients matter most: new experiences of safe relationships, and a coherent, balanced understanding of your own history.

Alternative support figures, such as teachers, mentors, partners, friends, and therapists, are often central to earned security.

Security does not mean the absence of fear. It means recovering, reaching out, and repairing.

Setbacks are part of the path. Meet them with curiosity.

In the next chapter, we turn to reparenting: becoming, for yourself, the secure base you did not have.

CLAIRE'S THREAD

Claire wrote her new paragraph at the kitchen table, on a rainy Sunday, with the notebook open to a page already crowded with scratch marks.

When I was young, I learned that people leave, and that the way to keep them was to stay alert. My mother was doing her best, and she was tired and hurt, and I did not know how to help. My father moved away, and I waited at the window. I became a person who is very good at noticing, and very afraid of being left.

She stopped for a moment. She thought of Mrs. Okafor. She wrote: *But there were people who stayed. There was a grandmother who made soup. There was a teacher who knelt at the door. They were proof that the door can open.*

And then: *And now I am learning that I can wait without watching. That I can ask for what I need. That I can be steady in the middle of not knowing. I*

am learning that I am allowed to take up space, and that I do not have to earn the people who love me.

She read it aloud. Her voice wavered on *I do not have to earn.* She read it again, more slowly. By the third time, her voice held.

She closed the notebook and looked out of the window at the rain. For the first time in years, it did not occur to her to check her phone.

CHAPTER 11
REPARENTING YOURSELF



Leila came down with the flu on a Tuesday, in the middle of a heavy stretch of shifts, and spent the first day of it doing what she always did: ignoring it.

By evening she could not ignore it. Her head was pounding, her body ached, and her temperature, when she finally checked it, was a hundred and two. She sat on the edge of her bed in the dark and felt the old, flat loneliness rise through her, the feeling of being unwell in an apartment where no one would notice.

She knew, professionally, exactly what a person in her condition needed. Fluids. Rest. A cool cloth. Someone to check in. If a patient had been sitting where she was, she would have tucked them into a bed, brought water, and said, "You're allowed to rest. I'll be right here."

It struck her, sitting there with her head in her hands, that she had never once said that sentence to herself.

She stood up, slowly. She filled a glass of water and set it on the nightstand. She changed into soft clothes, made a cup of tea, and took the thermometer with her to bed. She wrote a short message to her manager: *I'm sick and I'm taking tomorrow off.* She did not apologize. She put the phone down.

Then, in a low voice that felt faintly ridiculous and entirely necessary, she said aloud, "You're allowed to rest. I'm right here."

She did not feel dramatically comforted. But the flat loneliness eased by perhaps a quarter. She fell asleep with a hand resting on her own arm, as if she were checking a pulse.

WHAT IT MEANS TO BECOME YOUR OWN SECURE BASE

If you have been reading this book in order, you have learned a great deal about where your patterns come from. You have seen how they live in the body. You have begun to build safety, to grieve, and to understand your story. This chapter turns to a practical and tender question: what can you do now to give yourself some of what you needed?

The answer is sometimes called *reparenting*, or becoming your own secure base. It means learning to offer yourself, as an adult, the qualities that a caring caregiver offers a child: attention, comfort, steadiness, encouragement, limits, and the sense that you are welcome. It is not a replacement for relationships with other people. It is a complement. A person who can offer themselves some of what they need is better able to receive from others and to give to them.

It is also worth saying what reparenting is not. It is not pretending to be a child. It is not blaming your parents for everything. It is not self-indulgence. And it is not a substitute for therapy or for a community of people who care about you. It is a daily practice of treating yourself the way a good-enough caregiver would.

THE INNER CRITIC

Almost everyone who has been through insecure attachment has an inner critic: a voice that comments on your worth, your performance, your needs, and your lovability. For people with an anxious pattern, the critic may say, *You are too much. You will drive them away.* For people with an avoidant pattern, it may say, *Don't be weak. Don't need anyone.* For people with a fearful pattern, it may say all of those things in rotation.

The critic usually began as someone else's voice, or as an internalized version of the way you were treated. And it is often trying to protect you, in a clumsy way. It operates on a simple theory: *If I criticize you first, you will avoid the worse pain of rejection.* The problem is that criticism rarely produces lasting change. It tends to produce shame, anxiety, and avoidance.

A first step is to notice the critic as a voice, rather than as the truth. *There's my inner critic again.* A second step is to ask what it is afraid of. A third is to offer a different response.

SELF-COMPASSION

The psychologist Kristin Neff describes self-compassion as treating yourself with the kindness you would offer a good friend, with three connected parts: self-kindness rather than self-judgment, a sense of common humanity rather than isolation, and mindfulness rather than over-identification with pain (Neff, 2003).

These three parts map neatly onto the experience of attachment wounds. Self-kindness answers the harsh critic. Common humanity answers the belief that you are uniquely flawed. Mindfulness answers the tendency to be swept away by alarm, or to push feelings out of sight.

A common fear is that self-compassion will make you soft, lazy, or complacent. The research suggests otherwise. In a series of studies, Juliana Breines and Serena Chen found that people who were

encouraged to take a self-compassionate view of a failure were more motivated to improve and spent more time preparing than people who were not (Breines & Chen, 2012). Harshness tends to produce fear. Kindness creates the safety in which people can look at their mistakes and learn.

Self-compassion also seems to matter for relationships. A study of couples found that people who were more self-compassionate were described by their partners as more caring, accepting, and supportive, and less controlling or aggressive (Neff & Beretvas, 2013). Being kind to yourself, it turns out, is often connected to being kind to others.

REPARENTING LOOKS DIFFERENT FOR DIFFERENT PATTERNS

The specific shape of the practice depends on your pattern.

If your pattern is anxious, self-compassion often takes the form of *self-reassurance*. You practice offering yourself the comfort you usually seek from others: *This is the old fear. I'm still here. I still care about you.* You practice tolerating a little uncertainty without immediate reassurance, and trusting that you can handle it.

If your pattern is avoidant, self-compassion may take the form of *allowing softness*. You practice noticing your own needs and feelings without dismissing them, speaking kindly to yourself when you are struggling, and letting yourself receive care, including from yourself. It may feel awkward. That awkwardness is part of the work.

If your pattern is fearful, self-compassion often takes the form of *gentle pacing and consistency*. You practice being steady with yourself, keeping small promises, and responding to your fear and your longing alike without scolding either one.

In every case, the underlying move is the same: turning toward yourself, instead of away or against.

EVERYDAY ACTS OF REPARENTING

Reparenting is made of small, repeated acts. Here are some of the most important.

Notice. Attend to your feelings and needs. A good caregiver notices when a child is tired, hungry, lonely, or frightened. Practice asking yourself during the day: *What do I need right now?*

Respond. When you notice a need, meet it when you can. If you are tired, rest. If you are lonely, reach out. If you are overwhelmed, take a break.

Speak kindly. Pay attention to your self-talk. Ask: *Would I say this to a child I loved?* Research on self-talk suggests that using your own name or a third-person perspective when you reflect on a stressful experience can reduce emotional reactivity and promote a calmer response (Kross et al., 2014). "Leila, you're exhausted and you're allowed to rest" is often kinder, and easier to hear, than "I'm exhausted."

Be consistent. Children learn trust through reliability. Keeping small promises to yourself, such as going to bed at a decent hour or taking the walk you said you would, builds trust.

Set limits with love. A good caregiver offers structure as well as warmth. This includes boundaries around work, sleep, substances, and the people and situations that wear you down.

Make room for play. Many people who learned to be self-sufficient or hypervigilant forgot how to play. Play is not frivolous. It is how humans restore themselves.

Celebrate. Notice what you do well. Many people are far better at criticism than at acknowledgment. Practice saying, *That was hard, and I did it.*

BECOMING RELIABLE TO YOURSELF

One of the most healing things you can do is become a person who keeps their word to themselves.

For many people with attachment wounds, trust in others is damaged, and so is trust in themselves. They may have a history of promising to rest and not resting, to speak up and staying silent, to leave a harmful relationship and returning. Each broken promise teaches the nervous system that your word is unreliable.

The reverse is also true. Each time you say you will do something small and do it, you teach yourself that you can be counted on. You do not need dramatic promises. Choose small ones that you can keep: *I will drink a glass of water when I wake up. I will take a ten-minute walk after work. I will go to bed by eleven.* Over weeks, these accumulate into something solid.

REPARENTING THROUGH ROUTINE

Reparenting is made less of dramatic moments than of routine. Children feel safe when life has a predictable shape, and adults who missed that experience can give it to themselves.

Here is a simple way to think about routine at three scales.

Daily. A few anchors that you can keep even on hard days: a regular time to wake and sleep, one proper meal, a few minutes of quiet, a moment to ask yourself, *What do I need today?* The point is not to fill your day with chores. It is to give your nervous system a predictable shape.

Weekly. One thing to look forward to, one thing for connection, and one thing for rest. For example: a walk with a friend, a long phone call, a slow Sunday morning. Having them on the calendar tells your body that care is built into the week.

Seasonal. A few times a year, pause and ask how you are doing. Is your life supporting you? What needs adjusting? You might mark the

change of seasons with a short written check-in, or a day that is just for you.

Routines are easy to dismiss as boring. For someone who grew up with unpredictability, they can be profoundly reassuring.

SCRIPTS FOR HARD MOMENTS

It can be difficult to find kind words for yourself in a moment of distress, particularly if your inner voice has been harsh for years. Having a few phrases ready can help. Try them aloud or silently, and adjust them to sound like you.

When you are afraid of being left:

"I'm here. I'm not going anywhere. This feeling will pass."

When you want to withdraw:

"It's okay to need a moment. I can come back when I'm ready."

When you feel ashamed:

"Everyone has needs. Mine are allowed."

When you feel too much:

"These feelings are big, and I can hold them one breath at a time."

When you have made a mistake:

"I made a mistake. I'm still worthy of care. What can I learn, and how can I repair?"

When you feel alone:

"I'm not the only one who feels this. There are people who would want to know."

REST, PLAY, AND JOY

For people who learned to be vigilant, helpful, or self-reliant, rest and play can feel unfamiliar, even undeserved. Yet these are among the most basic ways in which a safe nervous system restores itself.

Rest is not laziness. It is the time in which the body repairs. If rest feels uncomfortable, start small: ten minutes of doing nothing, with no screen and no task. Notice what arises. Often, a wave of restlessness or guilt comes first, and then, if you stay, it eases.

Play is activity done for its own sake, without a goal. It might be music, drawing, dancing, gardening, a board game, a game with a child, or wandering with no destination. Play signals safety to the nervous system. It is a form of attachment repair because it recreates the carefree states that safe children experience.

Joy is not a prize for completing your healing. It is part of the process. Allow yourself, regularly, to notice what delights you and to do more of it, even when other things are unresolved.

HEALING PRACTICE: THE COMPASSIONATE REPLY

This practice has two parts. The first is a short self-compassion break for use in the moment. The second is a longer writing exercise. You will need a notebook for part two.

Part One: The Self-Compassion Break

Step 1: Notice. When you are in a hard moment, pause and say silently, *This is a moment of struggle.* Naming it is the first step.

Step 2: Remember you are not alone. Say, *Struggle is part of being human. Other people feel this too.* This reminds you that you are not uniquely flawed.

