

# EXPLORING INTERGENERATIONAL TRAUMA

with Dr. Bessel van der Kolk

THE MASTER Series





The field of trauma treatment began with our treatment of veterans. This is a really important piece of information. All of our research was done through the lens of a particular thing (war) that happens to people. The issue of familiar or intrafamilial trauma is really to a large degree, a very different issue. Being a child who is unwanted, not seen, not responded to, not taken into account, not resonated with, is totally different to being a veteran.



### TREATMENTS FOR ATTACHMENT TRAUMA: INTERNAL FAMILY SYSTEMS (IFS) AND PSYCHODRAMA

Because the root of the trauma is so different in these cases, I also think the treatments of these things also needs to be different. For example, I often hear people ask whether we should use EMDR for attachment issues. I don't think so. In our research EMDR can be very useful for specific incidents that keep triggering you. The feeling that you are unwanted or unknown is something separate. In my opinion, it's an issue that requires psychotherapy, and my two favorite methods for psychotherapy for attachment issues are; Internal Family Systems therapy (IFS) and Psychodrama.

IFS is where you really get in touch with the parts of you that you use to survive. If you're an unwanted child, bad things will have happened to you, and as a child, you always blame yourself. You always think; this is because there's something wrong with me. I must be defective in some way. That's why these things keep happening to me. You organize your defense system and develop different parts of you to fulfil different needs. You'll also say to yourself things like, I'll never be dependent on anybody because by being dependent on people I make myself vulnerable. Or you learn that you can

make yourself feel better when nobody responds to you by cutting yourself. Part of you has learned to cut yourself and another part of you may have learned that starving yourself was a way of not needing people.

People organize ways of trying to survive. People develop ways of coping with being, we call them, "managers". These "managers" have helped them to cope with the trauma, the feeling of not being wanted, not being seen. However, we often can't control these "managers" and when they are working overtime, these managers have a life of their own and eventually get in the way of your current life.

It's very important to get in touch with the different ways in which you manage yourself and behave as a manager. This part of yourself helps you survive, so try to learn where the managers come from, welcome them in and say, thank you very much. Once you've done that see if these managers are willing to step back.



The second therapy I have mentioned that I find exquisitely helpful in terms of attachment issues is psychodrama. This is a therapy whereby you get to have the visceral feeling of what it would've felt like for example, if somebody had been there for you at age three. I think it's extremely helpful to have an experience that gives you a deep feeling of; "wow, so that's what it is like to have somebody who's there for me".

The problem is, in psychotherapy, you hope that the therapist will be that person who is there for you. Or if you're a therapist yourself, you hope to provide this sort of love, caring and understanding to the people you work with. However this is the wrong person at the wrong time, in the wrong place. In order to truly start to heal, you need to be able to regress to the frame of mind, to a similar emotional state that you were in when you were three years old and first felt the emotion. This is where psychodrama can be so helpful.



## CONNECTION, FUN AND INTERGENERATIONAL TRAUMA

We have brains that are geared to being with other people. To have pleasure with other people, to have fun with other people, to do things with other people. Of course that makes the whole COVID crisis we are going through currently so difficult for us to cope with. Many of us are extremely isolated right now, or have been for the past year. It is difficult because our natural state is to feel connected with people and to have fun. I think the issue of fun is not nearly talked about enough in the therapy of trauma. The capacity to have fun is critical. The capacity of the fun is based on being in sync with each other. I mean, you play volleyball together, you sing together with other people, you make music with other people, you dance together with other people. All of these activities are based in the foundation of pleasure and fun. When you have attachment trauma, you don't have fun with your caregivers. Your caregivers treat you as if you're pain in the ass. As though you are unwanted, you're unseen, and this experience that you have so much pleasure watching other partake in, is something that you had been deprived of since childhood. What is needed then, is for us to wake up to that capacity inside ourselves. If you don't get that resonance and if you weren't seen as you grew up, certain parts of your brain don't develop very well. The parts of your brain to do with concentration, with attention, with feeling good about yourself, feeling in tune with other people. Those parts get really quite damaged.



The big question is how do we reinstate the capacity of the brain to feel connected with other people, to feel engaged with other people and to have fun with other people? To my mind, that really involves doing these things, not just talking about it. Actually **do** something; singing in the choir, being part of a volleyball team, making music with people. Doing something with other people that gives you a sense of physical connection with other human beings.



