

IMAGINAL NURTURING, EGO STATES, AND ATTACHMENT

An Integrated Approach To Early Deficits

Manual: Revised in 2023

A "Developing a Secure Self"
Distance Training Program

EMDRIA-Approved for CEUs



April Steele, MSc

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April Steele
april@april-steele.ca
www.april-steele.

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CHAPTER 1

INTRODUCTION

DISTINCTION BETWEEN TRAUMA AND DEFICIT

1. Traumatic memories: disturbing memories of discrete events

The brain has a way to deal with memories so that we experience them as being in the past. Sometimes a memory network gets stuck without being completely processed so that the memory continues to affect us.

It is as though the part of us who experienced the event doesn't know it is over.

2. Deficits: insufficient positive attachment experience

Infants and children need: experiences of connectedness, "feeling felt," touch, warmth, protection, encouragement and validation, attuned, sensitive responsiveness... love.

Joseph Chilton-Pearce: "body molding, eye contact, and sweet sounds."

When the attachment relationship is secure, the child over time internalizes that secure base.

NOTE: Deficits are not simply a series of traumatic events.

Security of attachment and emotional well-being result from secure attachment relationships, not simply from the absence of trauma.

Attachment relationships are the context of the infant and child's life.

ATTACHMENT, CAREGIVING, AND INTERSUBJECTIVITY SYSTEMS

Attachment

It is a primary organizing system that permits people to negotiate between total attachment on the one hand, and curiosity and exploring the world on the other.

In the attachment relationship, nurturance and protectiveness are primary.

Through experience with caregivers, the child develops expectations of the availability and responsiveness of attachment figures.

These expectations develop into the inner working models of attachment.

Caregiving

It is a primary system that complements the attachment system.

When the attachment system is activated, the caregiving/caretaking system of significant others is activated so (optimally) the needs of the other are met.

Intersubjectivity

It is a primary organizing system focused on the interpenetration of minds.

The polarity ranges from total psychic aloneness and total transparency.

Clinical video segment: Impact of Parents' Insecure Attachment

CHAPTER 2

EARLY RESEARCH AND ATTACHMENT CLASSIFICATIONS

Infant Strange Situation (ISS) – Mary Ainsworth and later Mary Main

Attachment classifications in children

Classification represents the strategy for maintaining proximity and/or self-organization *in a given relationship* in response to restrictions placed by the attachment figure on proximity-seeking behaviour or autonomous exploration.

Organized: Secure (parental response – attuned and sensitive)
Avoidant (parental response - rejecting, dismissing)
Ambivalent/resistant (parental response – insensitive, inconsistent)

Disorganized: Breakdown of strategy: dissociation.
Secondary classification (i.e. what strategy has broken down) is also given.

Disorganization in infancy postulated by Main to be result of attachment figure appearing frightening or frightened resulting in fright without solution for the infant.

Infant disorganization resulting from attachment figure's (A's) PTSD

Infant's attachment system becomes activated >
A's caregiving system is activated > A's traumatic memories surface while caregiving >
A's attachment system becomes activated (both systems activated simultaneously) >
A's attachment system is seeking comfort and reassurance – if it is not there, A is liable to get angry or frightened.
Infant being drawn to A who is frightened or frightening > overwhelm > defensive reaction (e.g. looking away) > that withdrawal further activates attachment system > fright without solution.
It is the simultaneous attitudes of approach and avoidance towards attachment figure that can lead to significant lack of organization in infant.

Attachment classifications in adults

Adult Attachment Interview (AAI) – Mary Main, Nancy Kaplan, Carol George
Status has become generalized to all relationships.

In AAI, status is associated with the individual *as a parent*, e.g. adult who is classed as dismissing is expected to be dismissing of a child's attachment behaviour, the consequences of which are expected to be an infant who is avoidant in relationship to that parent. (Such an adult is also going to be dismissing of attachment behaviour in adult attachment relationships.)
Transcripts of AAI are analyzed for truthfulness, succinctness yet completeness, relevance, and clarity and order of their narrative.

Classifications correspond to child classifications:

- Secure (child) - Secure/Autonomous (adult)
- Avoidant (child) - Dismissing (adult)
- Ambivalent/resistant (child) - Preoccupied (adult)
- Disorganized/disoriented (child) - Unresolved/disorganized (adult)

NOTE: Think of classifications not as a way to pigeon-hole clients, but to provide deeper understanding of the attachment aspects of your clients.

ORGANIZED ATTACHMENT STATUS

INFANT STRANGE SITUATION	ADULT ATTACHMENT INTERVIEW
<p>Secure</p> <ul style="list-style-type: none"> • In home: mother sensitive to the signals of infant, usually tender and careful in handling baby; baby shows little anxiety • In ISS: infant shows signs of missing mother, distress easily ended by mother, baby goes back to play • Focus: shifts from mother to exploration and back • Strategy: returns to mother as needed for sense of security 	<p>Secure/Autonomous</p> <ul style="list-style-type: none"> • Coherent and collaborative in discussing attachment figures • Values attachment • Appears to be quite objective • History not necessarily positive
<p>Avoidant</p> <ul style="list-style-type: none"> • In home: mother insensitive to infant's signals and rejects infant attachment behaviour • In ISS: little display of affect, no distress, explores and plays; on reunion looks away and turns away from mother, leans away from mother when picked up • Focus: apparent single focus on toys • Strategy: shifts attention away from potentially threatening conditions 	<p>Dismissing</p> <ul style="list-style-type: none"> • Dismissing of attachment • Resembles both the "rejecting" parents of avoidant infants and the avoidant infants themselves • Responses are overly succinct • Reports few or no memories from childhood • May report positive attachment relationships but evidence does not support this • Attachment system remains relatively deactivated
<p>Ambivalent/Resistant</p> <ul style="list-style-type: none"> • In home: mother insensitive to infant's signals, but did not necessarily reject infant; was unpredictable (sometimes warm, sometimes not) • In home: in first three months, mothers inept in handling the baby in 41% of handling episodes, and tender and careful in only 2% • In ISS: preoccupied with mother even before her departure; marked distress on departure and is not easily comforted on her return • In ISS: alternating between seeking to be held and angrily pushing away • Focus: single focus on mother • Strategy: is hypervigilant and preoccupied 	<p>Preoccupied</p> <ul style="list-style-type: none"> • Preoccupied by past relationships • Excessive discourse • Confused and either angry or passive preoccupation with attachment figures or attachment-related events • Resembles resistant infants and their parents • Attachment system hyperactivated

Source: Adapted from Main (1995) and Hesse (1999)

DISORGANIZED ATTACHMENT STATUS

INFANT STRANGE SITUATION	ADULT ATTACHMENT INTERVIEW
<p>Disorganized/Disoriented</p> <ul style="list-style-type: none"> • Strategy: collapse of strategy to deal with separation from and reunion with mother • Disorganized behaviours: sequential or simultaneous display of contradictory behaviour; repetitive behaviour, e.g. rocking, hair-pulling, ear pulling, head banging; freezing; slowed movements and expressions; and direct indicators of apprehension • Rare for an infant to be disorganized with both parents 	<p>Unresolved/Disorganized</p> <ul style="list-style-type: none"> • Not an overall patterning so much as a collapse of patterning • Suffering lapses in reasoning or discourse during discussion of events such as the loss of important persons or physical or sexual abuse • Might refer to a deceased person as though he were still living, or think that his own thoughts caused the death • Other than these lapses, fits into one of the other categories

Source: Adapted from Main (1995) and Hesse (1999)

Unclassifiable status in adults may also be:

- a collapse of strategy at a global level manifesting as contrasting states of mind over the course of the interview suggesting a dissociative disorder (possibly DID).
- Or alternatively an inability to implement an organized strategy at all.

WHAT WE SEE IN OUR CLIENTS CLINICALLY

Both organized and disorganized attachment styles. Disorganized attachment manifests generally with dissociation and is a breakdown of an organized attachment strategy; is often present when there is a history of trauma. Unclassifiable status also manifests with dissociation but without a clear underlying attachment style (that has broken down).

NOTE: Think of classifications not as a way to pigeon-hole clients, but to provide deeper understanding of the attachment aspects of your clients.

INDICATORS OF DEFICITS/INSECURE ATTACHMENT

Identity

Little sense of self
Sense of inherent defectiveness
Low self-esteem
Narcissism

Intersubjectivity

Inability to empathize
Sense of alienation
Sense of meaninglessness
Impaired interpersonal relationships

Mood

Depression

Security

Anxiety
Fear of abandonment
Inability to tolerate being alone

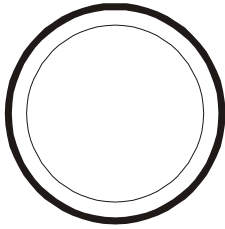
Affect

Poor distress tolerance
Poor positive affect tolerance
Inability to regulate emotions
Hypersensitivity to critical or rejecting comments
Dissociation
Rigid defences

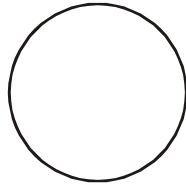
ORGANIZED ATTACHMENT CONTINUUM



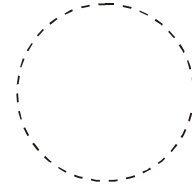
ATTACHMENT STYLES AND SELF-STRUCTURE (excl. unclassifiable)



Dismissing (Avoidant)
*fragile self-structure within
strong defences*



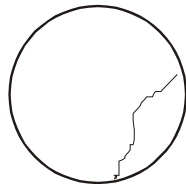
Secure
strong self-structure



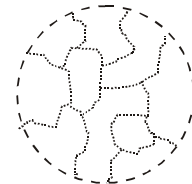
Preoccupied
fragile self-structure



Unresolved/Disorganized
*with underlying
Dismissing status*



Unresolved/Disorganized
*with underlying
Secure status*



Unresolved/Disorganized
*with underlying
Preoccupied status*

CHAPTER 3

ATTACHMENT AND SELF STRUCTURE

PROTOTYPICAL SELF-STRUCTURE / ATTACHMENT CHARACTERISTICS

Dismissing (Avoidant)	Preoccupied (Ambivalent)
Excessively independent	Excessively dependent
Sacrifices intimacy for excessive autonomy	Sacrifices autonomy for attempts at overly dependent intimacy
Free expression of emotions is minimal	Free expression of emotions is maximized
Structures for regulating (containing and suppressing) emotions are rigid and highly organized	Relative absence of structures for regulating emotions; emotions overwhelm structures
Emotions, memories, and cognitions associated with attachment are over-regulated	Emotions, memories, and cognitions associated with attachment are under-regulated
Emotion regulation strategies de-activate or minimize emotions that would disrupt attachment relationships	Strategies are hyperactivated affective signals to attachment figures