Step 3: Offer kindness. Place a hand on your chest or arm if that feels comfortable. Say a kind phrase, such as *I'm here with you*, *I'm doing the best I can*, or *What do I need right now?*

Part Two: The Written Reply

Step 1: Write down the critic. Write one thing your inner critic says to you often, exactly as it sounds.

Step 2: Find its origin. Next to it, write whose voice it resembles, and when you first heard something like it.

Step 3: Thank it. Write a sentence to the critic: *Thank you for trying to protect me. I know you were afraid.*

Step 4: Write what a good friend would say. Imagine a friend telling you the same thing about themselves. Write what you would say to them, specifically and warmly.

Step 5: Rewrite the sentence. Turn the critic's statement into one that has both accountability and kindness. For example: *"You're too needy" becomes "You were scared, and you reached out. Let's find a way to feel steadier."*

Step 6: Choose a secure-base phrase. Write a short phrase you can say to yourself in hard moments, such as *I'm here. I'm not leaving. We'll get through this.* Practice saying it aloud, in your own voice.

Step 7: Read it aloud. Notice how it feels. If it feels false, soften it until it feels bearable.

REFLECTION PROMPTS

1. What does your inner critic say about your needs or your lovability? Whose voice does it sound like?
2. How do you speak to yourself when you are struggling? What would you say to a child you loved?
3. Which kind of reparenting, reassurance, softness, or steadiness, feels most important for you right now?
4. What small promise could you make and keep to yourself this week?
5. What would it mean to be someone who can be relied on, by you?

WHAT TO REMEMBER

Becoming your own secure base means offering yourself attention, comfort, steadiness, and limits. It complements relationships with others and does not replace them.

The inner critic often began as someone else's voice, and it is usually trying to protect you, even when it hurts. Self-compassion is kinder, and it supports motivation and accountability.

Reparenting looks different for different patterns: reassurance for the anxious heart, softness for the guarded heart, steadiness for the fearful heart.

Small promises kept to yourself build trust in yourself. Everyday acts of noticing, responding, and speaking kindly accumulate over time.

In the next part, we turn outward, to the work of living differently in your relationships: secure love, boundaries, and the next generation.

JONAH'S THREAD

Jonah did not think the secure-base phrase would work. He wrote it on a sticky note anyway, feeling foolish, and stuck it inside his desk drawer: *I'm here. I'm not leaving.*

A week later, at three in the afternoon on a bad Thursday, a project he had worked on for months was cancelled. He sat at his desk with his jaw set, running through his usual routine. *It's fine. No big deal. Move on.* It was the voice he had used since he was seven.

He opened the drawer and looked at the note. He felt a flush of embarrassment, and then, a second later, something else, a small, odd pinch behind the sternum.

He closed the drawer. He went into the empty conference room, shut the door, and stood by the window. "Jonah," he said quietly, hearing how strange his own name sounded in his own mouth, "that was a lot of work, and it's disappointing. It's okay that it hurts."

He did not cry. But he stood there for a few minutes, his hand against the cool glass, and let the disappointment be what it was. It did not turn into a flood. It was only a feeling, a large and ordinary one, with room around it.

That night he told Maren. “I had a bad day at work, and I didn’t pretend I was fine.” She put her arms around him, and for once, he did not count the seconds. He just let himself be held.

PART IV: LIVING SECURELY

CHAPTER 12
SECURE LOVE



Leila and Adam had their first real argument in the produce aisle of a grocery store.

It was over something so small that neither of them could later remember how it began. Something about plans for the weekend, something about a misunderstood text. Adam said, “I thought we’d agreed,” in a tone that was slightly sharper than intended. Leila felt a hot, familiar flash. She put down the bag of lemons she was holding and said, in a voice that sounded cold even to her, “Fine. Do whatever you want.”

She walked toward the exit. Her heart was pounding. Every cell of her body was saying *Go. Leave. This is how it ends.*

Halfway to the doors she stopped. She stood still between a display of oranges and a woman choosing avocados, and took a breath, in for four, out for six. She put her feet flat on the floor. She said silently, *This is the old alarm. I'm safe right now.*

Then she turned around.

Adam was standing exactly where she had left him, holding the lemons, looking stricken. She walked back and said, with a voice that was not entirely steady, "I got scared and I went cold. I don't want to leave. I need a minute, and then I want to talk."

He let out a long breath. "I'm sorry I snapped," he said. "I don't want you to leave either."

They sat on a bench outside the store for twenty minutes, not saying much. Then they talked, properly, and it was not dramatic. The disagreement turned out to be about nothing. What mattered was something else: for the first time in her life, Leila had been in the middle of a rupture and had found her way back.

SECURE LOVE IS LEARNED

For many people with insecure attachment histories, the idea of secure love is hard to picture. Relationships have been defined by anxiety, distance, or chaos. Calm seems boring, or suspicious. A partner who is steady, honest, and kind can feel strangely unfamiliar.

This chapter offers a picture of what secure love looks like in practice, and the skills it relies on. The skills are teachable. You can learn them at any age, and each one is a way of practicing security.

CHOOSING SAFE PEOPLE

Part of building a secure relationship is choosing people who are capable of one. This is not about finding a perfect person. It is about

noticing whether someone is generally safe, and giving that quality more weight than the intensity of attraction.

Because early experiences train us to find certain things familiar, we may be drawn to people who recreate the dynamics we know. A person who grew up chasing a distant parent may find the aloof irresistible. A person who grew up with unpredictability may find steadiness dull. A person who grew up being needed may feel most at home with someone who needs rescuing.

So it helps to have a different set of questions than "Do I feel a spark?" Consider:

- **Consistency.** Do their words and actions match over time? Do they do what they say?
- **Responsiveness.** When I share something difficult, do they listen, or do they minimize, change the subject, or attack?
- **Respect for limits.** When I say no, or ask for time, do they accept it?
- **Repair.** After a disagreement, do they come back, acknowledge their part, and reconnect?
- **Honesty.** Can I tell the truth about a feeling without being punished?
- **Mutuality.** Does care flow in both directions?
- **Safety.** Do I feel physically and emotionally safe? Do I feel more like myself, or less?

If a relationship involves control, intimidation, humiliation, or violence, it is not a matter of attachment style. It is a matter of safety. Please reach out for support, and see Appendix E for resources.

It can also help to notice that, in the beginning, secure relationships may feel less intense than the ones you are used to. Your nervous system may interpret calm as the absence of interest, or the presence of danger. Give it time. A relationship that feels steady and kind is not boring. It may be exactly what your body is learning to trust.

ASKING FOR WHAT YOU NEED

Many of the painful dynamics in insecure relationships come from needs that are not stated clearly. Anxious partners may protest, hint, or test. Avoidant partners may say nothing at all, or retreat. Fearful partners may swing between the two. In all cases, the need is real, and the way it is expressed makes it hard for a partner to meet.

A direct request is one of the most secure things you can do. It is a way of saying, *I trust that my needs are allowed, and I trust you to hear them.* It may feel exposing. It is also often met with more kindness than we expect.

A simple structure can help. It resembles the one used in many approaches to communication (Rosenberg, 2003):

Describe what is happening, briefly and factually. *When we haven't talked for a couple of days...*

Say how you feel. *...I start to feel disconnected and a bit anxious.*

Say what you need. *I'd like to have a few minutes together each evening.*

Make a specific, doable request. *Could we check in for ten minutes after dinner?*

Notice what the structure leaves out: blame, mind-reading, and generalizing ("You never..."). It speaks from your own experience, and it ends with something the other person can actually do.

For people with an anxious pattern, the practice is often to ask directly instead of protesting or testing. For people with an avoidant pattern, the practice is often to ask at all, to say, "I would like some support," even though it feels unfamiliar. For people with a fearful pattern, the practice may be to ask in small doses, and to let the answer land before asking again.

THE DANCE OF TWO PATTERNS

When two people with different attachment patterns come together, they can easily fall into a recurring cycle. The most familiar is the

pursue-withdraw dance: one person, often anxious, moves toward the other when disconnected; the other, often avoidant, moves away when overwhelmed. Each step by one triggers the other's next step. Sue Johnson, who developed emotionally focused therapy, describes how such cycles can take over a relationship, and how the cycle, not either partner, becomes the enemy (Johnson, 2004).

The most helpful move is often to *name the cycle together*. For example: *We are doing it again. I'm pursuing and you're pulling away, and we're both scared.* This single sentence can turn two opponents into teammates facing a shared problem.

Each person can also change their own step. The pursuer can pause, regulate, and ask directly rather than protest. The withdrawer can say, "I'm overwhelmed. I need twenty minutes, and I'll be back," and then return. When even one partner changes their move, the dance changes.

RUPTURE AND REPAIR

As we have seen throughout this book, the capacity to repair after a rupture is one of the most important features of secure relationships. In studies of couples, John Gottman found that what distinguished stable relationships was not the absence of conflict, but the presence of what he called *repair attempts*: small gestures, such as a touch of humor, an apology, or a pause, that reduce tension and help the couple reconnect (Gottman, 1998). The same dynamic appears in the research on parents and infants, in which relationships grow stronger through the repeated experience of disconnection and repair (Tronick, 1989).

Repair does not have to be elaborate. It might sound like:

- *"I got defensive. I'm sorry. Can I try again?"*
- *"I need a break, and I'll come back in twenty minutes."*
- *"I can see this matters to you. Tell me more."*
- *"I'm not angry at you. I'm overwhelmed."*
- *"I said that in a way I'm not proud of. Can I say it differently?"*

A good repair has several parts:

1. **Regulate first.** A repair offered while flooded often adds pressure.
2. **Name what happened.** *"I raised my voice."*
3. **Take responsibility without excuses.** *"That wasn't okay,"* instead of *"I did it because you..."*
4. **Acknowledge the other person's experience.** *"I imagine that felt hurtful."*
5. **Say what you will try.** *"Next time I'll take a break before I speak."*
6. **Reconnect.** A touch, a smile, a shared activity.

Many people who grew up without repair find it awkward, even humiliating, at first. That is normal. It is a skill, and like any skill, it improves with practice. Each repair also teaches the nervous system that conflict can be survived, which is among the most healing lessons of all.

BEING SAFE AND BEING BRAVE

Secure love needs two qualities at once. It needs *safety*, the sense that you can be yourself and will not be punished. And it needs *bravery*, the willingness to be vulnerable first, even when you are not certain of the outcome.

Brooke Feeney's research on the dependency paradox, discussed in Chapter 6, suggests that people who feel they can depend on their partners tend to be more, not less, independent in pursuing their own goals (Feeney, 2007). A secure relationship is not one in which two people fuse. It is one in which two people support each other's growth.

So secure love can include: time alone, separate friendships, differences of opinion, and the freedom to say no. It can also include: leaning on each other, asking for comfort, being seen at your worst, and the knowledge that you do not have to carry everything alone.

NEW RELATIONSHIPS AND DATING

Starting a new relationship when you carry attachment wounds can feel like entering a minefield. Old alarms are easily triggered, and the early stages, with their uncertainty and vulnerability, are rich with ambiguity.

A few principles may help.

Go slowly, if you can. In the early days, intensity can mimic intimacy. Taking time lets you see how a person behaves over weeks and months, not just in the first rush.

Watch for consistency. Does the person do what they say? Do their words and actions match? Consistency is one of the best predictors of safety.

Notice how you feel afterward. After spending time with this person, do you feel more like yourself, or less? Calm, or anxious? Respected, or diminished?