FIGURE 1. Brain-brain interactions during face-to-face communications of proto-conversation, mediated by eye-to-eye orientations, vocalizations, hand gestures, and movements of the arms and head, all acting in coordination to express interpersonal awareness and emotions. Adapted from Aitken & Trevarthen (1993) and used with permission of Cambridge University Press.

That's what we do with the kids when we work with early attachment trauma, because it's those things – **the doing, the fun**, that get disturbed. It's something learned early on from actions of others, that set our minds and brain in gear of how and what to expect from people.

## HOW BRAINS CONNECT IN PHOTO-CONVERSATION

- ▶ Baby Knows Mother's Face
- ▶ Mother Knows Baby's Face
- ▶ Mother Hears & Sees Baby's Expressions, & Responds
- ▶ Baby Hears & Sees Mother's Expressions, & Responds





If you are an unwanted child, you're likely to come into any room that you walk into with this basic idea; nobody's going to like me. Therefore you behave like somebody who nobody is going to like. That's your framework. That's the belief that you live with inside of yourself. Because of this belief, you may just become a very shy and withdrawn person, someone who is very compliant with people and just hope and pray that others won't hate you too much. Or you may compensate for that lack, by being blustery and pushing yourself on people, making a lot of noise in the hope that people won't notice the *real* you. But the basic sense is that I'm an unwanted and not known person. It's that, that's installed in your mind. How then, do you get over that? That is the real question of attachment trauma. How can you get over feeling unwanted and unseen?

In the Masterclass in September, we'll talk about this problem in much more depth. Knowing who you are, knowing what you can do for yourself, knowing how other people feel, how other people experience things and how to communicate. These are all the things that get affected by being an unwanted child or being a child whose parents were too traumatized themselves, too messed up themselves, too drug addicted, too workaholic, to really give you a sense of being a wanted child who was central to their lives.

Intergenerational trauma is really about interpersonal transmission of trauma. If you are a traumatized parent, your child may become a trigger. I've seen it oftentimes in male veterans. Female veterans also; although I haven't personally seen that. If you were at war and you killed children, as sometimes happens, then you have children of your own, your children may become a trigger to you. You lock yourself away from your children. You can't bear to see or hear them. Or, if you have been in a concentration camp and you've seen people die and then you have this precious little child, the child could then become a trigger – a trigger for feeling sad, of re-feeling what happened and what you had experienced. Because of those experiences, the child you have will not get the full-fledged affection that you have and that they need. Mothers who have experienced terrible things may become all uptight in the presence of their children because they may not be able to open their heart to another person and experience the joy that that can give.

I have some of what I am talking about in my own background, and what I found really impressive is that, when you get treated, you end up; I wouldn't

call it forgiving, but rather with a sense of, *"Oh, my poor mum, she missed out on the joy of having me. I wonder what this curious, wonderful little kid who I once was, was like."* That's the state that you really hope to achieve in treatment for the people you work with. That they get to see themselves as the precious people that they were, and they say; too bad that my parents were not there for me to really enjoy a wonderful child. But I am here to enjoy this wonderful child who is now grown up. It was me. That's the challenge and the beauty of trauma healing.