**WORKING WITH STRUCTURE
AS AN ORGANIZING CONCEPT IN ATTACHMENT**

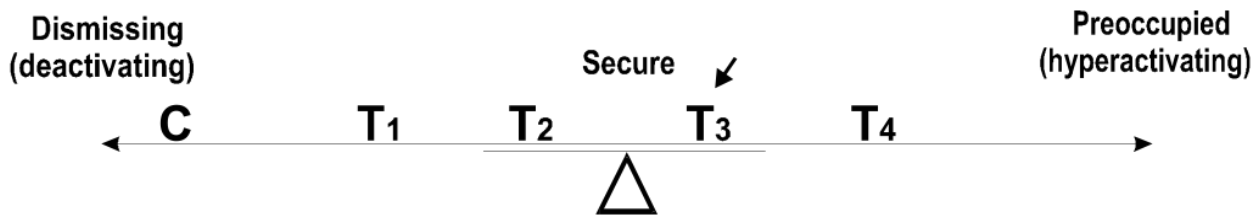
	DISMISSING	PREOCCUPIED
Goal	To soften and open up defences To strengthen structure	To strengthen structure
Tone	Soften gaze, tone of voice, posture Move closer	Encourage and validate
Narrative	Be curious Soften, encourage embellishment with details, "wondering"	Mark, punctuate with comments Help to organize (lifeline)
Breathing	To help develop body connection and awareness To help relax body (soften structure)	Slow deep breathing for anxiety
The body	Dance, tai chi, yoga to promote fluidity, sensuality Experimenting with posture	Martial arts, tai chi, yoga to promote control and calmness
Rt-brain modalities	Art and guided imagery to activate right hemisphere	Art to externalize and contain

ATTACHMENT AND THE THERAPEUTIC RELATIONSHIP RESEARCH

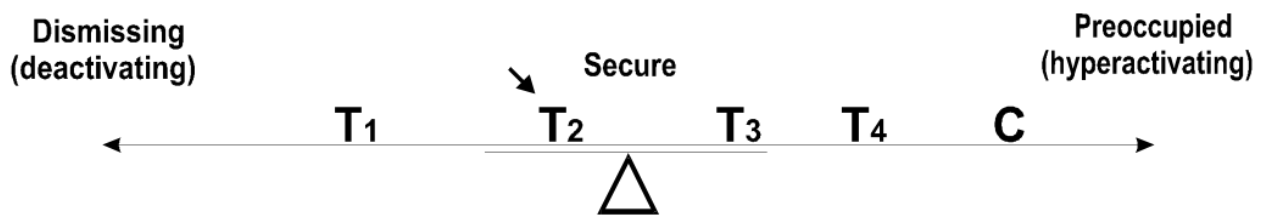
Dozier and Tyrrell (1998) demonstrate the importance of therapist’s security of attachment.

- We see that people tend to elicit responses from others that are consistent with their expectations.
- Dismissing clients who rely on deactivating strategies are likely to have people respond in a way that avoids discussion of relationships or intrapsychic issues.
- Preoccupied individuals with hyperactivating strategies invite us to take care of their needs.
- Secure clinicians are likely to work better with clients who differ from them with regard to deactivation-hyperactivation
- We need to gently challenge clients’ working models of attachment so that dismissing clients can explore their psychological issues, and preoccupied clients can learn to take charge of their own lives.
- Counterbalance the clients’ attachment style and fine-tune to be responsive to client’s needs.

THERAPEUTIC RELATIONSHIP WITH DISMISSING CLIENT



THERAPEUTIC RELATIONSHIP WITH PREOCCUPIED CLIENT



NOTE: Be a secure base for client; meet client, don't join client in their insecurity – don't reflect back their rigidity or lack of boundaries.

CHAPTER 4

THE THERAPEUTIC RELATIONSHIP AS AN ATTACHMENT RELATIONSHIP

**COMPARISON OF THE EXPERIENCES
OF AN OPTIMAL CHILDHOOD AND THERAPY**

	Optimal Childhood (past)	Optimal Therapy (present)
Context	Relationships with parents and possibly other caregivers	Relationship with therapist
Vulnerability	Due to immaturity and emotional and physical dependence Few if any outside resources	Woundedness, one-sided disclosure by client, and client's dropping of defences lead to power imbalance
Emotional needs for development of secure base	Attuned sensitive responsiveness from caregivers	Attuned sensitive responsiveness from therapist (esp. towards young parts)
Emotional needs for development of security of exploration	Encouragement and support in exploration by caregivers	Encouragement and support in inner exploration and therapeutic work (e.g. EMDR reprocessing) Encouragement and support taking therapeutic gains into day-to-day life
Security of attachment	Security significantly dependent on parents' attachment status	Security in therapeutic relationship dependent in part on therapist's attachment status
Emotional Skills	Emotional skills development begins in infancy within attachment relationships	Emotional skills may need to be strengthened for their own sake as well as for EMDR trauma work
Disturbing events	Disturbing events happen Caregivers respond to child appropriately and with compassion	EMDR to reprocess disturbing memories with therapist providing appropriate safety and empathy
Dependence	Child depends on caregiver to provide nurturance and protection and to support her in her developing capabilities	Client depends on therapist to provide a sense of security, empathy, and safety in doing the work of therapy, and to support her in her developing capabilities

NOTE: The therapeutic relationship parallels the parent-child relationship in providing remediation, so look to the latter for guidance. Watch out for re-enacting the client's early experience!

Facilitating attunement and an open-hearted therapeutic relationship

- Therapy environment – adequate lighting, nurturing images, warm atmosphere; not other-worldly
- Seating arrangement – sit close, chair with castors, don't break the bubble
- Eye contact – be aware of tones, significance of shame
- Expressiveness – importance in communication, emotional skills
- Implicit communication - think of the underlying meanings and messages
- Nurturing the client – find opportunities
- Posture and gestures – use as exploration, as mirror or proactively
- Repair of breaks in attunement – the value of “I’m sorry”
- Repair of breaks in attachment – at beginning of each session
- Touch – check for countertransference
- Dependency – check for countertransference

CHAPTER 5

THERAPY AND THE CHILD

THERAPY AND THE CHILD

In many cases, therapy is a remediation for the inadequacies/problems of childhood experience.

Addressing traumatic memories with EMDR

We work to identify the memory or memories that are at the root of the present day problem. We zero in on the memory of that discrete event and then bilateral stimulation seems to kickstart the natural process that optimally would have happened following the event. EMDR effects generalize to associated memories.

Addressing deficits

Following the wisdom of EMDR – doesn't mean copying the procedure, but rather going to the root of the problem and addressing that directly. Address the deficits in early relationships by working through the therapeutic relationship.

Clinical video segment: *The Therapeutic Relationship as an Attachment Relationship*

The therapeutic relationship as triadic

In working with memories as well as other times, child ego states may be evident.

It is a mistake to proceed through therapy as though the client is in a fully adult state. The *child* is “where it’s at.”

The therapeutic relationship can be seen as triadic: adult, child, and therapist.

- The “adult” is conceptualized as the client incorporating the capacities for protectiveness, nurturance, and capability (though they may need further development).
- The “child” is the imagined externalized child the client was (who is still part of the client).
- The child may be associated with one or more ego states
- The therapeutic relationship is primarily one of attachment, analogous to a secure parenting relationship.
- The relationship is not primarily collaborative as can be seen in the differential in power and responsibility in the relationship.

Working directly with the “child”

- We may act as an advocate for the child.
- We may serve as a model in nurturing.
- Client uses the imaginably externalized experiences to compensate for deficits.
- Focus is on creating new experiences, not on resolving conflicts between ego states.
- Child states are externalized to work with imaginably.
- Imagined child represents ego states and provides easy access to them.
- Goal is to help client develop a new relationship with self.
- Working directly with young ego states facilitates the development of a new relationship with self and higher self esteem.

Working with the Developing a Secure Self approach

- Does not compromise the integrity of EMDR protocols
- Provides an attachment context for trauma work
- Not just for clients with severe attachment issues or dissociative clients

IMAGINAL NURTURING FUNDAMENTALS

WORKING WITH IMAGINATION

- Imagining doing something engages many of the same motor and sensory programs that are involved in actually doing it.
- Working imaginably can allow us to appropriately and effectively facilitate new experiences for our clients to compensate for early deficits.
- We can change our brain anatomy by using our imaginations (research by Alvaro Pascual-Leone at the Harvard Medical School has demonstrated this). (See Doidge, 2007)

- Imagery has long been used in medicine, for performance enhancement in sports and other fields, and is used in future template work in EMDR.
- Imagination can be used to develop new neural pathways.
- Working with imagery may include all the senses, not just the visual. It is a skill that generally improves with practice.
- Using imagination allows us to work in a more concentrated fashion than simply by working through the adult/therapist relationship.

IMAGINAL NURTURING

What it is and what it isn't

- It *is* an inner child approach based on attachment theory, ego state work, and guided imagery.
- It *is not* a protocol or guided imagery intervention so much as a way of relating to different aspects of the client.
- The focus *is* on being responsive to the client and situation in the moment, *not* on following a script.
- Imagined child is not an ego state but provides a structure that ego states can easily slip into.
- It is most effective when it is an integral part of the therapy and the therapeutic relationship.

Purposes of Imaginal Nurturing

- To help the client develop a new and positive relationship with self now.
- To help the client internalize the kind of nurturing experience that s/he did not get enough of as a child, to establish a secure base within.
- To strengthen self and build affect tolerance and regulation skills.
- To provide some desensitization of disturbing memories even for clients not ready for trauma work.
- To provide a context of nurturance and connectedness within which to reprocess traumatic memories.
- To provide a balance for trauma work.
- To reinforce separation between past and present.
- To establish new associations with younger parts of self.