Be honest, gradually. You do not need to tell your whole history on a first date. But sharing small pieces, and noticing how they are received, helps you gather evidence about who is safe.

Tell them what helps. As the relationship develops, share, in simple terms, what helps you feel secure: "I sometimes need a bit of reassurance," or "I sometimes need time alone to settle."

Take your own pace seriously. If something feels too fast, it is allowed to slow down. A person who is safe will respect that.

WHEN YOUR PARTNER HAS A DIFFERENT PATTERN

Most couples include two different attachment histories. Understanding this can turn friction into curiosity.

If you are anxious and your partner is more avoidant, you may feel that they do not care as much as you do, while they feel that you are asking for too much. It may help to remember that your partner's distance is probably a way of coping with overwhelm, not a statement

about your worth, and that your need for reassurance is a way of managing fear, not a flaw.

If you are avoidant and your partner is more anxious, you may feel pressured, while they feel shut out. It may help to remember that their requests for contact are often attempts to feel safe, and that small, reliable gestures, such as a daily message or a regular check-in, can make a large difference.

In either case, a few shared practices help: naming the cycle together, agreeing on how breaks will work, making direct requests, and appreciating the effort each person makes. Couples therapy, particularly approaches that focus on emotional attachment, can also be a powerful support.

PHYSICAL CLOSENESS AND COMFORT

Touch is one of the oldest ways in which humans soothe one another. As we saw in the research on handholding and the threat response, safe physical contact can lower the body's alarm (Coan, Schaefer, & Davidson, 2006).

For people with attachment wounds, touch can be complicated. Some crave it intensely and feel anxious when it is absent. Some feel uncomfortable when it arrives. Some experience both. None of these reactions is wrong.

A few suggestions: talk about what kinds of touch feel comforting and what kinds do not; start with small, low-pressure gestures such as holding hands or sitting side by side; notice what happens in your body and tell your partner if you need to pause; and remember that the aim is not to push through discomfort but to expand, gradually, the range of closeness that feels safe.

If touch has been associated with fear, harm, or trauma in your history, please go at your own pace and consider working with a trauma-informed therapist.

HEALING PRACTICE: THE REPAIR CONVERSATION

This practice helps you prepare and have a repair conversation with someone you care about, after a rupture. It works best when you are both calm. You will need a notebook.

Step 1: Choose the rupture. Pick a recent moment of conflict or disconnection in a relationship that matters to you. Start with something small or moderate.

Step 2: Regulate. Use your calm plan. Do not begin until you are within your window.

Step 3: Write your part. Write what you did or said that contributed, without excuses or blame. For example: *I went silent and walked out of the room.*

Step 4: Write what you were feeling. Write the feeling underneath: *I felt scared and ashamed.* This is not an excuse. It is information.

Step 5: Imagine their experience. Write one sentence about how it might have felt for them: *I imagine it felt like I was shutting them out.*

Step 6: Write your repair statement. Combine the steps in a few sentences: *"I want to talk about the other night. I went silent and left, and I imagine that felt like shutting you out. I was scared and I didn't know how to say it. I'm sorry. Next time, I'll tell you I need a break and I'll come back."*

Step 7: Choose the time and place. Ask: *"Is this a good time to talk?"* Choose a calm moment.

Step 8: Have the conversation, and listen. After your statement, ask for their view. Listen without defending. If either of you becomes flooded, take a break and return.

Step 9: Reconnect. End with something warm: a thank-you, a touch, or a shared activity.

REFLECTION PROMPTS

1. What qualities do you notice in people who feel safe to you? Which of these do you tend to overlook?
2. How do you usually ask for what you need? What would a direct and kind request look like?
3. What cycle do you and a close person fall into? What is your step in it?
4. How were ruptures repaired in your family? What would you like repair to look like in your relationships now?
5. What is one small act of bravery you could try this week?

WHAT TO REMEMBER

Secure love is learned. It involves choosing safe people, asking for what you need, and repairing after rupture.

Calm is not boring. For a nervous system accustomed to intensity, safety may feel strange before it feels good.

Direct requests are one of the most secure things you can do. They say, *My needs are allowed, and I trust you to hear them.*

Repair matters more than perfection. Relationships grow stronger through disconnection and reconnection.

Secure love holds both closeness and freedom. People who can depend on each other are often better able to stand on their own.

In the next chapter, we look at boundaries and difficult conversations with family, and at what to do when someone cannot meet you.

CLAIRE'S THREAD

Claire had been practicing a particular sentence in her car for three weeks, in a voice that was never quite natural: *I'm feeling a little anxious, and it would help me to hear from you.*

On a Thursday evening, she said it to Daniel for real, over takeout, in his kitchen. He had been traveling for two days and had sent only one text. She had felt the familiar spiral beginning on Wednesday, and instead of sending four messages, she had done her breathing, written in her notebook, and waited.

"I'm feeling a little anxious," she said, putting down her fork, "and it would help me to hear from you, even a quick message, when you're away."

Daniel looked up. For a moment she braced herself for the old response, the slight withdrawal, the sigh. But he put his hand over hers. "I didn't realize," he said. "I get so absorbed when I travel. I should have thought of it. Thank you for telling me, instead of..." He trailed off, smiling a little sheepishly. "Instead of what I'd probably have noticed as quiet tension."

"I'm working on it," she said.

"I can tell." He squeezed her hand. "I'm glad. I'd much rather hear it."

Claire sat in the warm kitchen light, her heart beating fast but steadily. She had asked for something, plainly, and it had been received. It felt like a small, simple thing, and it was one of the bravest things she had done in years.

CHAPTER 13
BOUNDARIES AND CLOSENESS



Claire's father called on a Sunday afternoon, and she let it ring four times before she picked up.

"Hey, kiddo," he said. His voice was warm and slightly rushed, the voice of a man who had called from the car. "I was thinking I might come out for a visit. Maybe next month. I'll let you know."

It was the third time he had said it that year. The first time, Claire had cleared her calendar, bought a new set of sheets, and spent a week rehearsing what she would say. He had not come. The second time, she had checked the airline websites for a month. He had not come. She felt it now, the quick lift in her chest, the old hope rushing in like a tide.

"That would be great," she heard herself say.

After the call, she stood in her kitchen with the phone in her hand, feeling the hope and the dread together. She knew exactly what she

would do. She would begin to wait. She would check her phone more often. She would plan, and imagine, and stay in a state of tense readiness until the visit did not happen, and then she would tell herself that it was fine.

She thought of what she had learned in the past months. She thought of the girl at the window.

I don't have to wait for this, she thought. It was a startling idea. *I can love him and not organize my life around his maybe.*

She did not know yet what she would do with that thought. But she wrote it on the back of an envelope and put it on the refrigerator, where it stayed for the rest of the month.

BOUNDARIES ARE PART OF CLOSENESS

A boundary is not a wall. This is one of the most important ideas in this chapter, and one of the most easily misunderstood.

A wall keeps everyone out. A boundary lets you decide what comes in, and how, and when. It is a statement about what you will do to take care of yourself, such as *If the conversation becomes critical, I will end the call*, not a demand that someone else change. It protects your time, energy, and emotional wellbeing, and it makes closeness safer, because both people know where they stand.

For people with attachment wounds, boundaries are often difficult in opposite directions.

People with anxious patterns may avoid setting limits because they fear that saying no will cost them the relationship. They may say yes to things they do not want, hold resentment silently, and feel exhausted by the effort of keeping everyone happy.

People with avoidant patterns may have plenty of walls, but few boundaries in the healthy sense. They may keep people at a distance, rather than saying clearly what they need. They may also feel that any request from another person is an intrusion.

People with fearful patterns may swing between having no boundaries and having rigid ones, depending on how safe or threatened they feel.

In each case, learning to set clear, flexible boundaries is a way of saying, *I can be close to you and still be myself.* That sentence is the heart of security.

WHY BOUNDARIES FEEL SO HARD

Setting a boundary with someone you love can trigger a storm of discomfort: guilt, fear, a sinking sense that you are doing something terribly wrong. There are reasons.

Old rules. In many families, the unspoken rules include *Don't make waves*, *Family comes first, no matter what*, or *Your needs are less important than everyone else's peace.* A boundary breaks these rules. The guilt that follows is often not evidence that you are doing something wrong. It is the sound of an old rule being broken.

Fear of loss. If your attachment system learned that closeness is conditional, it may interpret any limit as a threat to the bond.

The fawn response. If your survival strategy was to please, then saying no may feel dangerous, as if a hidden alarm had been tripped.

Lack of models. If you never saw boundaries set kindly and respected, you may not know what they look like.

Systems resist change. Family therapists have long observed that when one member changes, the whole family system tends to push back, attempting to restore the old balance (Bowen, 1978). This is not necessarily malicious. It is how systems work. Expect some resistance, and expect that it may increase before it settles.

WRITING A BOUNDARY

A good boundary has four parts. It is clear, it is specific, it states what *you* will do, and it is delivered with as much calm and kindness as you can manage.

Here is a simple structure:

1. **Name the situation.** *When plans change at the last minute...*
2. **State the boundary.** *...I will not hold the whole day open.*
3. **Add care, if true.** *I love seeing you, and I want to plan in a way that works for both of us.*
4. **Follow through.** If it happens, you do what you said you would do, calmly and without punishment.

The follow-through matters most. A boundary that is stated and not enforced teaches others that it can be ignored. A boundary that is kept calmly, even when it is uncomfortable, becomes believable.

Examples of boundary sentences:

- *"I can talk for twenty minutes now. After that I need to go."*
- *"I'm not able to discuss that topic. Let's talk about something else."*
- *"If you'd like to visit, please tell me the dates, and I'll plan around them. Until then, I'm going to make my own plans."*
- *"I understand you see it differently. My decision is the same."*

You do not need to justify, over-explain, or argue. A boundary is not a debate.

DIFFICULT CONVERSATIONS WITH FAMILY

Some boundaries require a conversation. And some conversations are very hard: those about old hurts, about patterns in the family, about what was and was not given. Before you begin, two questions are worth asking.

Is this the right conversation? Not every hard conversation needs to happen. Some may not be safe. Some may not be productive. Some may be better held in an unsent letter, or in the privacy of therapy. It is

legitimate to decide that a conversation is not worth having, or is not safe to have.

What do I hope for? Be clear about your purpose. Do you want to be understood? To repair? To set a limit? To say something that has gone unsaid? A clear purpose helps you stay focused when emotions rise.

A useful principle: *do not enter the conversation needing a particular response.* You can hope for acknowledgment, apology, or change. But if your peace depends on the other person's reaction, you have handed them a great deal of power. Aim to say what is true and what you need, and to remain steady whatever they say.

Some practical suggestions:

- **Choose a good time.** Not during a meal, an argument, or a holiday. Ask, "Is this a good time to talk?"
- **Regulate first.** Use your calm plan before you begin.
- **Start soft.** The first thirty seconds often set the tone.
- **Speak from your own experience.** "I felt hurt when..." invites listening more than "You always..."
- **Listen, too.** Reflect what you hear: "It sounds like you felt criticized."
- **Take breaks.** If either of you becomes flooded, pause and return later.
- **Expect imperfection.** The goal is not a perfect conversation. It is a more honest one.

WHEN SOMEONE CANNOT MEET YOU

Sometimes you do everything well, with clarity, calm, and care, and the other person does not respond. They deny, minimize, attack, or carry on as before. This is one of the hardest realities of this work, and one of the most common.