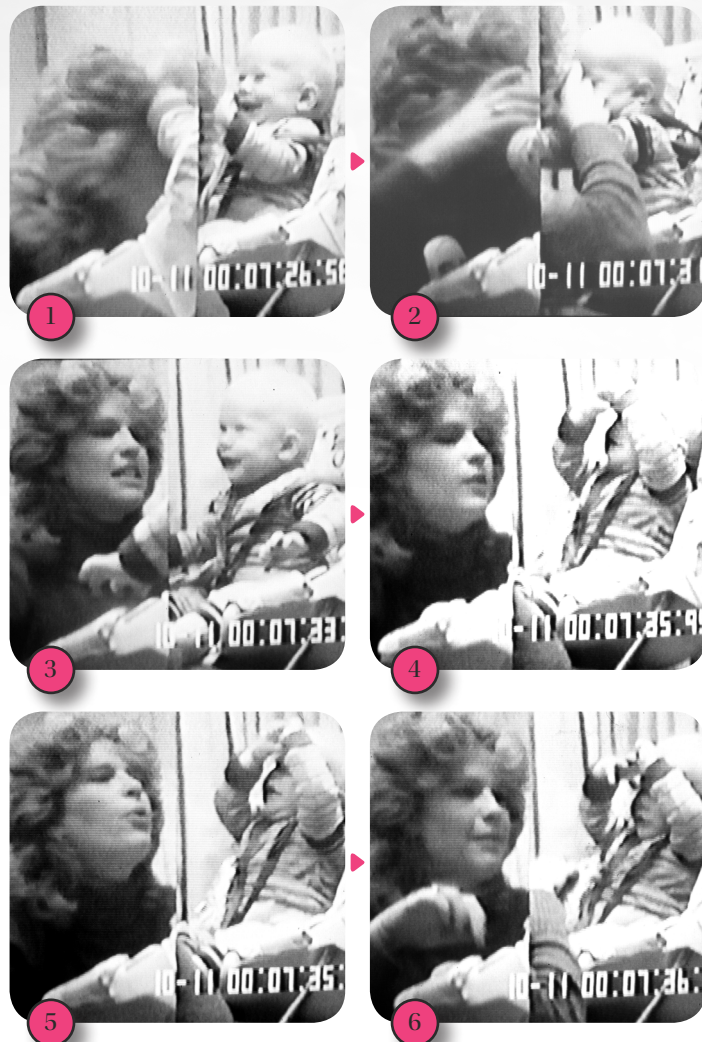
## OUR EXPERIENCES

How we experience any one thing is very much how we interact with each other. We are very much dependent on each other's voices and faces. We get pleasure and comfort out of each other's voices and faces.





I once heard a story of a young guy who went to a nursery of newborns full of five-hour old babies. A baby of this age doesn't yet have a developed brain. This guy sticks out his tongue, then the baby sticks his tongue out. He opens his mouth, the baby opens his mouth. He frowns, the baby frowns. As this demonstrates, right from the very start, we are deeply imitative creatures. Usually when a little kid walks into a room of adults, somebody's face lights up. When you're a kid and that happens, you suddenly get this feeling of, I'm a wonderful person. I make the room light up. Lighting up a room is considered a right of birth for any child. Unfortunately, many of us didn't have this experience growing up. Instead, we had the sense that nobody was really interested in our feelings. We learned to fend for ourselves. Some people who went through this learning to fend for themselves learn extremely well, however the feeling of; I'm basically not wanted, not seen, still stays central. This is different from getting assaulted or getting raped. Those are one specific instance of something happening to you.



### THINGS THAT HAPPEN WHEN YOU HAVE A GOOD CHILDHOOD

Imagine a little baby, a little boy of two months old. This little boy pulls his mother's hair. He has a grand old time because she starts screaming and he says; *boy, isn't that wonderful. I'm just a two month old, little baby. I have no brain to speak of yet, but I can pull something and the whole world will scream and holler. How wonderful is that?* He has a grand old time because he doesn't yet have a frontal lobe that understands that he's inflicting terrible torture on his mother that has certain negative consequences.

What happens next? Mom, of course starts off saying, *Oh my baby's just having fun, let him pull my hair.* But as her pain increases, her survival brain gets activated and she'll realize she can't stand the pain anymore. So then she starts fighting with her kid so that the baby lets go of her hair. Anybody who's a parent will have gone through this experience, and obviously in this tussle, parents always win. If we didn't, we wouldn't be around anymore as human beings. So then Mom wins and now this little boy looks at his mom and he sees her angry face. As we mentioned, he has nothing in the front

### SYNRHYTHMIC REGULATION

SYNRHYTHMIC REGULATION: Mother and infant can communicate psychologically, regulating sympathy by expressions of emotion.

Emotions Exchanged at Synrhythmic 'Frontier'

Passing expressions I-of face, voice and hands back and forth, rhythmically, imagining each other, participating in feelings Telling and acting out stories with emotion, listening to thoughts and mutating actions is how humans learn -- in shared vitality and awareness.