BEFORE EMDR	AFTER EMDR REPROCESSING	AFTER REPROCESSING AND I-N
DISTURBING IMAGE	disturbing image becomes weaker (sometimes image will change)	new positive image created
NEGATIVE COGNITION	positive cognition	positive cognition plus nurturing messages
DISTURBING EMOTION	reduced to zero SUD (neutralized)	shifts to nurturing feelings
DISTURBING BODY SENSATION	disturbance neutralized	felt body sense of nurturing and connectedness

Advantages of Imaginal Nurturing

- It allows the therapist to work directly on the client’s relationship with self.
- It allows the therapist to develop a closer relationship with the young parts of self which is valuable in working with traumatic memories as well as with attachment.
- It grounds young parts of self in the present during EMDR trauma work.
- It facilitates in the client an observer stance, which is particularly helpful for clients who tend to become overwhelmed by their emotions, and is a part of good affect skills.
- It facilitates learning how to shift into an adult state when the client is triggered into a child ego state.
- It teaches emotional skills that directly address the client’s needs in the moment (rather than distract from that need).
- It allows the client to have experiences of nurturance and connectedness and thus become familiar with a felt sense of security that would not otherwise be available.
- It teaches the client ways to honour himself and to incorporate self-nurturing into his life.

Child’s needs in the present

The needs are few but deep:

- To know that she matters
- To know there is an adult here to look after the adult stuff
- To hear certain messages
- To be held

CHAPTER 6

IMAGINAL NURTURING INTRODUCTION

Video of clinical segment: *Demonstration of Imaginal Nurturing*

TRANSCRIPT OF I-N GUIDED IMAGERY FROM VIDEO DEMONSTRATION.

Note: The video demonstration includes what preceded the I-N; the transcript begins at the point at which I-N begins. The client's comments are in regular font (not italicized).

1. Introducing I-N

Check inside and see if you have a sense of a young part of you ... yeah ... tell me about her it's that ... oh maybe ... kindergarten, first grade ... mmm and what's happening for her right now? ... right in this moment? ... Yeah ... could it be she's the one who doesn't want to be seen? ... [client nods] uh huh ... uh huh ... and what would feel okay for her? – is she okay being seen by you? ... sometimes ... more and more lately, I think ... oh good ... would it be ok for her to be here with us for you to imagine her here, perhaps holding her ... mmhmm ... okay, good ... good so why don't you do that ...

2. Enhancing the imagery and the connection

just imagine her sitting here on your lap ... does that work? ... mmhmm ... feeling the weight of her body what's she wearing? ... like a little smock and white pants ... ahh ... and how does she seem to be feeling being here? ... pretty withdrawn ... uhuh okay, just feeling your arms around her ... and the weight of her body ... and giving her a reassuring smile and let yourself begin to feel a connection with this little girl ... from your heart to her heart to your heart ... and as you feel that connection, I want to say a few things to her

3. Talking to the child

I am so glad that you're here with us today! ... mmhmm ... because, you know, this is EXACTLY where you belong ... that's right! and you and the grownup Bronwyn, you share the same body so she'll always be here for you ... yes, you're not alone anymore! and I want you to know that you are just right just the way you are and that your feelings are important ... and that your thoughts are important ... and that YOU are important! and its okay and its safe for you to be seen ... and its okay for you sometimes to not want to be seen ... that's okay too but what I want you to understand is that you are HERE now and you are safe now and do you know that of all the billions of people on this earth, there is nobody that can be the Bronwyn you can be? ... nobody! nobody can do that like you can that is very special ... and it's exciting! there is no one to disappoint because you are just right ... with all your feelings: your happy feelings, your mad feelings, your sad feelings ... those are all part of the richness of who you are and your job here in this life is to be that person that nobody else can be and you know, the world's a better place because you are in it ... this is true ... yeah! ... and when you share yourself with other people, the people you choose to share yourself with ... that's a gift ... mmhmm

4. Imagining what the child is feeling (optional)

[to adult] *so feeling your arms around that little girl holding her safe and warm, tenderly ... see if you can imagine what she's feeling feel those arms around you, holding you notice how it feels to have someone to lean on and how it feels to know that you do not have to do anything at all to be loved, you can be loved just for who you are, BECAUSE you're who you are ... knowing that you are lovable*

5. Reinforcing the messages

and so let those words "I am just right just the way I am, and I am not alone anymore" let those words settle into your mind and your heart and your soul where they can grow and flourish and become strong "I am just right just the way I am, and I am not alone anymore"

6. Integrating the child into the adult

and moving back into the adult opening up your heart to this little girl and having that drink of water ... because that feeling [thirst] is important and letting that little girl move easily comfortably and gently right on into your heart and notice the love that flows all around her ... and notice the smile of contentment on her face as she feels that love in her heart uh huh and knowing that as HER heart beats, YOUR heart beats, and they beat as one... and recognizing how precious she is let yourself gradually come back to the room.

7. Sharing and Planning

How was that for you to connect with her today?

Etc.

PRINCIPLES OF IMAGINAL NURTURING

1. With the imagery, we are working primarily with the present, not the past (imagery, not history) – except when the adult goes into a scene from the past to bring the child into the present.
2. Both the client and the therapist imagine the child's presence.
3. The connection with the child can be enhanced with childhood photographs.
4. Visualization can be facilitated by asking for details, e.g. what child is wearing, and deepened by using a variety of senses.

CHAPTER 7

MORE PRINCIPLES

5. **The therapist speaks directly to the child/younger self, as well as to the adult, so that the client *hears* the nurturing and encouraging words.
NB: THIS IS ESSENTIAL!**
6. The process, imagery, and the nurturing and encouraging messages are tailored to the individual client to be responsive and personalized.
7. The guidance of imagery by the therapist contains the imagery and thus the client's experience, but check-ins with the client are sometimes appropriate.
8. The imaginal experience is deepened by using *very slow*, gentle alternating bilateral stimulation, preferably knee taps, throughout. The client does NOT self-administer BLS.
9. The child and adult share the same body so the child is not alone anymore.
10. During the guided imagery, nurturing and encouraging messages are introduced in the second person, and then reinforced in the first person.
11. The therapist ensures the infant or child's safety in the session if necessary.
12. The imagery is ended with the client bringing the infant or child into her heart if the client is comfortable with this, otherwise to a pleasant and safe place.

CHAPTER 8

STILL MORE PRINCIPLES

13. The value of the imagery work is significantly deepened by connecting it to the client's outer life through a physical enactment referred to as "honouring."
Possibilities:
 - It may be something the child would like;
 - It may be something positive to counter a disturbing memory;
 - It may be related to the I-N experience;
 - It needs to be an action, not something imaginal;
 - It should be an action, not a refraining from doing something.

14. The client is asked to connect with the child at least twice a day, preferably first thing in the morning and last thing at night. At the same time, the client should read over messages that were reinforced to both child "you are..." and to themselves "I am...." Each time she checks in with the child, she is:
 - Letting her know that she matters;
 - Building a new relationship with her;
 - Grounding her in the present;
 - Developing a new associations with her.

15. If the client experiences disturbing feelings during the week, s/he is asked to check in with the child and see if the child is needing something (e.g. reassurance), and if so, to meet that need. The child's needs in the present are:
 - To know there is an adult here to look after the adult stuff (they're not alone);
 - To know that she matters;
 - To be held.

16. Two of the nurturing messages used (in the first person), the honouring activity decided on, and a reminder to check in with the child and read over the messages are all written down for the client. This piece of paper becomes a talisman or transitional object that holds a representation of the client's new learning in a concrete form.

17. What lies ahead for the child is tomorrow, next week, next year, and a new relationship with the adult.

18. Child does not need to grow up. The younger parts will become integrated over time.

EXPERIENTIAL COMPONENT: SOUNDTRACKS

TRACK ONE Suggestions

**TRACK TWO (women) Experiencing Imaginal Nurturing with
the 3-10 y.o. child**

**TRACK THREE (men) Experiencing Imaginal Nurturing with
the 3-10 y.o. child**

NOTE: For optimal learning, it is recommended that you complete this experiential component before going on to the next chapter.

- Have a pen and personal notebook handy, as well as this manual.
- Ensure that you will not be disturbed for the next half hour.
- Spend some time looking at photos of yourself as a child if you have some available and allow yourself to connect a little with her or him, to say "hello."

Remember to do an honouring activity!

CHAPTER 9

BASIC IMAGINAL NURTURING (BEING HERE NOW) 1

Overview

1. Introducing I-N
2. Enhancing the imagery and the connection
3. Talking to the child
4. Client imagines what the child is experiencing (optional)
5. Reinforcing the messages
6. Integrating the child into the adult
7. Sharing and planning

1. Introducing I-N

- Specific (if the client has been talking about a particular memory or time in childhood): "Would it be okay for the adult you to go into that scene and bring that little boy out of there to be here with us now?" or "Would it be okay to imagine that 5-year-old boy here in this room with us now?"
- General: "Check inside and see... if there were a young part of you who would appreciate some attention right now, how old might he be?"
- Begin tapping and ask the client to let you know when the child is present or if they need help.

2. Enhancing the imagery and the connection

- Ask for details to get the imagery specific e.g. where is he in the room ("*would it be okay for him to sit beside you/on your lap?*"), what is he wearing, what is his hair like? (The need for this lessens as the relationship between adult and child becomes more developed.)
- Facilitate a connection between adult and child: "*Look into his eyes and give him a reassuring smile... how does he seem to be feeling right now?*"
- "*Feel his weight on your lap*" or "*Feel his presence*" and "*Let yourself begin to feel a connection with him... and while you feel that connection, I want to say a few things to him.*"

3. Talking to the child

(a) Welcome child

- Let him feel that you are glad he is here; "*this is where you belong*"
- Reassure child if appropriate – "*You will never have to go back there again.*"
- Clarify relationships:
 1. "***This grownup man is the James you grew up to be. You and he share the same body so he will always be here. That's right! You are not alone anymore.***" Reassure if possible - e.g. "*And he has a really big heart so I know you are in good hands.*"

2. "I am here to help you and the grownup James really understand that you are here now, that all that bad stuff happened a long time ago and it is all over. And what lies ahead for you now is lots of good times!"