People can only give what they have the capacity to give. A parent who never learned to talk about feelings may be unable to do so even

when they love you. A parent who is defensive about their own history may be unable to hear yours. This does not mean you were wrong to speak. It means that you have learned something about the limits of this relationship.

Acceptance is not approval. To accept someone's limits is not to agree with what happened, to pretend it did not hurt, or to stop caring. It is to see them clearly, and to stop waiting for a different response.

You can choose your level of contact. Relationships exist on a spectrum. At one end is close, frequent contact. At the other is none. In between there are many options: shorter visits, scheduled calls, meeting in public, limiting certain topics, communicating in writing. The right level depends on safety, respect, and what you can give without losing yourself. It may also change over time.

Distance can be necessary. In situations involving abuse, ongoing harm, or serious disrespect, distance may be essential. You do not owe anyone access to you. Ending or limiting contact is a significant decision, and it is wise to make it with support, from a therapist or a trusted person, because it can bring grief and guilt alongside relief.

Grief often follows. When someone cannot meet you, you may grieve the relationship you hoped for, even while the person is still alive. As discussed in Chapter 9, this is a real loss, and it deserves patience.

You can build elsewhere. Many people who cannot find what they need in their family of origin build it with friends, mentors, partners, and communities. These relationships do not replace where you come from. They can, however, offer experiences of safety and belonging that rewrite what you expect from closeness.

GUILT IS NOT EVIDENCE

The most common obstacle to boundaries is guilt. It deserves special attention.

Guilt is a signal, but it is not always a reliable one. It can mean that you have crossed your own values, and that you owe someone repair. It can also mean that you have broken an old rule, such as *Never say no*, *Never disappoint*, *Always be available*. These are very different situations, and they call for very different responses.

A helpful question is: *Did I harm someone, or did I break an old family rule?* If you harmed someone, repair is appropriate. If you broke an old rule, the discomfort is the price of change, and it will usually ease with practice.

BOUNDARIES WITH FRIENDS AND AT WORK

Boundaries are not only for family. They matter in friendships, in romantic relationships, and at work, and the same principles apply.

With friends, boundaries may sound like: "I can't talk tonight, but I'd love to catch up on Saturday," or "I'm not comfortable with that kind of joke," or "I need to leave by nine." Good friends tend to respect such limits and often feel relieved when you state them clearly.

At work, boundaries may sound like: "I can take that on next week, but not today," or "I'm not able to answer messages after six," or "I need two more days to do this well." They protect your energy, and they often make you more reliable, not less.

In romantic relationships, boundaries may sound like: "I need some time alone this evening," or "I'm not willing to be spoken to that way," or "I would like us to talk about this when we are both calm."

For people with an anxious pattern, the practice is to say what you need without apologizing at length. For people with an avoidant pattern, the practice is to distinguish between a genuine boundary and a wall, and to let some people in. For people with a fearful pattern, the practice is to be consistent, so that others know where they stand.

BOUNDARIES IN THE DIGITAL AGE

Many of the most common attachment triggers now occur on screens. Messages, read receipts, location sharing, social media, and constant availability can intensify anxiety and make it harder to rest.

Some practical boundaries to consider:

- **Turn off read receipts and unnecessary notifications,** if they feed your alarm.
- **Set times when you are not available,** such as after a certain hour or during meals.
- **Agree with a partner on communication rhythms,** such as a short check-in each evening, rather than constant contact.
- **Avoid checking a partner's location or social media,** and notice what that urge is protecting you from.
- **Take breaks from platforms that fuel comparison.**
- **Keep difficult conversations out of text messages,** where tone is easily lost, and move to a call or a meeting.

These boundaries are not about avoiding connection. They are about making room for the kind that nourishes you.

HOLIDAYS AND FAMILY GATHERINGS

Family gatherings often activate old roles and old alarms. Preparation can make a considerable difference.

Decide in advance how long you will stay, and what you will do if things become tense.

Plan a pause. A walk around the block, a few minutes in the bathroom, a phone call with a friend. Your calm plan from Chapter 8 can be used here.

Choose your topics. If you know that a subject reliably leads to conflict, decide in advance that you will change the subject or step away if it arises.

Bring an ally, if possible. A partner, a friend, or a cousin who understands can be a steady presence.

Lower your expectations. Many people hope that a gathering will finally be the time when everyone behaves differently. It rarely is. Aim for getting through with your self-respect intact.

Plan recovery. Give yourself some quiet time afterward. It is normal to feel tired, sad, or unsettled.

HEALING PRACTICE: ONE BOUNDARY, ONE CONVERSATION

This practice helps you prepare for one boundary or one hard conversation. You will need a notebook.

Step 1: Choose. Pick one relationship and one issue. Start with something manageable rather than the hardest thing in your life.

Step 2: Clarify your purpose. Write: *What do I hope for? What outcome could I accept, even if it is not the one I want?*

Step 3: Write your boundary or message. Use the structures in this chapter. Write one boundary sentence, or a short message with description, feeling, need, and request.

Step 4: Anticipate the response. Write the three most likely reactions, and how you would respond calmly to each.

Step 5: Plan your regulation. Write what you will do if you start to flood: a breath, a pause, a sentence like "I need a few minutes."

Step 6: Rehearse. Say the words aloud, alone or with a trusted friend. Practice until they feel steady.

Step 7: Plan your aftercare. Decide what you will do afterward: a walk, a call, a quiet evening. Expect to feel unsettled.

Step 8: Do it, or decide not to. Both are legitimate. If you do, notice what you did well, regardless of the outcome.

REFLECTION PROMPTS

1. What happened in your family when someone set a limit or disagreed? How does that affect you now?
2. Do you tend to have too few boundaries, too many walls, or both? What does that protect you from?
3. Where in your life do you most need a clearer boundary? What stops you?
4. What would it mean to accept someone's limits without giving up on your own needs?
5. Who are the people, inside or outside your family, who offer the kind of connection you want more of?

WHAT TO REMEMBER

A boundary is not a wall. It describes what you will do to take care of yourself, and it makes closeness safer.

Different patterns struggle with boundaries in different ways: the anxious heart fears losing the bond, the guarded heart has walls but few clear limits, the fearful heart swings between the two.

Guilt after setting a boundary often means that an old rule is being broken, not that you are doing something wrong.

Hard conversations work best with a clear purpose, a calm start, and a simple structure. Not every conversation needs to happen.

When someone cannot meet you, you can accept their limits, choose your level of contact, grieve, and build connection elsewhere.

In the final chapter, we turn to the next generation: how to break the cycle for the children in your life.

LEILA'S THREAD

Leila practiced her boundary in the car for a week. She wrote it on an index card. *Mom, I love you. I can't come every time you text "I need*

you." If it's an emergency, call me. For other times, I'm going to call you back when I'm able.

It was a long sentence, but it was the best she could do.

She said it on a Saturday morning, over the phone, with her feet on the floor and one hand on her chest. Her mother was silent, and then said, in the thin, injured voice that Leila had known all her life, "So you don't care what happens to me."

The old drop hit her stomach, the full lift-and-fall. *Danger,* it said. *Go to her.* She took a slow breath. "I care very much," she said, as steadily as she could. "That's why I'm telling you the truth. I'm going to call you back tonight."

She hung up and sat for several minutes with her heart going hard. She cried a little. She texted Adam: *I just said a hard thing to my mom. Can I call you in a bit?* He called immediately.

She called her mother that night, as she had promised. It was a short, awkward conversation. Her mother did not apologize, and Leila had not expected her to. But when she hung up, she noticed that the heaviness she usually carried after calls was lighter than usual. She had kept her word to herself. She had stayed. And the world, rather than ending, had gone on.

CHAPTER 14
BREAKING THE CYCLE FOR THE NEXT GENERATION



It was 7:40 on a school morning, and Ines would not put on her shoes.

She was sitting on the hallway floor with her arms folded, wearing one sock and an expression of dignified refusal. Theo had asked three times. He had offered a choice (the red ones or the blue ones). He had set a timer. He had said "We're going to be late" in what he believed was a patient voice, and then, with rising heat, "Ines, *now*."

She looked up at him. And in her face he saw something he recognized with a lurch: the held stillness of a child waiting to see how large the weather would become.

He saw himself from outside. A tall man in a narrow hallway, a small girl on the floor, the air between them gone tight. He felt the cold sheet of the wall begin to slide into place, the one that had ended his

marriage, the one he had learned in a house where no one ever said what they felt.

Not like this, he thought.

He crouched down, his knees cracking. He took a breath, in for four, out for six. He put his hand on the floor next to hers and said, "I'm getting frustrated, and I don't want to yell. Let's both take a breath."

Ines blinked. She breathed, a huge theatrical inhale. She said, in a small voice, "I don't want to go to school because Mia said I can't sit with her."

Theo felt something crack open in his chest. "Oh," he said. "That sounds really hard. Come here."

She climbed into his lap, one sock on, one sock off. They sat on the hallway floor for three minutes while the clock ran on. They were late. He did not care. He held his daughter and thought, with a wonder that bordered on grief, *This is it. This is the thing I never had. And I can give it.*

THE CHAIN CAN CHANGE

Everything in this book has been moving toward this chapter. The patterns that formed in your earliest relationships are the patterns you bring into every close relationship you have. And for those who care for children, as parents, grandparents, teachers, aunts, uncles, mentors, or coaches, they are the patterns that children will learn.

The research on this is sobering, and also hopeful. The sobering part is that attachment patterns do tend to pass from one generation to the next. A meta-analysis of studies that interviewed parents about their own childhoods and then observed their infants found a substantial association between the two (van IJzendoorn, 1995). The hopeful part is that the link is not mechanical. What matters most is not the difficulty of a parent's past, but how well the parent has made sense of it. Parents who could reflect with balance and coherence on a painful childhood often raised secure children (Main, Kaplan, & Cassidy, 1985).

In other words, the most important thing you can do for the next generation is the work you have been doing: understanding your own story, regulating your own body, and learning to repair.

This chapter is written for parents, and also for anyone who plays a role in a child's life. If there are no children in your life, you may find that much of it applies to the child within you, and to the other adults you care for.

WHAT CHILDREN NEED FROM A SECURE BASE

Children do not need perfect adults. The pediatrician and psychoanalyst Donald Winnicott introduced the idea of the "good-enough" mother, an adult who is attentive and responsive most of the time, and who allows small, tolerable failures that help a child learn to cope (Winnicott, 1953). Perfection, he suggested, would actually be unhelpful.

What children do need is reasonably consistent:

- **To feel safe**, physically and emotionally, in the presence of the adult.
- **To be seen**, to have their feelings and needs noticed.
- **To be soothed**, to have an adult who helps them settle when they are upset.
- **To feel secure**, to know that the adult is there, reliably, in the background, so that they can explore.
- **To have limits**, delivered with warmth, so that the world feels predictable.
- **To experience repair**, to know that when things go wrong, the adult will come back.

These are, of course, the same ingredients of a secure base that we have been talking about throughout the book. Programs for parents that are built around these ideas, such as the Circle of Security, teach caregivers to see their child's behavior as signals about these needs, and to respond to the need rather than only to the behavior.

THE NURSERY GHOST AND HOW TO MEET IT

Selma Fraiberg and her colleagues wrote about "ghosts in the nursery": the unacknowledged, unresolved experiences of a parent's own childhood that enter the room when the parent holds a baby (Fraiberg, Adelson, & Shapiro, 1975). The ghost may arrive as a sudden surge of irritation at a crying infant, a freeze when a toddler clings, or a fear of spoiling a child with too much affection.