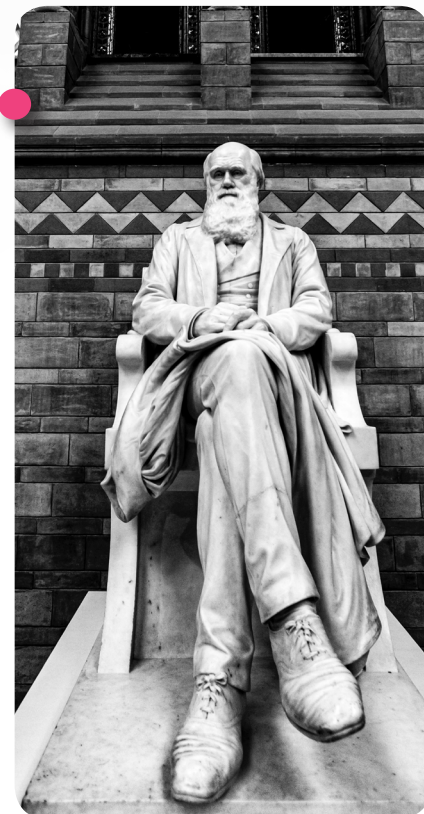
section of his brain, but at the very back has a little amygdala. This little piece of his brain acts as a tiny smoke detector to tell him **\*this is dangerous\***! When he feels danger, his automatic reaction is to defend himself, and what he does is lifts his hands and covers his eyes. He essentially does what politicians still do as adults; just say, *Oh, it's just a hoax.* It doesn't matter. *It's not real. It's not happening.* That's what people do when they deal with something that's too scary. Seeing the baby protecting his little face, his mom then makes cooing sounds to make him feel better. Cooing is the universal language shared between mothers and babies. It is a language that you hear in Africa, China, America and everywhere else. As she sings to her baby, he uncovers his eyes and sees his mom. He sees a kind face. Finally, they get reunited in pleasure.



It's precisely these rhythms of life that help us to get a sense of *wow, things can be repaired. My mum basically takes pleasure in me.* My mom gets mad at me sometimes, then things are going to be okay. This little baby then gets a circuit in his brain that explains to him that he may feel unhappy from time to time, but my mom and I will be able to repair whatever sadness there may be there. I'm going to be okay, life is predictable. Even when things get really bad, my mom and I will work it out. If you have developmental trauma, your mom and you didn't work it out, maybe because your mom was depressed or too angry or too frightened or too upset to get into this groove with you, to make sure that things were okay again. In those circumstances you're left to your own devices. And when we're left to our own devices, we need to do something to calm ourselves down. This is when children often develop headbanging, starving themselves, or doing other destructive activities to make themselves feel calm somehow. Because they cannot count on their parents to do it for them.