- Think of what you would say to the *actual child sitting there*.

(b) Addressing trauma-related deficits

Examples:

- *I'm sorry that your neighbour was mean to you.*
- *You didn't deserve to be treated like that.*
- *You must have felt awfully alone and scared.*
- *I'm so sorry that your mother wasn't able to give you the love and care you needed. She had so many problems, she couldn't be very good at mothering.*

Follow with present-oriented statements:

- *You're not alone anymore.*
- *I know you are in good hands now.*

(c) Nurturing and encouraging messages

Examples:

- *You are not alone anymore. (usually very important!)*
- *Nobody else can be the James you are. Imagine! Of all the billions of people on this earth, nobody can do that like you!*
- *Notice how it feels to know that you don't have to do anything at all to be loved, you can be loved just for who you are, because you are who you are.*
- *You are lovable, precious, etc. right down to the bottom of your heart/toes.*
- *You do matter – your thoughts matter and your feelings matter. They are important parts of who you are.*
- *It feels so good to have someone to lean on. (if child is leaning against adult)*
- *Rocking back and forth, back and forth. (if the child is young)*
- *Your job here is to blossom. Just to be you and to blossom.*

(d) Reassurance and encouragement about the present and future.

Examples:

- *I am so glad that you are here now and here for good.*
- *And you have lots to look forward to now!*
- *I'm here to help you understand that you can be free to blossom into the James only you can be!*

4. Imagining what the child is experiencing (optional)

- This is not necessary for the client to experience the nurturing.
- You may ask the client to "*imagine what this little boy is feeling – feel those strong arms around you holding you tenderly, securely, etc... and notice how it good it feels to have someone to lean on*" or "*notice how it feels to know that you don't have to do anything at all to be loved; you can be loved just for who you are.*"

CHAPTER 10

BASIC IMAGINAL NURTURING 2

5. Reinforcing the messages

- Choose the two most pertinent messages to reinforce and give them in the first person and repeat them:
"So just let the words 'I am not alone any more' and 'I am lovable' settle in your mind and your heart and your soul where they can grow and flourish and become strong..... 'I am not alone anymore' and 'I am lovable.'"

6. Integrating the child into the adult

- *"And moving into the adult, just check inside and see if it would be okay to take that little boy into your heart. Maybe it will and maybe it won't." (If the response is positive, it is usually not necessary to ask this after the first couple of times of doing I-N.)*
- *If yes, "just imagine him moving easily, comfortably, and gently into your heart"... give time for this to happen... "and notice the love that is there, that flows all around him... and see the smile of contentment on his face as he feels that love in his heart... and knowing that as his heart beats, your heart beats, and they beat as one... let yourself gradually come back to the room."*
- *If no, then ask the client to imagine a lovely room (with toys, snacks, etc.) where the little boy can stay for now, have the adult show the child around the room, and let him know he (the adult) will be back. If possible, ask him to give the child a hug, and "perhaps leave a part of yourself there so he won't feel alone."*
- *End with "let yourself gradually come back to the room" and give the client a couple of moments to re-orient her or himself.*

7. Sharing and planning

- Ask how it was for him to connect with the child in this way today.
- What can he do to honour the child in the next day or two?
- Explain about check-ins and reading over messages (at least twice a day and if feeling anxious or upset).
- Write it down for the client.

CLINICAL VIDEO SEGMENT: *Working with the Child*

SITUATIONS THAT MAY ARISE DURING IMAGINAL NURTURING GUIDED IMAGERY

NOTE: Imaginal Nurturing is most often very straightforward. The following are issues that may arise occasionally.

1. The client doesn't identify with the infant or child.

- Don't worry about it; she is still getting the experience of nurturing and being nurtured.
- The identification will come with time.

2. The client says the child is already in her heart.

- Ask her to bring the child outside of her to do some Imaginal Nurturing with her.

3. The client feels sad when she thinks of what lies ahead for the infant or child.

- Remind the client that what lies ahead is a new relationship with her in the present; the child is here right now, not back in the past.

4. The client rejects the infant or child.

- Try to anticipate this response and figure out in advance the point (i.e. associated memory or age) at which the client is most likely to be able to have some compassion for the infant or child, and begin with that memory or age.
- Distinguish between the childhood and the child.
- Move slowly; if she is not comfortable picking up the baby, could she touch her hand?
- Would it be all right if she were to imagine you (the therapist) holding the infant or child (as a transitional step)?
- Ask the client to be willing to just hang out with the younger part for a bit. Let her know that you want to hang out with her.
- Encourage a stance of curiosity.
- Progress is made not by abandoning the I-N (and child) but by proceeding in steps as small as necessary.
- Bottom line is: the child is part of the client and always will be.

5. The client wants to harm infant or child. (Rare!)

- Keeping the infant or child safe is the highest priority – take the child from the client.

6. The client does not feel comfortable taking the infant or child into her heart.

- Create a lovely safe space for the child to stay - some place that is not from her childhood.
- Suggest that a part of her (or alternatively another caregiver) stays with the child to care for her.

SUMMARY

Problems arising do not mean that the client is unready for Imaginal Nurturing. It simply means that you need to move in smaller steps. If you can be clear on what you are wanting to achieve in that session, the way around or through the problem will likely become clear. A good rule of thumb for Imaginal Nurturing, as for all therapy, is: ***go as slowly as the client needs to!***

CHAPTER 11

**THE RETRIEVAL, TRAUMATIC MEMORIES AS MOVIES,
AND STRAIGHT TALKING**

THE RETRIEVAL

Client brings younger part out of the disturbing scene.

- To reinforce separation between past and present
- To "shake up" the traumatic image thereby reducing its intensity
- Can often even be done in an initial session.
- Is a gentle intervention that can be used for stabilization.

Retrieval process

1. Go in and bring the child out of the scene
2. Guide/narrate the retrieval from the scene if needed
3. Imagine child in the room with the adult and therapist in the present
4. Enhance connection
- 5.** Welcoming child, addressing trauma-related deficits
6. Continue with basic Imaginal Nurturing

Problems that may arise

Adult has problems: easily resolved by guiding the process in whatever way is needed, creating imaginably what is needed.

Child doesn't want to come out of scene:

- Anticipate by having any vulnerable significant others in the scene magically transported to wherever their present-day selves are (leave any perpetrators in the scene)
- If there is a problem, find out what the child's concern is and address with needed information and reassurance or imaginably.

Example

Okay. What I would like you to do is bring up that scene again and have the adult you go in and bring the 3-year-old out of there to be here with us now. Would that be all right? Okay, good I'll just start tapping..... and nod your head when he is here or let me know if you need some help.....

[Client indicates he needs help.] Okay, so did you live in a house or an apartment?..... Okay, so just walk right up to the front door of that house and open the door and go inside calling out to Peter "It's okay, Peter! I've come for you." And go up the stairs, that's right, and in through that door..... ah! There he is! Tell him, it's okay, you've got him now. Mmhmm. That's right. Pick him up and hold him close. It's okay now; you've got him. And he's so glad it's you!..... So bring him right on down those stairs, out the door, and if anyone is there you can just tell them that it is time for you to take him now. Take him right outside and then whoosh magically... the two of you are right here in the office.....

Is he here okay?..... Wonderful! Are you still holding him?..... Perfect! So let yourself feel the warmth of his body against yours..... and how does he seem to be feeling now? Is he comfy?..... Good. Okay so you just enjoy that connection with him and while you do, I want to say a few things to him.

I am so glad you are here! Yes, this is exactly where you belong! Mmhmm. That must have been pretty scary when nobody came when you were crying so hard.....

[Then carry on with Imaginal Nurturing as described earlier.]

TRAUMATIC MEMORIES AS MOVIES

Grounds the child in the present immediately before EMDR trauma work, thus reducing the SUD and titrating the process.

Communication with the child during trauma processing becomes more direct and easier, thus facilitating the desensitization process.

Creates a single metaphor that can be used throughout the processing.

Does not compromise integrity of the EMDR Standard Protocol.

This process assumes you have already explained EMDR to the client.

PROCESS

1. Identify traumatic memory you are going to process with EMDR.
2. Have the client bring up the scene and use the Retrieval process (offer help if needed).
3. Ask client to check in with how the child is feeling.
4. Welcome child.
5. Address trauma-related deficits and reassure the child.
6. Clarify relationships.
7. Explain memory processing using movie metaphor.
8. Ask adult to check and see if he or the child have any concerns about doing the trauma work. (address any concerns)
9. Proceed with Assessment Phase of the Standard Protocol, etc.
10. Imaginal Nurturing following clear body scan.

EXAMPLE

Okay, John, so let's get that young boy out of there! Can you go into that scene and get him? Would you like some help? You could have anyone or anything you like along with you..... [the client indicates he wants to do it on his own] Okay! So just go on in there and tell your father that the young John is coming with you now..... and let me know when he is here..... [Give the client time a minute or so to do this. When he indicates that the child is here.....] Good! Where is he?..... Right beside you. That's great. So give him a reassuring smile..... How does he seem to be feeling to be here?..... [The client says that he seems relieved and a little confused.] Well that makes sense. Just let yourself feel a connection with him and while you do, I want to talk to him..... I am so glad you are here now and safe! That must have been so scary! I am so sorry that your dad didn't know how to be a good father. He had no right to hit you. He had a real anger problem! It wasn't because you didn't deserve to be loved and treated with kindness. He just didn't know how. And that was all a long time ago.

This grownup man here, is the John you grew up to be. Mmhmm. And you and he share the same body so you're not alone any more. And [with a smile] just check out how big and strong that body is! Yeah! And I am here to help you really really understand that you are here now and you are never going back to that old scene. Mmhmm. And to do that, we need to do some work with memories. And what that's like is watching a movie. You know how when you watch a movie at home, you may laugh when it's funny, and you may feel sad, or scared, or mad depending on what is happening in the movie, but all the while you are safe and sound in your living room. Right? Well that's what it's like working with the memory. It's just like watching a movie you were in a long time ago, but all the while you will be safe and sound right here with me and the grownup John. And the only reason we are doing this is so you won't be troubled any longer by this scary memory. So you will be free to blossom!