For parents with attachment wounds, ghosts are common. They are not a sign that you are a bad parent. They are a sign that you are a human being with a history, and that parenting touches the oldest layers of experience.

Here is a simple way to meet a ghost when it appears:

1. Notice. Catch the early signal in your body: heat, tightness, flatness, an urge to flee or to yell.

2. Pause. Take one slow breath, longer on the exhale. Plant your feet.

3. Name. Silently say, *This is my old response.* Or, *My body thinks this is danger.*

4. Remember. Tell yourself: *My child is having a hard time. They are not giving me a hard time.*

5. Respond to the need. Ask: *What is my child feeling? What do they need?* Then respond, with a limit and with warmth.

6. Step away if you must. If you are too activated to be kind, say "I need a minute," and take it somewhere safe. Return as soon as you can.

None of this has to be done perfectly. Even a half-finished pause is an improvement. Over time, the gap between trigger and response grows.

YOUR PATTERN AS A PARENT

The attachment patterns you carry will appear in your parenting, usually in recognizable ways. Seeing them can help you choose.

If your pattern is anxious, you may find yourself very attuned and very involved, and also worried, hovering, or having trouble tolerating your child's distress or independence. Your child's sadness may feel like an emergency. The practice is to stay steady, to let your child have feelings and some separateness, and to soothe your own fear without handing it to them.

If your pattern is avoidant, you may find yourself practical, reliable, and calm, and also uncomfortable when your child is emotional or needy. You may find yourself offering solutions rather than presence, or encouraging independence too soon. The practice is to stay close when your child is upset, to name feelings, and to let your child lean on you.

If your pattern is fearful, you may find yourself swinging between closeness and withdrawal, or being overwhelmed by your own reactions. The practice is to build steadiness through regulation and support, to repair after ruptures, and to seek help without shame.

In every case, the question is not *Am I doing this perfectly?* but *Am I noticing, regulating, and repairing?*

REPAIR IS YOUR MOST POWERFUL TOOL

As we have seen, relationships grow stronger through disconnection and repair (Tronick, 1989). This is perhaps the most hopeful idea in parenting. You will make mistakes. You will yell, withdraw, say the wrong thing, or miss something important. What matters is what happens next.

A good repair with a child has several parts:

1. **Wait until you are calm.**
2. **Name what happened.** *"I yelled at you. That was too loud."*

3. **Take responsibility without excuses.** *"That was my choice, and it wasn't okay."*
4. **Acknowledge the child's experience.** *"I think it scared you."*
5. **Reassure.** *"It wasn't your fault. I love you."*
6. **Say what you will try.** *"Next time I'll take a breath before I talk."*
7. **Reconnect.** A hug, a shared activity, a few minutes of attention.

For young children, keep it short and concrete. For older children and teenagers, listen more than you talk. Be prepared for them to be angry, and let them be. Your task is not to be forgiven instantly. It is to show that relationships can survive mistakes.

HELPING CHILDREN WITH FEELINGS

If your own family was silent or stormy about emotions, you may have a lot to learn about helping a child with theirs. The research offers a clear direction.

John Gottman and his colleagues, studying how parents respond to children's emotions, found that parents who acted as "emotion coaches," noticing emotions, treating them as opportunities for connection, listening with empathy, naming feelings, and helping children problem-solve, tended to have children with better emotional regulation and social skills (Gottman, Katz, & Hooven, 1996).

In everyday terms, this looks like:

- **Noticing:** *"You look disappointed."*
- **Welcoming:** *"It's okay to feel that."*
- **Naming:** *"I think you might be feeling left out."*
- **Listening:** letting the child describe the feeling in their own words.
- **Setting limits on behavior, not on feeling:** *"You can be angry. You cannot hit."*
- **Problem-solving together,** when the feeling has settled.

A related skill is wondering about your child's mind: asking *What might they be feeling? What is this behavior trying to tell me?* Researchers

call this reflective functioning, and it is associated with more secure attachment in children (Fonagy et al., 2002; Slade, 2005).

IF YOU DO NOT HAVE CHILDREN

Not everyone who reads this book is a parent, and not everyone will become one. But the principles of this chapter are not limited to parenting.

If you are an aunt, uncle, teacher, coach, mentor, neighbor, or friend to a child, you may be one of their alternative support figures, the kind of adult that, as the research on earned security suggests, can make a lasting difference (Saunders et al., 2011). A steady presence in a child's life, even outside the family, is a gift.

And if you are an adult who is learning to be a secure base for yourself, you are doing the same work: noticing, soothing, setting limits, and repairing. You are parenting the child within, and in doing so, you are changing what you pass on to anyone you love.

BE GENTLE WITH YOURSELF

Parents who are working to break a cycle often carry an enormous burden of guilt. Every raised voice, every lost temper, every moment of withdrawal can feel like evidence of failure.

It is not. It is evidence of a human being doing difficult work. The question is not whether you will make mistakes, but whether you will repair, learn, and keep going. Shame does not make anyone a better parent. It tends to produce defensiveness, avoidance, and exhaustion. Self-compassion, the kind you have been learning in this book, is one of the greatest gifts you can give a child, because children learn how to treat themselves by watching how you treat yourself.

If you are struggling, seek support. Parenting is hard, and it was never meant to be done alone. A trusted friend, a parent group, a counselor, a pediatrician, or a family therapist can help.

CO-PARENTING AND BLENDED FAMILIES

Many of the people who read this book will be raising children in circumstances that are more complicated than a single household. Co-parenting after a separation, step-parenting, and blended families each bring their own attachment challenges.

Keep the child's perspective at the center. A child's security depends on feeling that each caregiver is reliable and that the adults can manage their conflict. Children are very sensitive to tension between parents, and benefit when adults keep disagreements away from them.

Be consistent between homes where you can. Routines, rules, and expectations do not need to match exactly, but a degree of predictability helps children feel safe.

Never use a child as a messenger or a confidant. Children should not be asked to carry information between households or to take care of an adult's feelings.

If you are a step-parent, go slowly. Trust takes time, and a child may keep distance for a while. Being a steady, kind, predictable presence is more important than trying to replace a parent.

Repair after conflict, including with a former partner, whenever possible. A short, civil conversation can show children that adults can disagree and still respect each other.

Seek support. Co-parenting is hard. A family therapist, mediator, or support group can help.

TEENAGERS AND ATTACHMENT

Adolescence is sometimes thought of as the time when children no longer need their parents. Research suggests the opposite: teenagers still need a secure base, even as they push toward independence.

A teenager who feels that a parent is steady, interested, and willing to listen is better able to take healthy risks and to return when things

go wrong. A teenager who feels judged, dismissed, or controlled may withdraw, rebel, or hide.

Some principles for parents:

- **Stay available, without hovering.** Be near, and let them come to you. Late evenings and car rides are often when conversations happen.
- **Listen more than you lecture.** Ask open questions and reflect what you hear.
- **Respect growing autonomy,** while keeping clear limits about safety.
- **Repair after rows.** Teenagers are watching to see whether the relationship survives conflict.
- **Take your own reactions seriously.** A teenager's rejection can touch very old wounds. Use your calm plan.

WHEN YOUR CHILD'S NEEDS ARE DIFFERENT FROM YOURS

Every child has their own temperament, and it may differ from yours. A parent who is quiet may have an exuberant child. A parent who is anxious may have a child who is fearless. A parent who is practical may have a child who is deeply emotional.

It is easy, in such cases, to treat the difference as a problem. A parent with an avoidant pattern, for example, may find a very expressive child tiring, and may unintentionally discourage their feelings. A parent with an anxious pattern may find a fiercely independent child frightening, and may unintentionally cling.

The task is to see your child as a separate person with their own needs, and to ask what they need from you, rather than assuming it is what you needed. Curiosity is the key. *Who is this child? What do they love? What helps them feel safe?* Each answer helps you become the secure base this particular child requires.

HEALING PRACTICE: THE PAUSE AND REPAIR PLAN

This practice helps you prepare for the moments when old reactions are likely to appear, and gives you a way to repair. You will need a notebook.

Step 1: Identify your triggers. List the three situations with children that most often activate you: *refusal, tantrums, noise, mess, defiance, bedtime.*

Step 2: Name your early signals. For each, write the first sign in your body: *jaw tight, hot face, flat voice, urge to leave the room.*

Step 3: Choose your pause. Write the sentence you will say to yourself and one physical action. For example: *"This is my old response." Then: one slow breath, feet on the floor.*

Step 4: Write your phrase for the child. Choose a short sentence that offers both a limit and warmth. For example: *"I can see you're upset. I won't let you hit. Let's take a breath together."*

Step 5: Write your repair script. Using the structure in this chapter, write a repair statement for a moment when you lose your temper. Practice saying it aloud.

Step 6: Plan your recovery. Write what you will do for yourself after a hard moment: a few minutes alone, a walk, a call, a kind phrase. Remind yourself: *One hard moment does not define me.*

Step 7: Choose one connection ritual. Pick one small, regular practice that builds warmth: ten minutes of undivided attention, a bedtime story, a weekly walk. Repeated warmth is the foundation on which repair rests.

REFLECTION PROMPTS

1. What was the hardest moment with a child in your life recently? What did your body do?
2. What did you need as a child in a moment like that? What do you want a child in your care to receive?

3. How does your attachment pattern show up in the way you care for others?
4. What repair would you like to make, to a child, or to the child you once were?
5. What kind of support would make caring for children, or for yourself, feel less lonely?

WHAT TO REMEMBER

Attachment patterns tend to pass between generations, but the link is not mechanical. What matters most is how well you have understood your own story.

Children need good-enough adults who are safe, attuned, soothing, steady, and willing to repair. They do not need perfection.

Your pattern will appear in your parenting. Noticing it, regulating, and repairing are more important than doing it perfectly.

Repair after rupture is among the most powerful things you can do. A mistake followed by repair teaches more than a lifetime without mistakes.

You do not need to be a parent to be a secure base. Any steady, caring presence in a child's life can make a difference.

In the conclusion, we return to the four people you have followed through this book, a year later.

THEO'S THREAD

That evening, after the children were in bed, Theo sat at the kitchen table with the card that said *I need ten minutes. I'm coming back.* He turned it over and wrote on the back, in his small, careful handwriting: *Ines on the floor. One sock. I stayed.*

He looked at it for a while. Then, because it was true, he added: *I was late. It was worth it.*

The next morning, at breakfast, Ines pushed a piece of toast around her plate. "Papa?" she said. "Remember when you said sorry about yelling?"

"I do."

"I liked it," she said, with the grave simplicity of a four-year-old. "It made my tummy not hurt."

He put down his coffee. He felt his eyes sting, and did not hide it. "Thank you for telling me," he said. "I'll always come back. Even when I make mistakes. That's a promise."

She nodded, satisfied, and ate her toast. Theo sat very still, and thought of a boy of seven at a kitchen sink, wrapping a bandage around his own elbow, with nobody there. He thought: *I would give anything to go back and kneel down next to him.*

Then he looked at his daughter, swinging her feet under the table, and thought: *I can. It just looks different.*

CONCLUSION



YOU WERE ALWAYS WORTHY OF CLOSENESS

A year after the evening of the message left on "Read," Claire Donovan was lying on her couch on a Sunday afternoon with a stack of spelling tests and her phone on the far side of the room.