**FURTHER UNDERSTANDING DEVELOPMENTAL TRAUMA**

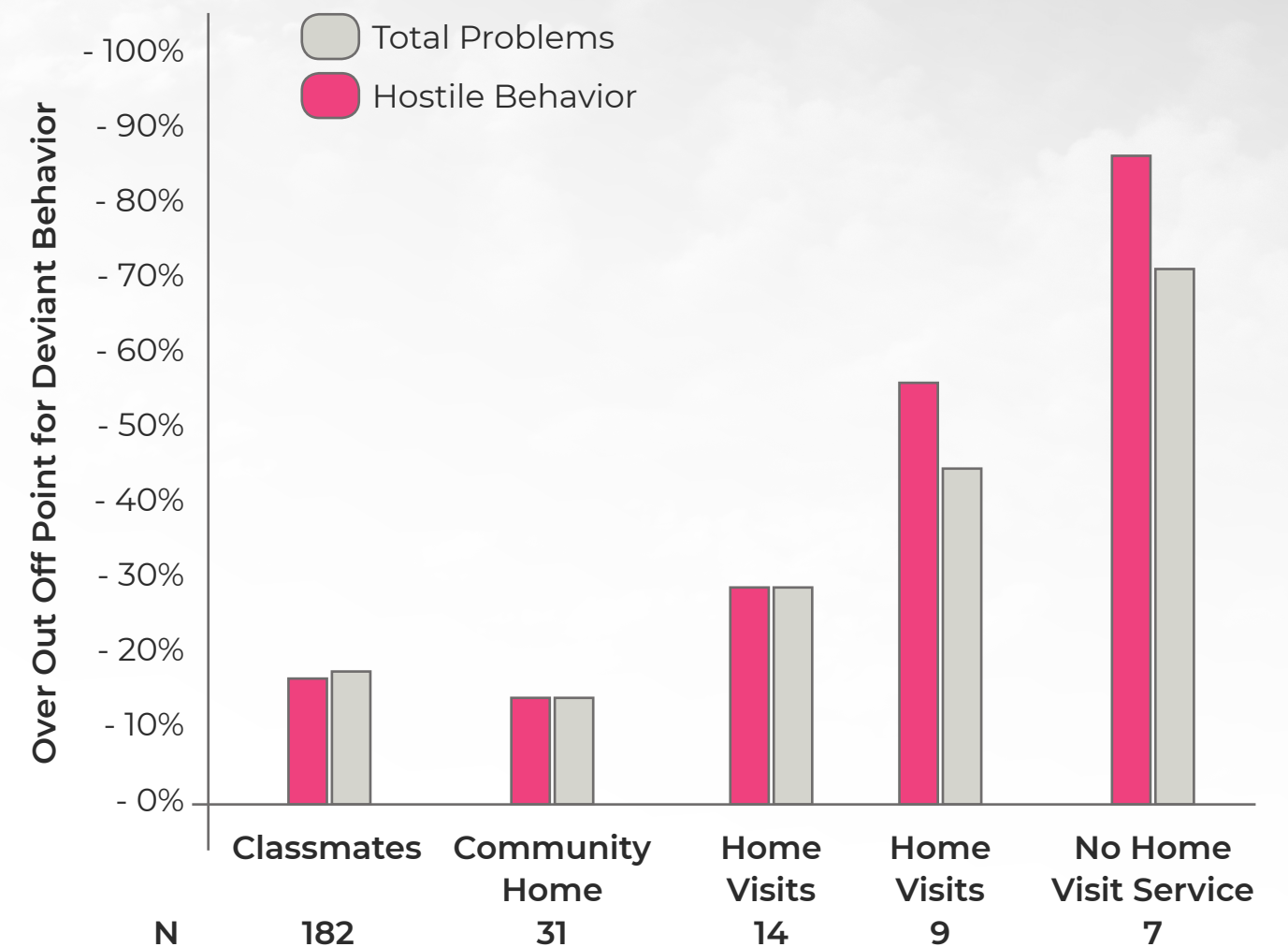
Anybody that has heard me give a presentation in the past, will have heard me talk about Darwin. Darwin was one of the first people who really wrote about trauma. He says, in his wonderful book; *The Expression of the Emotions in Man and Animals*, that trauma is getting stuck in escape or avoidance. This is a brilliant observation that Darwin made. He says; behaviors to avoid or escape from danger have clearly evolved to benefit each organism. It helps them survive. He is essentially saying that fight/flight is good for people. But it's when you get stuck in fight or flight, when you're always fleeing, or you're always frozen, that puts animals at a disadvantage in its goal of successful



species preservation. Successful species preservation is namely having you as a kid and ensuring you are functional and happy. Or as Darwin puts it a little more starkly: Reproduction, which in turn depends upon feeding, shelter and mating activities, all of which are reciprocals of avoidance and escape.

Therefore, if you have parents who get stuck in fight, flight or freeze reactions, you don't feel the milk of human kindness, and you have to fend for yourself and that can cause serious damage in us. Then you need to really repair that damage somehow.

**TOTAL PROBLEMS AND HOSTILE - AGGRESSIVE BEHAVIOR IN KINDERGARTEN BY INITIAL RISK STATUS AND MONTHS OF SERVICES PROVIDED**







One person who really bought this home is my colleague, Karlen Lyons-Ruth, who visited the homes of 175 teenage parents. They were living in housing projects, 14 and 15 year old girls, fighting to raise their babies. She goes into these homes and immediately sees that these moms are not equipped or ready to take care of little kids. Many of them have terrible trauma histories. She can see that the majority of these kids,

almost all of them, have behavior problems, largely of the aggressive variety. In our society, if you are an aggressive, maladapted two year old, chances are you'll never get off that trajectory, unless you have very fortunate parents. What Karlen then does, is she applies the single most effective mental health intervention known to mankind. She gets people, professionals sent to the apartments of the single moms. Other women who helped them to mother their children, showed them how to hold their baby, how to play with their babies. This is not cognitive. This was action. Activities they did together. They would practice together: mother and helper.