[Then, changing my tone of voice to talk to the adult] *So John check inside and see if either you or the young John have any concerns about doing this work..... [The client indicates "no, it's fine to go ahead."]*

[Still talking to the adult] *Okay, good. So knowing that the seven-year-old is here and is safe now, when you bring up the memory, that movie of what happened, what comes up for you now? What are you seeing?..... Do you hear anything?..... Okay. And as you remember that, what is the negative belief that goes with it?.....*[and continue with the EMDR Standard Protocol.]

STRAIGHT TALKING

- Talking to younger parts directly without externalization.
- Look into the client's eyes if possible during Straight Talking.
- Used after having done some imaginal work with a given age.
- Also used if you are just wanting to say something to the child without getting into the whole I-N guided imagery.
- May also make comments to the younger parts to draw their attention to the competence and achievements of the adult.

CHAPTER 12

INTRODUCTION TO NEWBORN IMAGINAL NURTURING

VARIATIONS OF IMAGINAL NURTURING: OVERVIEW

- Newborn imagery
- Attachment imagery
- Exploration imagery
- Working with younger adult parts
- Imagery/working with pets
- Imaginal Nurturing with children

VARIATIONS OF IMAGINAL NURTURING: NEWBORN IMAGERY

Purpose of newborn imagery:

To connect afresh (without an overlay of trauma) with the infant who came into the world

- To provide a sense of a new beginning
- To inspire hopefulness
- To promote self-care/protectiveness (esp. with clients with substance abuse or self-harm problems)

Some applications of newborn imagery:

- Depression
- Anxiety
- Little trauma in history – but possible emotional deprivation
- Low self-esteem
- Significant attachment issues with a parent

Comparison with Imaginal Nurturing with the child:

- The client will not have episodic memories from infancy, so the imagining may be more challenging. It is not as easy to identify with the imagined infant as it is with the child from a memory. Because of this, it is often preferable to begin I-N with child parts especially those from described memories.
- The process is similar to I-N with a child; the principles remain the same.
- Where there have been disturbing events in infancy, the client can go into the scene and bring the infant out just as with child I-N.
- I-N with child is standard; with some clients you may not do any infant imagery at all.

CAVEAT: Has the client experienced any losses by way of adoption, miscarriage, abortions, or deaths of children? Is the client unable to have children? Did the client's mother or father die recently? [These situations don't necessarily mean not to do infant work – but be aware and use your judgment. Consider where this work would fit in with the overall therapy and trauma-processing in particular.]

Possible wonderings in the exploration of infant experience:

- Breaks in attachment: adoption, foster care, separation of parents, hospitalizations of mother or client, mother absent for any extended period?
- Were there any losses experienced by your mother from two years prior to birth to two years after birth?
- Was there maternal depression or mental illness?
- Was there a care-giver addicted to substances?
- What was going on in the family around the time of your birth?
- What did your coming into the world mean for your family?
- Were any problems with the pregnancy?
- What do you know about your birth? breech? easy? Caesarian?
- Were you born in a hospital? at home?
- Were you breast or bottle fed?
- Did you need any special care as a newborn?
- What were you like as a baby? (colic?)
- What do you imagine it would be like to hold that baby?
- What nurturing messages would you like this baby to hear? What would you like him to know about himself?

Newborn Imaginal Nurturing guided imagery

- The infant can be seen as a metaphor for the core of who the client really is.
- The imagery can take place either in the office (as with child imagery) or some other pleasant place.
- Think of the first time you use infant I-N as providing an introduction service – checking out fingers and softness, etc.
- Have the baby wake up if s/he is asleep to allow for eye contact.
- Spend time noticing the details: “Take your finger and feel how soft her cheek is!” and “Check out her fingers and her tiny fingernails. What a miracle!”
- Have the client imagine rocking the baby.
- Think of the messages you (the therapist) would want to give a baby to carry forth into her life, and give them to the infant. Think of the first time you are meeting a grandchild.

EXPERIENTIAL COMPONENT: SOUNDTRACKS

TRACK FOUR (women) Experiencing Imaginal Nurturing with the infant

TRACK FIVE (men) Experiencing Imaginal Nurturing with the infant

NOTE: For optimal learning, it is recommended that you complete this experiential component using track 4 or 5 before moving on. Should you feel that newborn imagery may bring up issues that you are not wanting to deal with at this time, please consider taking them to a therapist, for your own healing and to ensure that your own issues do not interfere with your work with clients. If you are choosing not to do the infant practice segment, I suggest you return to the earlier practice and repeat it working with a different age. During this guided imagery, I suggest not using any bilateral stimulation. If you plan to do so, please remember the caveat to use *very* slow taps.

- Have a pen and your personal notebook handy.
- Ensure that you will not be disturbed for the next half hour.
- Spend some time looking at the photos of yourself as an infant or child if you have some and allow yourself to connect with that baby, to say “hello.”

Remember to do an honouring activity!

CHAPTER 13

NEWBORN IMAGINAL NURTURING EXAMPLE

Possible overview for initial infant Imaginal Nurturing

1. Decide on setting and nurturing messages
2. Relaxation
3. Establish setting
4. Sensing the infant, connecting and nurturing
5. Talking to the infant
6. Shifting to infant's experience
7. Reinforcing the messages
8. Integrating the infant into the adult
9. Sharing and planning

EXAMPLE OF INITIAL IMAGINAL NURTURING GUIDED IMAGERY WITH A NEWBORN

Note: Some key phrases are in bold.

Decide upon age, setting, and nurturing messages.

Age – one day (birth momentous, coming into this world, but separate from birth mom, can do older later)

Where? Hospital nursery, pleasant room.... (in this case, a hospital nursery)

Nurturing messages... you've already talked about them. You want a sense of two most significant. In this example, the two most significant messages for reinforcing were identified as "precious" and "just right just the way she is".

Relaxation

*Okay _____, I will guide you and you can just notice what it is like, what you feel and so forth if you have any problems or want to do anything differently, you can let me know, okay? And I'll just **start tapping** So let yourself settle comfortably into the chair noticing how it supports your weight how your body feels as it rests against the back of the chair Notice the way the floor supports your feet And take a couple of moments to be aware of your breathing the **breath out** and in out and in as you settle a little more deeply into the chair breathing just a little more deeply feeling your belly move out and in with the rhythm of your breathing good*

Establishing the setting.

*And now that you are feeling a little more relaxed, let an image come into your mind of a hospital nursery; let yourself be in the corridor looking through that big window at the new babies in their little bassinets, perhaps there are seven or eight babies or maybe more And take a moment to notice what the nursery is like There are a couple of **nurses who look up and smile** at you because they know you are a good person and there is a **rocking chair** over in one corner with a screen by it to make it a special cozy and private place.*

*Notice the warm light and the colours Just let yourself take in the whole scene and now go back to noticing the babies Do you see that on each little bassinet there is a card with the **baby's name** printed in big letters? Look around until you find the card with your name on it See your name clearly printed there Have you found it? good! There she is! Oh my! So walk over to the door now and stick your head in and ask if you can come in and spend some time with _____ and the nurse says, "Oh yes! She'll be so happy to see you!" And walk into the nursery and let yourself just **breathe in the peacefulness** there*

Sensing the infant, connecting, and nurturing

*And go over to where this newborn _____ is and just look down at her Is she wrapped **in a blanket**? [If not: Is she warm enough like that, or would you like her to have a blanket around her? okay, so just see a very soft warm blanket all around her keeping her nice and snug] Notice what colour it is And is she awake? oh good! [If not: Notice how she is just beginning to wake up, stretching, and maybe yawning and now her eyes are opening ... "hello!"] How new she looks! she has such fine hair Notice the colour of her skin Would it be all right to pick her up? [wait for a response]*

*Okay, good, so reach down and carefully pick her up putting your hand behind her neck and head to support herand just hold her there feeling the weight of her body and knowing she is safe in your arms.....isn't she lovable? Is it feeling okay to be holding her? [reassurance needed?] good So slowly walk over to the corner where the rocking chair is and sit down with her holding her gently, tenderly, your arms around her And rock her back and forth, back and forth, back and forth such a miracle! Notice what you are feeling in your body as you hold her Are her eyes still open? ah! She looks up and **she is so glad it is you**.....*

*Brush her cheek with your finger and **feel how soft** [foster a felt body sense, tactile, smell etc.] she is and lean over and breathe in her wonderful baby smell Loosen the blanket around her so that you can see her little hands Look how tiny her fingernails are! amazing! And check out her feet and count her toes Isn't her skin soft? She sure is lovable! You may want to hold her with her skin right next to your skin and rock her back and forth or you may want to just wrap her up again so she is nice and cozy And rock her back and forth, back and forth feeling her warm little body in your arms seeing her eyes looking up into yours*

connecting with you isn't she something?! Noticing what you are feeling in your body as you hold her and is it feeling okay? [wait for a response] good [or]

Talking to the infant

*And as you continue to feel that connection, I would like to say a few things to this beautiful baby [addressing the infant with the relevant nurturing messages. For example...] I am so glad you have come into the world and I want you to feel very welcome here and to know that you are just right, just the way you are a beautiful baby girl! And do you know that with all the people on this earth, there is no one just like you? That's right! Mmhmm you are here to **blossom** into the _____ only you can be And that makes you very precious And you and this grownup woman are both part of the same person That's right! She is the person you grew up to be and you're not alone because you share the same body, so she will always be here And I am here to help her reconnect with you and rocking back and forth, back and forth, back and forth*

Shifting to the infant's experience

[to adult – a little change in tone] And _____ as you hold her, arms secure around her little body, feeling that connection with her notice how it feels in your body to hold her like that; notice how your arms embrace her and as you do, see if you can imagine what she is feeling [as adult shifts to infant] to have those arms around you, safe and warm, bathed in love rocking back and forth, back and forth, back and forth feeling so contented taking it in feeling the arms holding you, safe and warm knowing that you don't have to do anything at all to be loved you can be loved just for who you are Noticing how that feels in your body enjoying that and spend a couple of more minutes rocking together

Reinforcing the messages.