She had not planned it. She had simply put the phone down to answer the door, and then forgotten it. It was only when she stood up, three hours later, that she noticed it was out of reach and that she had not wondered, even once, whether anyone had written.

She picked it up. There was one message from Daniel, sent an hour earlier: *Making dinner. Want to come over?* She smiled and typed *Yes please*, and then stood in the middle of the room for a moment, feeling the strangeness of it. It was not that she had stopped caring. It was that the caring no longer came with an alarm.

She still had bad days. She still caught herself, now and then, drafting a message at one in the morning. But the draft stayed a draft more often than not, and when she did send something, it was usually a plain sentence: *I'm feeling a bit anxious. Could we talk?*

THE CHARACTERS, ONE YEAR LATER

Claire is still with Daniel, and she is still working on it. She would say so herself. She sees a therapist every other week and keeps a small notebook in her bag. Last spring she invited Mrs. Okafor to visit her classroom, and watched her kneel by a nervous eight-year-old at the door and say, "I'll be right here when you come in." Claire turned away to hide her face, and was not ashamed to be seen.

Jonah and Maren are engaged. He says that the ring was not the hard part. The hard part was the evening, a few months earlier, when he told her, with his heart pounding and his hands cold, that he had been afraid for most of his life of needing anyone, and that he did not want to be afraid of her. He still needs space sometimes. He has learned to say so, and to say when he will be back. Maren says that this, more than any declaration, is what makes her feel loved. In the spring, he called his mother and said, "I think I want to tell you about being seven." The conversation was awkward, and it was real.

Leila is still an emergency room nurse, and she is learning to let people take care of her. She and Adam have been together for fourteen months. She still sometimes wants to run. She has not yet stopped being startled by the fact that, when she stays, the world does not end. She says that the best part is not the calm, which comes and goes, but the knowledge that she can find her way back to it. She called her mother last week, on schedule, and for the first time her mother said, "Thank you for calling me back."

Theo shares custody of two children and a calendar with a woman he used to find impossible to talk to. They are not friends, exactly, but they are civil, and sometimes kind. He still catches the wall beginning to rise. On a good day, he crouches down, takes a breath, and says, "I'm here." Ines is five now. Last week she fell off her bike and went straight to him, without even checking whether he was watching. He caught her, and held her, and felt the weight of an entire inheritance shift in his arms.

WHAT YOU HAVE DONE

If you have read this far, you have done something that is far from simple.

You have learned what attachment is and how the need for closeness is built into us. You have looked at how wounds form, through misattunement, inconsistency, loss, fear, and the absence of repair. You have seen how your nervous system carries these early

lessons, and how closeness can feel like danger even when you are safe. You have looked at your own pattern, whether anxious, guarded, or fearful, and you have tried to understand it with compassion.

You have begun to practice safety before insight. You have grieved, or begun to. You have learned about earned security, and how new relationships and a coherent story can change a pattern. You have practiced becoming your own secure base. And you have looked outward, at choosing safe people, asking for what you need, repairing after rupture, setting boundaries, and breaking the cycle for the next generation.

You may not have completed every practice. You may have skipped sections, or put the book down for weeks, or found parts of it too hard. That is part of the process. Healing attachment wounds is not a project to finish in a month. It is a way of living that you keep practicing.

HEALING IS NOT A FINISH LINE

It is tempting to imagine a moment when the work will be done, when you will feel permanently calm, never again worry about being left, and never again feel the urge to pull away. That moment does not arrive, at least not in that form. What arrives instead is something quieter, and in some ways better.

You notice the alarm sooner. You recover faster. You ask for what you need a little more plainly. You stay in a hard conversation a little longer. You let someone help you, and nothing terrible happens. You speak to yourself a little more kindly.

These are not small things. They are the visible edge of a deep change in the nervous system. Each one is evidence that the old lessons are being revised.

A FINAL WORD

This book began with a small, ordinary moment: a message that had been read and not answered. The tightness in a chest. The long

evening. It is a moment that thousands of people recognize, because it is not really about a message. It is about a very old question: *Will you be there for me, and am I worth being there for?*

The answer that your early life gave you may not have been the one you needed. But it was not the last answer. It was only the first. Every time you stay in a hard moment, every time you ask for what you need, every time you repair after a rupture, every time you speak to yourself with kindness, you give a new answer.

On the hard days, when the old alarm sounds, remember this: you are not behind. You are not broken. You are a person doing difficult, important work, in the middle of ordinary life.

You were always worthy of closeness. You are learning, now, to believe it.

APPENDIX A: CALM CARDS

These cards are designed to be photographed, copied, or cut out and kept somewhere you can reach quickly. Use them when you notice that your attachment alarm is sounding. They work best when you have practiced them in calm moments.

Card 1: Calm in Two Minutes

1. Place both feet on the floor and feel their weight.
2. Breathe in through your nose for four counts and out for six. Repeat five times.
3. Name five things you can see, four you can touch, and three you can hear.
4. Tell yourself: *This is the old alarm. I am safe right now.*

Card 2: When I Want to Reach, Check, or Protest

1. Pause. Set a timer for ten minutes before you send anything.
2. Put a hand on your chest. Breathe with a longer exhale.
3. Write the facts, then write what you are guessing.
4. Ask: *What do I actually need?* Then ask for it directly, or soothe yourself first.

Card 3: When I Want to Pull Away

1. Notice the early signal: tight chest, urge to leave, flat voice.
2. Stay one minute longer, with your feet on the floor.
3. Say what is happening: *I'm overwhelmed. I need twenty minutes, and I'm coming back.*
4. Come back, as you promised.

Card 4: When I Want Both

1. Say aloud: *I want closeness and I'm scared. Both are true.*
2. Thank each part: the one that wants to connect and the one that wants to protect.
3. Choose one tiny, reversible step.
4. Go slowly. Ask for time if you need it.

Card 5: My Support Circle

Someone I can call or message: _____

Another person I trust: _____

A professional or group I can contact: _____

A place where I feel safe: _____

Card 6: If I Am in Crisis

If you may harm yourself or someone else, or you are in immediate danger, contact your local emergency number right now.

In the United States, you can call or text 988 to reach the Suicide & Crisis Lifeline.

Outside the United States, findahelpline.com can help you find a crisis line in your country.

Tell someone near you what is happening. You do not have to handle this alone.

APPENDIX B: CONVERSATION SCRIPTS

Words can be hard to find when your attachment alarm is active. These sentences are starting points. Change them until they sound like you, and practice them aloud before you need them.

ASKING FOR REASSURANCE DIRECTLY

- "I'm feeling a little anxious, and it would help me to hear from you."
- "Could you tell me you're glad we're together? I'm having a hard night."
- "I'm noticing a story in my head. Can I check it with you?"

ASKING FOR SPACE WITHOUT DISAPPEARING

- "I'm getting overwhelmed. I need twenty minutes, and then I want to come back and talk."
- "I care about this, and I need some quiet to think. I'll find you after dinner."
- "It's not about you. I just need a little time to settle."

SHARING A FEELING

- "I felt a bit lonely today, and I wanted you to know."
- "I'm not sure why, but I got quiet. I'm working on saying what's happening."
- "This is hard for me to say, and I'd like to try."

SETTING A BOUNDARY

- "I care about you, and I'm not able to talk about that topic. Let's talk about something else."
- "I can talk for twenty minutes now. After that I need to go."
- "I understand you see it differently. My decision is the same."

REPAIRING AFTER A RUPTURE

- "I got defensive earlier. I'm sorry. Can I try again?"
- "I went cold, and I imagine that felt like I was shutting you out. I was scared. I'm sorry."
- "Thank you for telling me. I want to understand how it felt for you."

REPAIRING WITH A CHILD

- "I raised my voice, and that wasn't okay. It wasn't your fault. I love you."
- "I was frustrated, and I'm working on handling it better. Can we start again?"
- "I'm taking a breath. I'll be back in a minute, and then we'll figure it out together."

RESPONDING WHEN SOMEONE CANNOT MEET YOU

- "I hear that you see it differently. I'll think about it."
- "I'm not willing to discuss my choices, but I'm glad to hear how you're doing."
- "I wish this were different. I'm going to take care of myself now."

ENDING A DIFFICULT CONVERSATION

- "I'm going to end this call now. I hope we can try again another time."
- "I need to stop here. I care about this relationship, and I need a break."

APPENDIX C: THE 30-DAY PRACTICE PLAN

This plan turns the book into a daily habit. Each day takes five to fifteen minutes. If you miss a day, simply continue with the next one. Progress matters more than perfection.

At the end of each week, pause to reflect on what you noticed and what you want to carry into the next week.

WEEK 1: UNDERSTAND

- **Day 1.** Draw your Attachment Story Timeline (Chapter 1).
- **Day 2.** Write one sentence: *When I was young, closeness taught me that...*
- **Day 3.** Complete Naming What You Needed (Chapter 2).
- **Day 4.** Notice one moment today when your attachment alarm sounded, and write what happened in your body.
- **Day 5.** Complete Mapping Your Attachment Alarms (Chapter 3).
- **Day 6.** Practice slow breathing, four counts in and six out, for three minutes.
- **Day 7.** Review the week. Write what surprised you most.

WEEK 2: RECOGNIZE

- **Day 8.** Complete Finding Your Pattern (Chapter 4).
- **Day 9.** Write what your pattern protects you from and what it costs you.
- **Day 10.** Practice the Reassurance Pause (Chapter 5) or Staying One Minute Longer (Chapter 6), whichever fits you.
- **Day 11.** Name one feeling precisely, and notice where it lives in your body.
- **Day 12.** If it fits you, complete the Both/And Inventory (Chapter 7).
- **Day 13.** Tell one safe person one honest sentence about how you are.

- **Day 14.** Review the week. Choose one pattern you want to work on.

WEEK 3: HEAL

- **Day 15.** Build your Calm Plan (Chapter 8).
- **Day 16.** Practice one calm tool for five minutes while you are calm.
- **Day 17.** Write down what you needed as a child and did not receive (Chapter 9).
- **Day 18.** Write your Letter to the Child You Were.
- **Day 19.** Offer yourself one thing that child needed.
- **Day 20.** Begin Rewriting Your Attachment Narrative (Chapter 10).
- **Day 21.** Write your Compassionate Reply to your inner critic (Chapter 11). Review the week.

WEEK 4: LIVE SECURELY

- **Day 22.** Make one small promise to yourself, and keep it.
- **Day 23.** Write a direct request to someone you trust, using the structure in Chapter 12.
- **Day 24.** Prepare a Repair Conversation (Chapter 12), or have one.
- **Day 25.** Choose one boundary and write the sentence you will use (Chapter 13).
- **Day 26.** Rehearse the boundary aloud, alone or with someone you trust.
- **Day 27.** Write your Pause and Repair Plan (Chapter 14), or spend ten minutes of undivided attention with a child or with yourself.
- **Day 28.** Complete your Support Map: write who is in your circle and one step to strengthen it.
- **Day 29.** Write a paragraph about what you hope to pass on to the people who come after you.
- **Day 30.** Review the month. Write what changed, what did not, and what you want next.

APPENDIX D: GLOSSARY

These short definitions explain how terms are used in this book. They are not clinical definitions.

Ambiguous loss. Loss without clarity or closure, such as grieving a parent who is present but emotionally unavailable.

Anxious attachment. A pattern in which the attachment system is turned up, with a strong need for reassurance and sensitivity to signs of distance.