**QUALITY OF EARLY MATERNAL CARE:  
Linear Regression of Home  
Observation Factors**

Variable	Standardized Beta (n=35)
· Sex	▶ .24
· Cumulative Demographic Risk	▶ .02
· Factor 1: Verbal/Comforting Engagement	▶ <b>-.35*</b>
· Factor 2: Hostile-Intrusiveness	▶ .06
· Factor 3: Involvement in Routine Care	▶ .15
· Factor 4: Emotional/Physical Withdrawal	▶ <b>-.43**</b>

\*p<.05; \*\*p<.01

Soon enough, the moms started to learn how to do it. They began to discover the pleasure of getting their homes working in the right way. As their daily lives and routines improved, so did the kids. Their problems began to diminish. Half a year later, the majority of the kids were very much better. At this point in the project, Karlen took some video tapes. I have seen these videos and I found them to be extremely profound. In one of them, the first one I saw, you have this mom, a 14/15 year old girl with a two year old baby and an infant. The kids are playing on the floor. The mom enters the room, she goes over to her kids, eager to show investigators what a good mom she is. She picks up the little kid and it looks pretty good. However, if you look really carefully at this video, you can see something not quite right. As she bends down, the kids move away from her, just a little bit. As if to say; hey mom, I was playing, I think you're just trying to show off what a great mom you are, you don't actually want to pick me up. But you do need to look very carefully to see that.

Six months later the same kid is playing on the floor again and mom comes in. Once again, mom is eager to show what a good mom she is. She picks the baby up and the baby freezes and then moves away from its mom. The investigator can see something has happened between the first and second visit. On the third visit, six months later; the same thing happens, but this time the baby looks up, the baby smiles but then looks away and falls on the floor. The mom picks the baby up, but the kid very visibly shys away from its mom. It doesn't respond to her at all.

The investigators started to realize that this is how child abuse can start. When you are a traumatized person, or a depressed person and you don't quite pick up the subtle signals of your baby, increasingly your baby doesn't feel safe with you. As time passes, every time you offer affection to your baby, they move away from you. This action reaffirms for you, what a terrible person you are. This trigger prompts you to emotionally divorce yourself from that baby, so as not to feel like such an awful person. Thus begins the child's neglect and abuse.

Does that resonate with you? Does it makes sense to you? Perhaps it happened to you or to people you have worked with?

The next thing that happens, is that Karlen's funding gets cuts. She has to stop her study. That, quite simply, is the end of the story. Then 14 or so years later, the Catholic Church child abuse scandal breaks out in Boston. Turns



out that 293 priests in the archdiocese in Boston have been abusing children. It was a big scandal. Most professionals working with abused kids suddenly got fired because there was a big countermovement by the Catholic church to say that abusing kids didn't matter. That the poor priests weren't to blame. It was the kid's fault. They must have been really bad kids to start off with. At the time, I was testifying on behalf of these kids. My clinic was closed down by my boss who was a Jesuit priest. It happened to many of us.

**FOLLOW-UP 16 YEARS LATER :Prediction of adolescent dissociation from disrupted maternal communication**

**Disrupted communication subtypes**

- Affective communication errors ▶ .46\*

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- Role confused behaviors ▶ .46\*

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- Negative/intrusive behaviors ▶ .24

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- Disoriented behaviors ▶ .27

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- Withdrawing behaviors ▶ .25

Karlen Lyons-Ruth, 2005

At this point, Karlen realizes that the interest in child abuse has increased because it's so prominent in newspapers, so she applies for some funding to see what's happened to the kids she was observing at three years old. Thirteen or so years on, many of these kids have landed in the department of mental health, juvenile justice, juvenile services, and as a general group these are very messed up kids. Now what she sees is that many of these kids have ended up with very serious problems. She also discovered that we could predict many of these kids' problems by the videotapes that she took