And moving back into the adult continuing to hold her and rock her just let the words [for example] "I am just right, just the way I am" and "I am precious" settle into your mind and your heart and your soul where they can grow and flourish and become strong "I am just right, just the way I am" and "I am precious."

Integrating the infant into the adult.

And _____, check inside and see if it would be okay to bring this baby into your heart maybe it will and maybe it won't Would that be okay? good [if not: That's all right; let's imagine a lovely place where she could stay for now that would be safe and pleasant for her – possibly having her stay where she is now] So as you feel her body there snug against yours, imagine her moving easily, comfortably, and gently right on into your heart and notice the love that is there and how it flows all around her and how contented she looks as she feels that love in her heart

And knowing that as your heart beats, her heart beats, that they beat as one let yourself gradually come back to the room and when you are ready, open your eyes.

Sharing and planning.

Invite the client's comments. What was it like for her to experience this infant in this way?

What can she do to honour the infant in the next day or two? See below

Ask the client to connect with the infant at least a couple of times a day, explaining that it doesn't have to be extensive, just to acknowledge.

Ask the client to check in her heart if she experiences disturbing feelings and see if the infant is needing something—to be reassured, to be held, etc.

Honouring ideas for infants - consciously

Make a birth-day card

Find a photo and put it out where s/he can see it

Have a drink of hot milk

Tactile experiences - water

Get a massage

Use some nice body lotion – hand lotion consciously appreciatively

Note about appreciation of hands, feet, etc.

Subsequent infant Imaginal Nurturing

Follow up newborn imagery with more infant I-N perhaps with an older infant.

How old and where?

It can be valuable to have the adult feed the infant.

CHAPTER 14

INFANTS AND ATTACHMENT IMAGERY

Situations that may arise in infant Imaginal Nurturing

1. Client has difficulty visualizing.
2. Client has control issues with being guided.
3. Biological infants come up in the imagery.
4. Client can't get a somatic sense of holding.
5. Client is unable to shift to the infant.
6. Something in the scene is unsafe.
7. Parents show up in the imagery.
8. Client was born with physical or mental challenges.
9. Client has transgender issues.
10. Client is a twin.

ATTACHMENT IMAGERY

Purposes:

- To heal wounds and losses from early attachment relationships.
- To experience being held (through the imaginal experience).
- To access early body memories for processing.
- To understand that the infant is here now.

Some applications:

- Depression
- Anxiety
- Where there is a history of disruptions in early attachment relationships
- Where problems seem rooted more in attachment relationships than trauma
- Adoption issues

Third-party Imaginal Nurturing

- Client imagines a nurturing connection with an attachment figure from the past.
- Do not rewrite the character or intention of the caregiver.
- Follow by having the client take the child from the attachment figure and bring her into the present.
- The experience of connectedness with the attachment figure becomes a resource.

Examples of uses:

- Break in attachment, e.g. hospitalization of mother
- Death of a parent
- Adoption

CLINICAL VIDEO SEGMENT: *Working with Photographs and Third-party I-N*

CHAPTER 15

ATTACHMENT PROCESSING

A way of processing preverbal attachment relationships.

ATTACHMENT ISSUES WITH PARENT (particularly mother)

- Bring up an image of your mother holding the baby you were when you were newborn – maybe one day old.
- What do you see? How does mom seem to be feeling about this baby?
- How do you feel seeing this picture?

A. If positive:

- Do some very slow tapping and ask the client where in body she feels it, and to just take some time to enjoy it.
- Then ask her to imagine moving into the picture and becoming the baby. How does that feel? “Feel her arms around you...” etc. Just enjoy it.
- When it feels right, “And coming back into the adult and once again seeing your mother holding this beautiful baby, I’d like you to go into that picture, over to your mother, and tell her that it is time for you to take the baby now. And then bring the baby here to be with us now.”
- Proceed with some Imaginal Nurturing.

B. If negative:

- Speed up tapping and process (“just notice, letting the feelings move through” etc.)
- Ask as you continue to tap “and what do you notice now?”
- Become the infant and what do you feel now in your body? And just notice.
- Come back into the adult, go into the scene, and bring the infant out to be her with us now.
- Do some Imaginal Nurturing in the present.

This process can be repeated with father and for different ages (6 months, one year, etc.).

LOSS OF PARENT

Third-party Imaginal Nurturing with parent before loss, honouring the relationship client had with parent.

Getting a felt body sense of the parent's love.

ADOPTION ISSUES

- Attachment processing with: birth mother, adoptive mother and father, foster mother.
- Third-party Imaginal Nurturing with the birth mother and the adoptive mother (fathers too).
- Process traumatic aspects.
- Lots of wonderings, exploring, and honouring.

CHAPTER 16

EXPLORATION IMAGERY

This is like telling a story in which the child experiences the secure base, moving away from it to explore, and then returning.

Purposes:

- To foster curiosity in the world.
- To build confidence in going for what one wants.
- To consolidate the secure base within.

Some applications:

- Anxiety
- Lack of confidence
- Passive aggression

Possible overview:

- Relaxation
- Establish setting
- Establish secure base (connecting with child and nurturing)
- Exploration (adult perspective)
- Return to secure base
- Exploration (child perspective)
- Return to secure base
- Reinforcing messages
- Integration
- Sharing and planning

EXAMPLE OF EXPLORATION IMAGERY

Note: some key phrases are in bold.

Establish setting

*And now that you are feeling more comfortable, let yourself imagine a lovely room, a room for a very young child **a place that is warm and pleasant that appeals to all of your senses** As you gradually envision this special place, notice the sunshine coming in through the windows and notice that there is a **big comfy rocking chair** and a child-sized bed or cot, a dresser for clothes, and some shelves with toys Look more closely at the rocking chair Is it painted or is the wood natural? Perhaps there is a cushion on the seat See it as clearly as you can*

*And now walk over to that chair and sit down in it and notice how good your body feels as you settle comfortably into the chair and as you rock back and forth a little, just close your eyes and let yourself **breathe in the peacefulness** of this place, notice the softness of the sounds..... And now look around more closely at the room What colour are the walls? Notice the pictures on the walls, pictures a young child would like And notice the floor, make sure there is a rug or carpeting over by the toy shelves and take another look at those shelves with their array of beautiful toys Take a few moments to notice what is there perhaps some dolls and stuffed animals, balls and blocks, maybe some books for little ones How is it feeling to be in this room?*

Establishing the secure base

And now that you have a sense of this special place, let yourself imagine that as you rock in that chair, you are holding that young child you were, perhaps a year or so old Feel the weight of her on your lap and be aware of what her hair is like Take your hand and feel how soft it is and breathe in the nice clean smell Notice what clothes she is wearing and how their textures feel to touch Take in how she is sitting and the expression on her face Is she is snuggling right into your body as you rock her back and forth, back and forth? or perhaps she is a little excited and is sitting right up straight How does she seem to be feeling right now? [Adjust your guidance accordingly while encouraging a sense of connection.]

*Let yourself **feel your arms around her**, holding her, as she leans against you and enjoy that and as you do, feeling **her strong little body** in your arms, just see if you can imagine what she is feeling **feel those arms around you** rocking back and forth, back and forth, feeling so contented and secure, knowing that you are completely safe here being held, being loved back and forth just enjoying that **And moving back into the adult once again notice how it feels to provide security for this little one, to be her secure base knowing that she will take that sense of security within herself for her own know that you can be that for her***

Exploration (adult perspective)

And now as you rock her, she begins to move about, to fidget a little, and then she pulls away from you a little and looks over at the toy shelves and you know that she is being drawn over there by the offerings on the shelves, the dolls, and stuffed animals, the blocks and toy cars Look over there with her and see all the exciting things **Imagine how interesting** those colours and textures and shapes are to her, see them through her eyes these toys that **she can explore; discoveries she can makewill take that sense of security within herself for her own know that you can be that for her**

And now, being drawn by these wonderful things, she says a word that sounds like "down," and she slips off your lap and stands up and **using her newly developed skill** begins to walk to the other side of the room

Notice **how sturdy her legs are !....** You can **sense her excitement** as she moves away from you and the rocking chair towards the shelves, focused on the beckoning toys Watch as she stops and turns around and looks at you checking that you are still there Notice how that feels in your body and give her a smile and some encouraging words **"Yes, I'm here, and look at you go! You can do it! Good for you!"** and **satisfied**, she turns and continues her trip to the toy shelves Which toy do you think she will take first? Which is most attractive to her? Watch as she grabs hold of it and sits down on the rug to play with it

Notice what you feel in your body as you watch her from across the room as she happily plays, by herself but in the same room as you Watch her as she explores the toy, feeling it, shaking it, perhaps banging it on the floor, or maybe it is one she can open up or take apart Just take in her curiosity **What a blessing that curiosity is** And now she drops that toy as her attention is attracted by a different one Over she goes and she takes it off the shelf, and examines it closely turning it over in her hands and then another **Such a fascination with her world!**

Back to the secure base

And now looking up she sees you and up she gets, back on her feet, with a smile on her face and her eyes fixed on yours, she crosses that distance that is separating you, she comes back, reaching out for you So open your arms to her and welcome her as she falls **giggling** into your arms Just enjoy the **sound of her laughter** as you bring her back onto your lap... feel her pleasure as you hold her And notice what you are feeling in your body as the two of you connect in this loving way Just take a little time to think about **how important it is to her to feel secure** and also **how important it is for her to be able to explore, to discover her world** to go out into her world and to come back home

Exploration (child perspective)

So now that she has **checked in and is feeling good and secure, she is almost ready to go off exploring again**, back to the toys and this time, see if you can imagine **her** experience, experience it through her eyes and her body

Just start by feeling the rocking and imagining those arms around you, that warm body that is holding you snug and safe, back and forth, back and forth Perhaps you can hear a little creaking as the chair rocks just imagining what this lovely place is like from this 1-year-old child's perspective looking over at the toy shelves and seeing all of those wonderful things there and as you see them, the dolls and animals and blocks notice all the colours and shapes and just notice what you feel in your body as you see these interesting things See if you can **feel the excitement** It may be a tingling sensation You **are** excited by what you see