Attachment. The emotional bond and expectations about closeness that develop in early relationships.

Attachment wound. A lasting emotional injury that arises when a child's need for safe, responsive closeness is not reliably met.

Avoidant attachment. A pattern in which the attachment system is turned down, with a preference for self-reliance and discomfort with emotional closeness.

Co-regulation. The process of calming through another person's steady presence.

Deactivating strategies. Ways of turning the attachment system down, such as minimizing needs, staying busy, or withdrawing.

Disenfranchised grief. Grief that is not openly acknowledged or socially supported.

Earned security. A secure way of relating that develops in adulthood despite a difficult early history.

Fawn response. A survival response in which a person tries to stay safe by pleasing or appeasing.

Fearful-avoidant attachment. A pattern in which the desire for closeness and the fear of it exist together, sometimes called disorganized.

Grounding. Techniques that bring attention to the present moment through the senses.

Hyperactivating strategies. Ways of turning the attachment system up, such as checking, protesting, or seeking constant reassurance.

Inner critic. A harsh internal voice, often absorbed from earlier experiences.

Internal working model. An unconscious set of expectations about whether others will be available and whether you are worth responding to.

Mentalization. The ability to understand behavior in terms of underlying thoughts, feelings, and needs.

Protest behavior. Actions meant to restore connection when it feels threatened.

Reparenting. Offering yourself the care, structure, and safety you needed in childhood.

Repair. Returning after a conflict or mistake to acknowledge impact and restore trust.

Rupture. A moment of disconnection or conflict in a relationship.

Safe haven. A person to whom you can bring distress and be comforted.

Secure base. A reliable presence that allows you to explore the world knowing you can return.

Self-compassion. Responding to your own pain with kindness, a sense of shared humanity, and mindfulness.

Survival response. An automatic reaction, such as fight, flight, freeze, or fawn, that protects against threat.

Trauma-informed. An approach that recognizes the effects of trauma and prioritizes safety, choice, and collaboration.

Window of tolerance. The zone of arousal in which you can feel emotions and still think clearly.

APPENDIX E: RESOURCES

Information changes, so please verify phone numbers and websites before relying on them. This list is a starting point, not a complete guide.

SUPPORT AND CRISIS RESOURCES

- 988 Suicide & Crisis Lifeline (United States): call or text 988.
- Crisis Text Line (United States): text HOME to 741741.
- SAMHSA National Helpline (United States): 1-800-662-4357, free and confidential treatment referrals.
- National Domestic Violence Hotline (United States): 1-800-799-7233.
- findahelpline.com: a directory of crisis lines in many countries.
- Psychology Today therapist directory: search for therapists by location and specialty.
- Open Path Collective: lower-cost therapy sessions.
- NAMI (National Alliance on Mental Illness): education, support groups, and family programs.

FOR FURTHER READING

- *Attached* by Amir Levine and Rachel Heller: an introduction to adult attachment styles.
- *The Body Keeps the Score* by Bessel van der Kolk: how trauma affects the body and brain.
- *Hold Me Tight* by Sue Johnson: attachment and close relationships.
- *Self-Compassion* by Kristin Neff: research and practices for self-kindness.
- *Set Boundaries, Find Peace* by Nedra Glover Tawwab: practical guidance on boundaries.
- *Parenting from the Inside Out* by Daniel Siegel and Mary Hartzell: using self-understanding to parent.

- *Adult Children of Emotionally Immature Parents* by Lindsay C. Gibson: understanding and healing from emotionally immature parenting.

APPENDIX F: FREQUENTLY ASKED QUESTIONS

These are questions that many readers ask as they work through this book. If one applies to you, take the answer as a starting point, not a final word.

"IS MY ATTACHMENT STYLE PERMANENT?"

No. Attachment patterns have real stability, but they are not fixed. Longitudinal research shows that many people change, especially after major life events, supportive relationships, therapy, and sustained reflection (Waters et al., 2000; Roisman et al., 2002). Change is usually gradual, and it often comes in small steps.

"I DO NOT REMEMBER MUCH OF MY CHILDHOOD. CAN I STILL DO THIS WORK?"

Yes. You do not need detailed memories to work with attachment. You can start from what you notice in the present: how you react to closeness, distance, conflict, and need. Memory gaps are common, and they do not mean that nothing happened or that nothing can change.

"MY PARENTS DID THEIR BEST. IS IT WRONG TO FEEL HURT?"

No. Both things can be true. Your parents may have done their best, and you may still have needed something you did not receive. Acknowledging your own unmet needs is not an accusation. It is part of seeing your story clearly.

"WHAT IF I RECOGNIZE MYSELF IN MORE THAN ONE PATTERN?"

That is normal. Most people are a mixture, and their pattern may change with the person and the situation. Use the descriptions as

maps, not boxes. Focus on the practices that fit what you notice in yourself.

"CAN I HEAL IF MY PARTNER DOES NOT WANT TO CHANGE?"

You can change your own steps, and that often changes the dance. Regulating your alarm, asking directly, repairing after conflict, and setting boundaries are within your control. You cannot make another person change. If a relationship is unsafe, your safety comes first.

"DO I NEED A THERAPIST?"

Many people benefit from the practices in this book on their own. If your history includes serious abuse or neglect, if you experience flashbacks, panic, or numbness, or if the work feels too heavy to hold alone, working with a trauma-informed therapist is strongly recommended. Seeking support is part of the work, not a sign that it is failing.

"WHAT IF I FEEL WORSE BEFORE I FEEL BETTER?"

This can happen. When painful feelings are finally acknowledged, they may feel louder for a while. Slow down, return to your calm plan, and make sure you are not doing too much at once. If the feelings are overwhelming or last for a long time, please reach out to a professional.

"HOW CAN I TELL THE DIFFERENCE BETWEEN A TRIGGER AND A REAL PROBLEM IN THE RELATIONSHIP?"

Ask: *Is my reaction larger or faster than the situation seems to warrant? Does it feel familiar? Does it come with a sense of being much younger?* If so, an old alarm is probably involved. That does not mean that nothing is wrong. Once you are calm, you can look at the facts and decide

whether something needs to change. Trust your sense of safety, and take consistent patterns of disrespect or harm seriously.

"IS IT SELFISH TO FOCUS ON MY OWN HEALING?"

No. Caring for your own wellbeing is not selfish, and it tends to benefit the people around you. As we have seen, the way you treat yourself shapes the way you treat others, and children learn by watching.

"WHAT IF I AM AFRAID THAT I WILL REPEAT MY PARENTS' PATTERNS WITH MY CHILDREN?"

That awareness is a protective factor. Research suggests that what matters most is not the difficulty of a parent's past, but how well they have understood it (Main et al., 1985). Noticing your patterns, regulating your body, and repairing after mistakes can make a large difference.

APPENDIX G: GUIDE FOR READING GROUPS AND PROFESSIONALS

This book can be read alone, but it also works well in support groups, book clubs, classrooms, and professional settings. This guide offers suggestions for those who wish to use it with others. It is not a substitute for clinical training.

SUGGESTED GROUP AGREEMENTS

- **Confidentiality.** What is shared in the group stays in the group.
- **Choice.** Everyone may pass, pause, or step out at any time.
- **Respect.** No fixing, advising, or judging unless asked.
- **Safety.** Members are encouraged to seek professional support when needed.
- **Pace.** No one needs to share more than they choose.

A SAMPLE SESSION STRUCTURE

A session of about ninety minutes might look like this.

- **Arrival and grounding (10 minutes).** Begin with three slow breaths or a short grounding exercise.
- **Check-in (15 minutes).** Each person shares one sentence about how they are arriving.
- **Reading and discussion (30 minutes).** Review one chapter's key ideas, and discuss using the reflection prompts.
- **Practice (20 minutes).** Try the chapter's healing practice together, or in pairs.
- **Closing (15 minutes).** Each person shares one word or phrase about what they are taking with them. Offer a reminder of crisis and support resources.

A TWELVE-WEEK READING PLAN

- **Week 1.** Introduction and Chapter 1: What Attachment Really Is

- **Week 2.** Chapters 2 and 3: How wounds form, and the nervous system
- **Week 3.** Chapter 4: The Four Patterns
- **Week 4.** Chapter 5: The Anxious Heart
- **Week 5.** Chapter 6: The Guarded Heart
- **Week 6.** Chapter 7: The Pull and Push of Fear
- **Week 7.** Chapter 8: Safety First
- **Week 8.** Chapter 9: Grieving What Was Missing
- **Week 9.** Chapters 10 and 11: Earned security and reparenting
- **Week 10.** Chapter 12: Secure Love
- **Week 11.** Chapter 13: Boundaries and Closeness
- **Week 12.** Chapter 14 and the Conclusion: Breaking the cycle

FACILITATION TIPS

- Remind members that the book's patterns are tendencies, not diagnoses.
- Invite curiosity rather than competition. There is no "worst" or "best" pattern.
- Allow silence. Not everything needs to be answered quickly.
- Keep an eye on the group's pacing. If the room becomes flooded or flat, pause and ground.
- Share a list of local crisis and mental health resources at every session.
- Facilitators who are not clinicians should have a plan for referring members who may need professional support, and should not attempt to treat trauma.

DISCUSSION QUESTIONS BY PART

- **Part I.** What did you learn about closeness in your earliest years? What parts of your story are hard to put into words?
- **Part II.** Which pattern, or mixture, feels closest to you? What does it protect you from? What does it cost?

- **Part III.** What helps your body feel safe? What are you grieving, and what are you beginning to offer yourself?
- **Part IV.** What is one boundary, request, or repair you are preparing? Who are the people who can support you?

APPENDIX H: COMPANION WORKSHEETS

These worksheets give you space to write inside the book. You can also copy them into a notebook and reuse them as often as you like. There are no right answers. Write whatever is true, in your own words, and go at your own pace. If a worksheet stirs strong feelings, pause, use your calm plan, and return later.

WORKSHEET 1: MY ATTACHMENT ALARM LOG

Use this worksheet whenever you notice your attachment alarm sounding. Writing it down helps you see patterns over time.

What happened? (Describe it like a camera.)

What did I feel in my body?

What story did my mind tell me?

What did my body want to do?

What did I actually do?

What could I try next time?

WORKSHEET 2: MY NEEDS AND REQUESTS

Needs are not a burden. This worksheet helps you notice what you need and practice asking for it.

What do I most need from the people close to me? (Check in with your body as you write.)

How do I usually ask for it? (Directly, indirectly, protest, silence, not at all?)

What happens when I do not get it?

One need I want to ask for this week:

My direct request, in one or two sentences:

WORKSHEET 3: REPAIR PLANNER

Use this worksheet to prepare for a repair conversation after a rupture. Begin only when you are calm.

The rupture, described briefly and factually:

My part in it (without excuses):

What I was feeling underneath:

How it may have felt for the other person:

My repair statement:

How I will take care of myself afterward:

WORKSHEET 4: LETTERS

Letters give grief and care a place to land. Choose one of the prompts below. These letters do not need to be sent.

A letter to the child I was. Begin with "Dear ____ at ____,"

A letter to a caregiver, saying what I needed and what I understand now.

WORKSHEET 4 (CONTINUED): A LETTER TO MY FUTURE SELF

A letter to myself one year from now. What do I hope will be different? What do I want to remember?