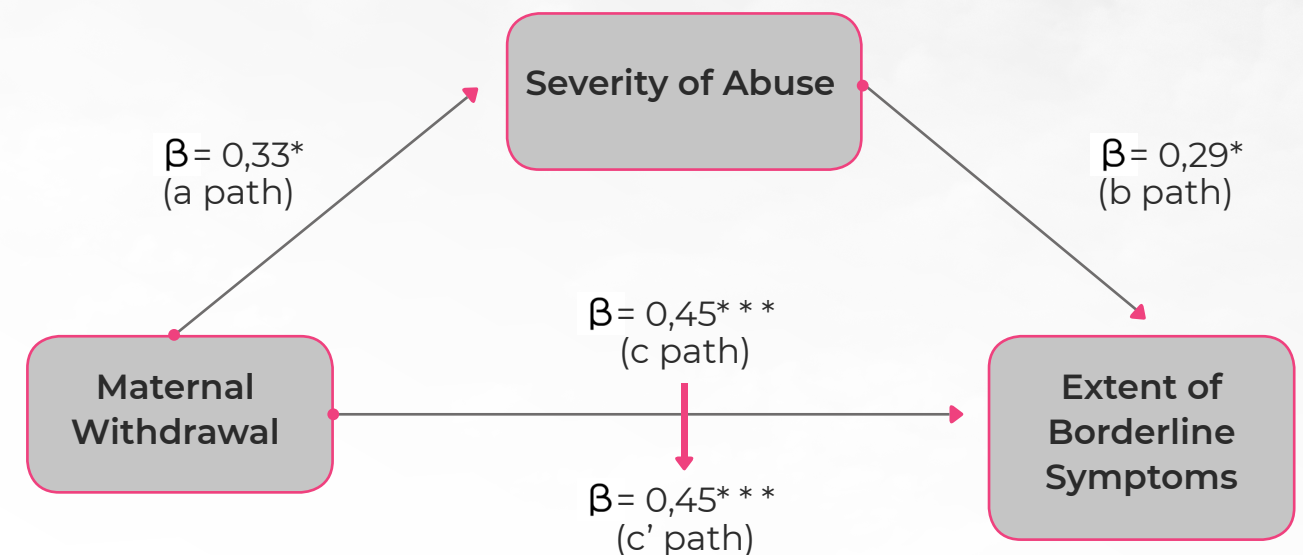
when the kids were between two and three years old. That the pathology that you see in the children, now adolescents, is able to be predicted by the lack of comforting engagement on the part of the mom. The emotional and physical withdrawal, the communication errors and role confused behaviors by the mothers that expected their kids to take care of them, rather than the other way around.

Again this may resonate with some of you. What Karlen was able to demonstrate is really the attachment trauma that we talk about.

She managed to demonstrate it further in a really important graph of the work she did.

**DISORGANIZED ATTACHMENT, NOT ABUSE, PREDICTS BPD**

K. Lyons-Ruth et al / Psychiatry Research 206 (2014) 273-281



**g.1.** Severity of abuse does not mediate the effect of early maternal withdrawal on later borderline symptoms



She looked at the symptoms of these 17 and 18 year old kids. She looked at what predicted those symptoms and she completed a complex statistical analysis. It turns out that the maternal withdrawal was the critical thing that predicted the pathology, and not so much the abuse itself. What she found is that not having a mom who protects you, who is there for you, who is in tune with you. That predicts abuse and predicts trauma, more than the actual abuse itself. The core issue is not feeling safe with your mom. Having your mom not respond to you as you need.

The issue for us in terms of treatment for attachment trauma is; how do we get people to get a visceral feeling of being responded to?

I think that psychotherapy is very much part of that, and, as I mentioned before: Internal Family Systems Therapy and Psychodrama.