Feel that pull towards those lovely toys And now moving away from the arms and slipping down to the floor with a gentle thump so you are **standing on your strong legs** and **off you go!** Right back to those glorious toys, see which one looks most appealing right now and focus your attention on it as you make your way over to the shelves and when you get there, grab it with your hands "Ah ha! You've got it!" and just spend some time playing with that special toy It is very interesting! Knowing that you can explore and play safely here and glancing over at her in the rocking chair you hold it up happily to show her and as she smiles at you, you clamber up onto your feet again Back you go perhaps this time taking the toy with you, carrying it or dragging it across the floor to show her And notice how it feels to take in that **welcoming smile** and the **open arms** as she helps you to scramble back onto her lap **back home again with her arms around you**

Back into the adult and reinforcing messages

And moving back into the adult, feel your arms around this little girl who is **becoming an explorer, an adventurer**, and pay attention as she shows you the toy she wants you to see and holding her, notice what you feel in your body as you recognize that you and she are one Rock her back and forth and let the words [for example] "**I can begin to feel comfortable going out into the world and coming back home**" settle into your mind and your heart and your soul where they can grow and flourish and become strong "I can begin to feel comfortable going out into the world and coming back home"

Integration

And now check inside and see if it would be okay **to take this adventurous little girl into your heart** Okay, so just notice how she leans against you and then let her move easily, comfortably and gently, right on into your heart **this child with all her curiosity and with the delight she takes in the world and know that she is safe and secure there.** And knowing all that, let yourself gradually come back to the room.

Sharing:

Invite the client's comments.

Write down reinforced messages, honouring activity (something adventurous!), and a check-in reminder.

IMAGERY WITH YOUNGER ADULT PARTS

This is mostly for bringing the younger self out of a memory.

IMAGERY/WORKING WITH PETS

Be aware of any close relationships between client and pets (past or present).
Have client imagine what real or imagined pet might be feeling when stroked, etc.

IMAGINAL NURTURING WITH CHILDREN

The ideal is to have a parent do actual nurturing in the session. (Theraplay)
Ask the client imagine what a stuffed animal/doll is feeling when held.
Have the client imagine an adult bringing the younger child out of a memory.

CHAPTER 17

THE RELATIONSHIP TO EMDR – PHASE 1

Phase 1: CLIENT HISTORY AND TREATMENT PLANNING

GENERAL

- The therapeutic relationship begins with first contact (or earlier) – develop a heart connection from the start.
- Be aware of greeting and developing a relationship with young parts as well as adult at the initial meeting and each session.
- Balance the hard stuff with attention to and experiences of the positive.

INTRODUCING THE IDEA OF IMAGINAL NURTURING

- Share with the client at the beginning of therapy the conceptualization of the younger parts not being clear that they are in the present as part of the adult. This sets up the therapy so you can relate with the child as well as the adult.
- After the client has described a disturbing memory, ask the adult to go into the scene and bring the child into the present.
- If the client is very uncomfortable with the idea of working with imagery, point out its importance in performance enhancement (both the the world of business and in professional sports), in medicine (e.g. in adjunctive treatments for AIDS and cancer). Refer to research done demonstrating, for example, that one can build muscle by *imagining* exercising it.
- It is preferable not to offer the above explanation unless necessary, as it takes the client out of the moment in which the young ego state may be readily accessible.

HISTORY-TAKING

Purposes of history-taking:

- To develop the therapeutic relationship
- To get information about the client's history
- To see how the client is when relating their history (as in the Adult Attachment Interview)

Some attachment-related questions:

- Can you fill me in on who was in the family in which you grew up? Did you grow up with both of your parents? Did anyone else live with you?
- If you were to use a few words to describe your mother/father or your relationship with her when you were a child, what would you say?
- Did your mother or father suffer from depression?
- Did either of your parents have problems with substance abuse?
- What was the relationship like between your parents?
- What were you like as a child?
- What was your relationship like with your brothers and/or sisters? [Or what was it like being an only child?]
- Were there others outside your immediate family—grandparents, or neighbours or teachers—who were important to you?? [Add to Resources on Therapy Lifeline]
- What do you think your coming into the world meant for your family? [source of core beliefs]
- Could you tell me about separations from your parents? Did you ever stay with another family for an extended period while your parents were away or otherwise unable to care for you? [Enter on Lifeline]
- Were you hospitalized as a child? Was your mother?
- When you were upset as a child, what would you do? Examples?
- Did you ever feel rejected by your parents as a child? If so, what did you do?
- How was discipline handled in your family?
- Were your parents ever threatening toward you – as a joke or seriously?
- What losses have you experienced? People close to you or pets? [Add to Lifeline]
- What is your relationship with your parents like now?

THERAPY LIFELINE

- shows attachment relationships, potential EMDR targets, and resources
- facilitates an organized and manageable representation of the client's history and a basis for treatment planning.

ASSESSMENT TOOLS

Consider the impact – can't put the therapeutic relationship on the shelf while you use such tools.

IMAGINAL NURTURING

- Use language to refer to young parts that will work for the client. (e.g. the 5-year-old)
- Bring the child out of disturbing memories.
- May give client "Nurturing and Encouraging Messages Sheet" (see Appendix) to take home.
- Use I-N to close session – e.g. bringing younger part out of a disturbing memory the client has shared.

CHAPTER 18

THE RELATIONSHIP TO EMDR – PHASES 2 - 8

PHASE 2: PREPARATION

GENERAL

- Use the Retrieval after discussing a disturbing memory (watch for potent images).
- Continue to use I-N through this phase to build the relationship with the child and the relationships between the adult and young parts. (I-N vs. RDI)
- By responding to the needs of the young parts between sessions, the client builds emotional skills and grounds young parts in present.
- Through honouring rituals/activities, the client develops a self-nurturing lifestyle.
- The client's response to bringing child into the present from disturbing memories can provide useful information for assessing readiness for trauma work. It will also provide some desensitization of the memory, and give the client confidence.

EMOTIONAL SKILLS

The purpose of the Preparation Phase of the EMDR Standard Protocol is to ensure the client is ready to do trauma work.

Readiness = having an adequate level of affect tolerance and an ability to modulate emotions.

Development of emotional skills rooted in infant relationships

Dismissing – help client activate attachment system to access younger parts and emotions with body awareness
– soften defences

Preoccupied – strengthen skills so client is not overwhelmed by emotions

Disorganized – dealing with dissociation
– needs help with grounding skills, as well as affect tolerance and modulation

PRIOR TO PHASE 3: ASSESSMENT

- Identify target memory
- bring child out of the scene (Retrieval - Use this especially with scary memories and memories of abandonment.)
- do some I-N and explain EMDR to the child (memories as movies)
- proceed with Assessment/Activation Phase.

PHASE 3: ASSESSMENT to PHASE 6: BODY SCAN

As in the EMDR Standard Protocol.

PHASE 7: CLOSURE

- Have the client bring the child out of the scene if you haven't already done so, acknowledge the child here in the present, and collaborate with the adult identifying an honouring activity to do in the next day or two, and building of relationship with the child here and now through twice daily check-ins.

PHASE 8: RE-EVALUATION

- Do re-evaluation as usual
- If more processing is needed, bring child into office (Retrieval is not usually necessary).



FURTHER THOUGHTS IN 2023

Over the years, through consultations and other discussions, I've noticed a few misconceptions that occasionally arise about Imaginal Nurturing. I'm including this addendum to emphasize some of the key points in this approach.

CONCEPTUALIZATION OF IMAGINAL NURTURING

The conceptualization of Imaginal Nurturing is not simply as an intervention but predicated the understanding of the client from an attachment-based, ego-state perspective which has implications for the therapy as a whole. Moreover, what we ask the client to do makes sense and "hangs together" *in terms of this conceptualization*. It also complements EMDR's Adaptive Information Processing model very naturally.

The raison d'être of I-N, to develop a more secure sense of self, i.e. a new relationship with self, is accomplished through the externalization of younger parts of the psyche. Unlike EMDR, I-N requires between-sessions "practice"; in fact, much of the I-N "work" takes place between sessions as the client begins to consolidate the relationships with these younger parts. Relationships develop over time.

FOR WHAT CLIENTS IS AN IMAGINAL NURTURING APPROACH APPROPRIATE?

This approach is not just for those with "attachment issues" but is applicable to any adult client who is addressing any issue rooted in their past. Slight adaptations are appropriate with young teens; some aspects of the approach can be used with children.

INTRODUCING EGO STATE/PARTS WORK

By and large, I prefer to relate to clients in an open-hearted way that references how they experience life rather than getting into psychological or neurobiological explanations. When an explanation about disturbing memories would be helpful (usually during history-taking), mine runs like this:

*The brain has a way of processing disturbing memories so that you experience the events as being over. 'It was a lousy/terrible/horrific thing that happened. So glad it is over.' However, sometimes this process gets stuck and the memory network seems to stay frozen in the brain. **It is as though the part of you who experienced that event isn't really clear that it's over.** You may have flashbacks so you feel you are actually still in that situation, you may find yourself triggered by something in the present so you respond as if you were in that situation, or you may hold beliefs about yourself that are associated with that memory but are no longer valid, if they ever were. And EMDR seems to kick-start that natural healing process to move the memory through and it does this at an accelerated rate. In effect, the memory is moved into the past and you experience it as being over.*

Clients can relate to this experiential explanation without getting caught up in neurobiological terminology that takes them into their heads away from their own experience. As well as setting the stage for EMDR trauma processing, this provides a natural introduction to parts work. As soon as I say "It's as though the part of you who experienced this event isn't really clear it's over..."

clients almost invariably nod their heads. They “get” it. They don’t need any more explanation of what I’m talking about when I refer to “the six-year-old.”

RETRIEVALS

Bringing the younger part into the present is followed, of course, with the therapist talking to that part. Both of these interventions are part of Imaginal Nurturing, but not the whole of the approach.