What I promise to keep doing:

WORKSHEET 5: MY SAFE BASE INVENTORY

A secure base is made of many things: people, places, practices, and memories. Use this worksheet to see what you already have, and what you would like to build.

People who make me feel steady, even a little:

Places where my body relaxes:

Practices that help me settle (breath, movement, music, nature, prayer):

Memories of being cared for:

One thing I would like to add to my secure base this month:

WORKSHEET 6: MONTHLY REVIEW

Once a month, take twenty minutes to look back. Small changes are easy to miss unless you write them down.

What changed this month, even slightly?

What moments of security did I notice?

What was hard? What helped?

What pattern showed up most often?

What am I proud of?

My intention for next month:

APPENDIX I: TWELVE-WEEK PROGRESS TRACKER

Once a week, write one line in each column. Small entries add up to a clear picture of change.

Week	Pattern I noticed	New response I tried	What I learned
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Week	Pattern I noticed	New response I tried	What I learned
11			
12			

BIBLIOGRAPHY & SELECTED WORKS

The following works informed the psychological, developmental, relational, and therapeutic concepts discussed throughout *Healing Attachment Wounds*. They are provided for readers who wish to explore these subjects in greater depth.

ATTACHMENT THEORY AND DEVELOPMENT

Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the Strange Situation*. Lawrence Erlbaum.

Ainsworth, M. D. S. (1989). Attachments beyond infancy. *American Psychologist, 44*(4), 709–716.

Bowlby, J. (1969). *Attachment and loss: Vol. 1. Attachment*. Basic Books.

Bowlby, J. (1973). *Attachment and loss: Vol. 2. Separation: Anxiety and anger*. Basic Books.

Bowlby, J. (1980). *Attachment and loss: Vol. 3. Loss: Sadness and depression*. Basic Books.

Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. Basic Books.

Fonagy, P., Gergely, G., Jurist, E. L., & Target, M. (2002). *Affect regulation, mentalization, and the development of the self*. Other Press.

Fraiberg, S., Adelson, E., & Shapiro, V. (1975). Ghosts in the nursery: A psychoanalytic approach to the problems of impaired infant-mother relationships. *Journal of the American Academy of Child Psychiatry, 14*(3), 387–421.

Harlow, H. F. (1958). The nature of love. *American Psychologist, 13*(12), 673–685.

Main, M., & Hesse, E. (1990). Parents' unresolved traumatic experiences are related to infant disorganized attachment status. In M. T. Greenberg, D. Cicchetti, & E. M. Cummings (Eds.), *Attachment in the preschool years* (pp. 161–182). University of Chicago Press.

Main, M., Kaplan, N., & Cassidy, J. (1985). Security in infancy, childhood, and adulthood: A move to the level of representation. *Monographs of the Society for Research in Child Development, 50*(1–2), 66–104.

Main, M., & Solomon, J. (1986). Discovery of an insecure-disorganized/disoriented attachment pattern. In T. B. Brazelton & M. W. Yogman (Eds.), *Affective development in infancy* (pp. 95–124). Ablex.

Rothbaum, F., Weisz, J., Pott, M., Miyake, K., & Morelli, G. (2000). Attachment and culture: Security in the United States and Japan. *American Psychologist, 55*(10), 1093–1104.

Slade, A. (2005). Parental reflective functioning: An introduction. *Attachment & Human Development, 7*(3), 269–281.

Thomas, A., & Chess, S. (1977). *Temperament and development*. Brunner/Mazel.

Tronick, E. Z. (1989). Emotions and emotional communication in infants. *American Psychologist, 44*(2), 112–119.

Tronick, E. Z., Als, H., Adamson, L., Wise, S., & Brazelton, T. B. (1978). The infant's response to entrapment between contradictory messages in face-to-face interaction. *Journal of the American Academy of Child Psychiatry, 17*(1), 1–13.

van IJzendoorn, M. H. (1995). Adult attachment representations, parental responsiveness, and infant attachment: A meta-analysis on the predictive validity of the Adult Attachment Interview. *Psychological Bulletin, 117*(3), 387–403.

Winnicott, D. W. (1953). Transitional objects and transitional phenomena. *International Journal of Psychoanalysis, 34*, 89–97.

ADULT ATTACHMENT AND RELATIONSHIPS

Bartholomew, K., & Horowitz, L. M. (1991). Attachment styles among young adults: A test of a four-category model. *Journal of Personality and Social Psychology, 61*(2), 226–244.

Dozier, M., & Kobak, R. R. (1992). Psychophysiology in attachment interviews: Converging evidence for deactivating strategies. *Child Development, 63*(6), 1473–1480.

Feeney, B. C. (2007). The dependency paradox in close relationships: Accepting dependence promotes independence. *Journal of Personality and Social Psychology, 92*(2), 268–285.

Fraley, R. C. (2002). Attachment stability from infancy to adulthood: Meta-analysis and dynamic modeling of developmental mechanisms. *Personality and Social Psychology Review, 6*(2), 123–151.

Fraley, R. C., & Shaver, P. R. (2000). Adult romantic attachment: Theoretical developments, emerging controversies, and unanswered questions. *Review of General Psychology, 4*(2), 132–154.

Gottman, J. M. (1998). Psychology and the study of marital processes. *Annual Review of Psychology, 49*, 169–197.

Gottman, J. M., Katz, L. F., & Hooven, C. (1996). Parental meta-emotion philosophy and the emotional life of families: Theoretical models and preliminary data. *Journal of Family Psychology, 10*(3), 243–268.

Hazan, C., & Shaver, P. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology, 52*(3), 511–524.

Johnson, S. M. (2004). *The practice of emotionally focused couple therapy: Creating connection* (2nd ed.). Brunner-Routledge.

Mikulincer, M., & Shaver, P. R. (2007). *Attachment in adulthood: Structure, dynamics, and change*. Guilford Press.

Pietromonaco, P. R., & Barrett, L. F. (2000). The internal working models concept: What do we really know about the self in relation to others? *Review of General Psychology, 4*(2), 155–175.

Rosenberg, M. B. (2003). *Nonviolent communication: A language of life* (2nd ed.). PuddleDancer Press.

Simpson, J. A., & Rholes, W. S. (2017). Adult attachment, stress, and romantic relationships. *Current Opinion in Psychology, 13*, 19–24.

Waters, E., Merrick, S., Treboux, D., Crowell, J., & Albersheim, L. (2000). Attachment security in infancy and early adulthood: A twenty-year longitudinal study. *Child Development, 71*(3), 684–689.

EARNED SECURITY AND HEALING

Norcross, J. C., & Lambert, M. J. (2018). Psychotherapy relationships that work III. *Psychotherapy, 55*(4), 303–315.

Pearson, J. L., Cohn, D. A., Cowan, P. A., & Cowan, C. P. (1994). Earned- and continuous-security in adult attachment: Relation to depressive symptomatology and parenting style. *Development and Psychopathology, 6*(2), 359–373.

Pennebaker, J. W. (1997). Writing about emotional experiences as a therapeutic process. *Psychological Science, 8*(3), 162–166.

Pennebaker, J. W., & Seagal, J. D. (1999). Forming a story: The health benefits of narrative. *Journal of Clinical Psychology, 55*(10), 1243–1254.

Roisman, G. I., Padron, E., Sroufe, L. A., & Egeland, B. (2002). Earned-secure attachment status in retrospect and prospect. *Child Development, 73*(4), 1204–1219.

Saunders, R., Jacobvitz, D., Zaccagnino, M., Beverung, L. M., & Hazen, N. (2011). Pathways to earned-security: The role of alternative support figures. *Attachment & Human Development, 13*(4), 403–420.

Schwartz, R. C. (1995). *Internal family systems therapy*. Guilford Press.

STRESS, THE BODY, AND EMOTION REGULATION

Coan, J. A., Schaefer, H. S., & Davidson, R. J. (2006). Lending a hand: Social regulation of the neural response to threat. *Psychological Science, 17*(12), 1032–1039.

Gross, J. J., & John, O. P. (2003). Individual differences in two emotion regulation processes: Implications for affect, relationships, and well-being. *Journal of Personality and Social Psychology, 85*(2), 348–362.

Johnson, S. M., Burgess Moser, M., Beckes, L., Smith, A., Dalgleish, T., Halchuk, R., Hasselmo, K., Greenman, P. S., Merali, Z., & Coan, J. A. (2013). Soothing the threatened brain: Leveraging contact comfort with emotionally focused therapy. *PLoS ONE, 8*(11), e79314.

Lieberman, M. D., Eisenberger, N. I., Crockett, M. J., Tom, S. M., Pfeifer, J. H., & Way, B. M. (2007). Putting feelings into words: Affect labeling disrupts amygdala activity in response to affective stimuli. *Psychological Science, 18*(5), 421–428.

Porges, S. W. (2011). *The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation*. W. W. Norton.

Siegel, D. J. (1999). *The developing mind: How relationships and the brain interact to shape who we are*. Guilford Press.

van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.

Yoo, S.-S., Gujar, N., Hu, P., Jolesz, F. A., & Walker, M. P. (2007). The human emotional brain without sleep: A prefrontal amygdala disconnect. *Current Biology, 17*(20), R877–R878.

Zaccaro, A., Piarulli, A., Laurino, M., Garbella, E., Menicucci, D., Neri, B., & Gemignani, A. (2018). How breath-control can change your life: A systematic review on psycho-physiological correlates of slow breathing. *Frontiers in Human Neuroscience, 12*, 353.

GRIEF, SELF-COMPASSION, AND FAMILY

Boss, P. (1999). *Ambiguous loss: Learning to live with unresolved grief*. Harvard University Press.

Boszormenyi-Nagy, I., & Spark, G. M. (1973). *Invisible loyalties: Reciprocity in intergenerational family therapy*. Harper & Row.

Bowen, M. (1978). *Family therapy in clinical practice*. Jason Aronson.

Breines, J. G., & Chen, S. (2012). Self-compassion increases self-improvement motivation. *Personality and Social Psychology Bulletin, 38*(9), 1133–1143.

Doka, K. J. (1989). *Disenfranchised grief: Recognizing hidden sorrow*. Lexington Books.

Kross, E., Bruehlman-Senecal, E., Park, J., Burson, A., Dougherty, A., Shablack, H., Bremner, R., Moser, J., & Ayduk, O. (2014). Self-talk as a regulatory mechanism: How you do it matters. *Journal of Personality and Social Psychology, 106*(2), 304–324.

Neff, K. D. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity, 2*(2), 85–101.

Neff, K. D., & Beretvas, S. N. (2013). The role of self-compassion in romantic relationships. *Self and Identity, 12*(1), 78–98.

Tangney, J. P., & Dearing, R. L. (2002). *Shame and guilt*. Guilford Press.

ABOUT THE SOURCES

This book draws on research and clinical literature in attachment science, developmental psychology, trauma studies, emotion regulation, and couple and family therapy. The works listed here represent selected sources that informed the concepts and frameworks discussed in these pages. Readers who wish to explore these subjects further are encouraged to consult the original sources.

This book is educational in nature and is not a substitute for professional mental health care.

ABOUT THE AUTHOR

Hanz Yiglix creates practical educational resources designed to help mental health professionals, educators, and individuals better understand trauma, emotional regulation, and the healing process.

Through research-informed tools, worksheets, and guided exercises, his work focuses on making complex psychological concepts easier to understand and apply in real-world settings.

His goal is to provide clear, accessible resources that support greater awareness, resilience, and meaningful progress on the journey toward healing.