The retrieval and subsequent talking to the child has numerous benefits:

- o it disrupts the disturbing image, thereby reducing the SUD of the memory
- o it grounds the younger part in the present
- o it introduces the younger part and the adult in the present, thus providing the beginning of a new relationship between them
- o it allows the client to witness an adult (the therapist) talking with caring and respect to the externalized younger part
- o it models for the client how to talk to the child

TALKING TO THE CHILD (OR INFANT OR YOUNGER ADULT)

The purpose is to foster the development of a new relationship, not nurturing *per se*. We cannot expect the client to feel close to the child, connect with, or “love” the child on first meeting (although they often do). It’s an introduction.

The scripts that are in the appendix of the book are examples to give you an idea of what talking to a younger part might entail. Though you may want to read them till you get a little comfortable with this approach, I encourage you to let them go and simply talk to the child from your heart. Make sure *you* as well as the client imagine that younger person sitting in the room with you, and talk to them as you would if they actually were sitting there.

A note of clarification is that when talking to the younger part, I am telling the child (or in some cases, it may be an adult younger than the client is at present) what I want that part to hear and to know, providing what s/he didn’t get at the time, or didn’t get enough of. I do not dialogue with the child. If at any time I am wanting to know what the child is feeling, I ask the client, e.g. “check in and see if she has any concerns about us working on that memory.” This is a significant difference from some ego state approaches. I believe it provides an opportunity for the client to practice connecting with the child and also promotes integration.

AT WHAT POINT IN THE THERAPY TO DO RETRIEVALS

A retrieval is warranted whenever the client discloses a significantly disturbing memory, especially one in which s/he was abandoned, trapped, or unsafe. There is never a need for a young part to remain in a disturbing memory. This may even be in an initial session. If the client is disclosing it, the scene is in their mind, so it can only ease things to disrupt the image by bringing the child here. During history-taking, there may be numerous such points, but I wouldn’t necessarily do a retrieval with each and every disturbing memory at that time. Scenes in which they were trapped, abandoned, or in danger, and memories with elevated affect in the moment are obvious memories to disrupt. There may be occasion to do a retrieval from a particular memory more than once, for example, if a memory that hasn’t yet been processed with EMDR, but gets triggered again some time later.

RETRIEVALS FROM ADULT MEMORIES

Memories don't have to be from childhood for retrievals to be useful. Because the process disrupts the traumatic image, and grounds the younger part in the present, it is useful for any disturbing memory. The difference from childhood scenes is in what follows, in what the younger part is needing to hear, and the follow-up that ensues (there may be no need for twice daily check-ins with adult traumatic memories). Also remember that just as the client is no longer in that disturbing scene, either is anyone else, so for example, with a car accident in which someone was lying dead on the ground, that person can be magically transported to wherever their spirit is now.

RETRIEVALS BEFORE TRAUMA PROCESSING

In this training, I've talked about the pre-processing retrieval as becoming the first step of Phase 3 (Assessment or Activation Phase) that is then followed with identifying the sensory piece, the cognition, etc. In retrospect, I think it makes more sense conceptually to consider this retrieval as being a separate step that precedes Phase 3. Do the retrieval and the shift right into the standard protocol.

I keep this retrieval quite brief:

So before we clear this memory out, I'd like you to bring up the scene and once again go in there and bring that young boy out to be here with us now. Okay?..... [client indicates child is here] Oh good!..... [to child] I'm so glad you're here now. And you know that memory that has been bothering you, well we're going to do some work to clear it right on out so it doesn't trouble you any more! That will be such a relief for you. Now we're not going back there; we couldn't do that, even if we wanted to. This is like watching a movie [may go into detail with this metaphor in some cases]. And then you'll be able to know it is really over..... [to adult] So Michael, check in and see if he has any concerns about doing this work.

If a concern is raised, it can be addressed, and then you can move right into Phase 3 and onward as you normally would. If at any point during the processing the client gets stuck or needs a break, you can suggest:

Let's take a bit of a break and check in with that little boy who's safe here with us now..... That's right..... just feel your arm around him..... so glad he's here now..... uh huh.... it'll be so good to have this memory cleared right on out!.... yes..... Okay! Ready to get back to work?..... and bring up the memory we started with once again..... etc.

My experience has been that a minute or so is all it takes. And of course, after getting to clear body scan, or in any case towards the end of the session, have a discussion about honouring.

COLLABORATING AROUND HONOURING

In this book, you'll have read about having the client do something to honour a younger part (usually that age with which we have been working) in the day or two following each session. Over time, this can facilitate a positive change in lifestyle to include healthy self-caring and enjoyment, and is a fun part of therapy. Very often the client will not be able to think of anything, especially when they are new to the idea. They may need suggestions because they don't really know the kind of thing I am talking about. They quite possibly have so little experience doing anything fun just for themselves, or self-honouring that they are unable to come up with any ideas. There is no reason to require the client to come up with it. I often suggest a few ideas one of which may

resonate for the client, or sometimes it will lead to another idea they come up with. In doing this, I am collaborating with the adult for the sake of celebrating the child, and demonstrating that s/he is *worth* celebrating. This experience of collaboration itself is one a healthy connection (attachment is all about a felt sense of connectedness). It can be a great way to end a session: the client is grounded in the present in an adult state, and joining with an attachment figure (the therapist) for the sake of the child they were. Over time, it can move into a quick touching base about what they are going to do for themselves in the next day or two. Developing the habit of honouring is healthy.

I-N BETWEEN SESSIONS: CONSOLIDATING THE NEW RELATIONSHIPS

One of the most significant points at which I see misconceptions about I-N, is thinking it's been "done" when the therapist has finished talking to the child, that it consists in this intervention. But the point is that it needs to be taken into the client's day-to-day life. This is crucial. As discussed in the book, there are three main I-N focuses between sessions:

- o an honouring activity
- o check-ins a couple of times a day
- o emotional skills practice as needed

It is an important part of I-N for the client to begin to recognize in the moment that when they are triggered in their day-to-day life, it is a young part that is being activated. Consequently the first thing to do is to reassure the child that they, the adult, will look after the situation (and then following up with breathing, tapping under the eye, or whatever techniques have been established with the client). Moreover, situations that may be triggering can be anticipated and responded to accordingly. For example, if the client is liable to be triggered when talking with mom on the phone, pausing first and reassuring the child, "I'll get this," naturally shifts the client into an adult state. For a client who was sexually abused, they need to make sure it is the adult who becomes sexual with their partner. The young parts can be put in a pleasant imaginal play-room in advance.

Relationships take time. If the client reports that it's hard to connect with the child between sessions, you can reassure them that it will get easier (and it will). In other words, do it anyway. And remind them that every single time they check in with the younger part, they are accomplishing several important things:

- o letting them know that they matter (they're worth checking in with)
- o grounding them in the present
- o strengthening the new relationship with them
- o developing new associations with that age

THE BIG PICTURE

Over the course of therapy, a client may do retrievals and build relationships with various ages. For clients with depression and anxiety, working with infant I-N can be powerful and give the client a sense of a new beginning. On the other hand, with many clients, I don't do infant work at all. During the week, the client connects with whatever age child we've been working with in that session. In keeping with the attachment maxim of being sensitive and responsive, we stay flexible with this. In one case, towards the end of a session I asked a client who had been talking about

school having been awful, what grade came to mind. She started to reply and then said "All of them." Because time was short, I simply suggested she stand in the school-yard and yell out to each one of them... kindergarten right on up, to come on out, they didn't need to stay there any more. She brought them all into the room with us, (enough for a party, we agreed), I spoke to them briefly, and she left prepared to honour them all the next day. This was in the context of having done I-N with several ages over the course of the previous year.

Towards the end of therapy when the earlier memories have been processed and the client has concurrently developed new relationships with those younger parts, those parts will be more integrated into the whole self. At that point, honouring in the days following the session may simply be seen as an honouring of themselves, a celebration that they are here now and moving forward.

Naturally the explicit emphasis placed on Imaginal Nurturing varies from client to client just as it varies over the duration of therapy as the younger parts become more fully integrated into the whole. I hope you find these final thoughts deepen your understanding of Imaginal Nurturing and that the approach is of value in your work with your clients.



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Jacque Lawson cards are available at www.jacquelawson.com.

APPENDIX

Nurturing and Encouraging Messages
Therapy Lifeline

NAME:

DATE:

Nurturing and Encouraging Messages for the Younger Aspects of Who You Are

Think about sitting down with one or more younger parts of yourself. Imagine that those young ones are needing to hear some positive messages. What messages do you think would be just right for them? Here are some examples. Please check the ones that feel right for you and add any other messages that you feel your younger part or parts are needing at this time.

<p>You are:</p> <p>worthwhile</p> <p>lovable</p> <p>beautiful all the way deep in your heart</p> <p>special</p> <p>precious</p> <p>good</p> <p>delightful</p> <p>strong</p> <p>sweet</p> <p>kind</p>	<p>shy and that's okay!</p> <p>smart</p> <p>adventuresome</p> <p>mischievous</p> <p>curious</p> <p>creative</p> <p>brave</p> <p>gutsy</p> <p>honest</p> <p>funny</p>
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You are a blessing.

You make the world a better place just by being here.

You are okay/fine/just right, just the way you are.

You *do* matter.

You have lots of feelings and they are important!

You don't have to do anything at all to be loved; you can be loved just for who you are.

You *can* get your needs met.

You have a strong spirit.

<p>You do deserve to be here.</p> <p>You deserve to get your needs met.</p> <p>You deserve to be loved.</p> <p>You deserve to be happy.</p> <p>You have a great sense of fun!</p> <p>You can do it!</p> <p>Way to go!</p> <p>I am so glad you are here!</p>	<p>You have lots of laughter deep inside.</p> <p>You have a playful spirit.</p> <p>You have a joyful spirit.</p> <p>You have lots of gifts and talents</p> <p>I love you.</p> <p>I will look after you.</p> <p>I am so proud of you</p>
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There is no one else just like you.

You are not alone anymore!

DISTURBING EVENTS	AGE	SIG. REL.	POSITIVE EVENTS/RESOURCES
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	6 MOS.		
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