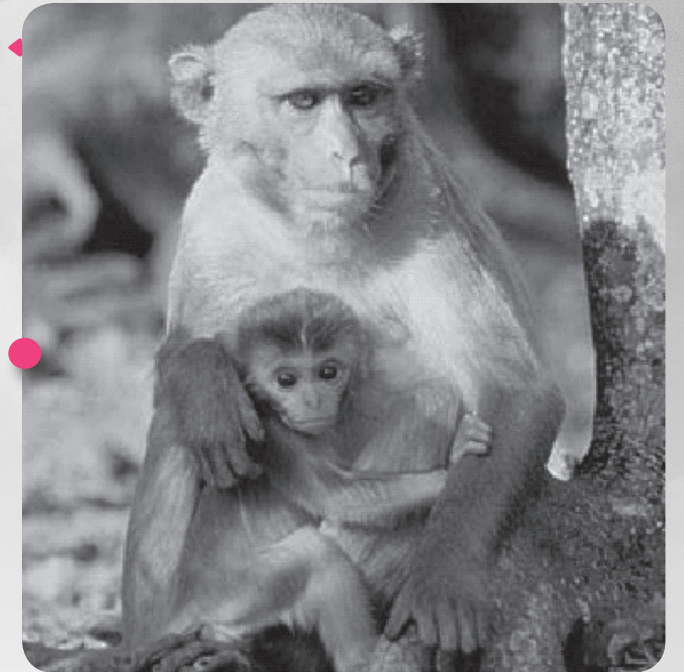
### HARLOW'S MONKEYS

You may already have heard of Harlow's monkeys, you may even have studied them at college. When Harlow died, his lab divided the monkeys up into two groups. One half of his monkeys stayed in Madison, Wisconsin. The other half went to Rockville, Maryland, where Stephen Suomi started a gigantic monkey colony, where he studied the relationship between the monkeys to their mothers and fathers. Their relationship is actually pretty close to what happens with human beings, because we are very much like monkeys in many ways. If you ever go to the zoo, you can see the similarity quite easily.



What you see in mother monkeys similar to human mothers. They like to take care of their kids. They're very protective and very cautious with them. It also turns out that some of these monkeys are very good at motherhood, and some of them aren't.

This photo is of a very loving, safe, monkey mother who feels very protective of her child. You can see the baby monkey leaning in, being held by its mother. It feels safe and secure.



Then the other monkeys; traumatized monkey mothers are lousy mothers. They're hyper aroused and they get too angry, too upset and they hit their little monkeys. You can easily see how, if your mom is in a state of hyperarousal like that, how you would pick up that feeling.



The way I like to describe the baby's innate ability to pick up, to sense what we are feeling is by looking at my own experience with newborn babies. I remember clear as day what the nights were like after my wife had had our children. Those nights when the baby started crying and I would nudge my wife to tell her; honey, your kid is crying. She would answer, yes, your kid too. You go. I would respond that I needed to go to work in the morning, to which she would retort, I just had a baby. There was always a little bit of a negotiation about who is going to get up. I remember that very well. Then eventually, if it was me getting up, I would go and walk into the room where my child was crying. No doubt feeling a little bit resentful that the kid is screaming at me. But when I picked up my child and felt the weight of the little baby. I remember it very well. You would hold the baby to my chest get this deep feeling of gratitude. When this happens, your baby picks up your feeling of gratitude and falls asleep in a very short period of time because it feels safe to be held.

I imagine it's a very different experience when you are a single mom. You come home and your baby is crying. You don't have any child support. The next day you may have to work and drop your baby off at a center or something. Your baby starts crying and you go, Oh, dammit. Now I'm going to be awake and I won't be able to work effectively tomorrow. Now you get all scared and get all riled up. You pick that baby up and then the baby senses your anxiety and cries louder because your breathing is fast and because you are not quiet. That is often the beginning of really very complex relationships.



### THE HOLOCAUST, 9/11 AND PTSD



For those of you who don't know Rachel Yehuda, she is a professor of psychiatry and neuroscience and an endocrinologist who studies kids of Holocaust survivors. Sort of by accident, and much to her surprise, she was looking at people in New York who got assaulted or raped, in a crime and found out that

the kids of Holocaust survivors had a much higher rate of assault than the kids who were not Holocaust survivors. As she looked at it more carefully; she found out that if your mom is a Holocaust survivor with PTSD, you're more likely to develop PTSD in response to bad incidents yourself. Also, that if your mom has PTSD, you're more likely to get hurt. The explanation for that is that if you have PTSD, you pass it onto your kids to some degree. Along the lines of what I have mentioned earlier, if the mom is always nervous, the mom is shut down, the mom was not responsive, your mom wasn't there for you, you are likely to develop PTSD or some form of issue or other in later life. This is also true for fathers, where the father, rather than the mother, has the more nurturing role in the family.

Then when the event of 9/11 happens, Rachel discovered that 102 women were pregnant in the World Trade Center and survived. Rachel gets in contact with all 102 of these mothers and she starts studying them, while they're still pregnant. During this time she was able to measure the stress hormones



of the fetuses they were carrying. Not surprisingly the stress hormones of the fetus are an exact reflection of stress hormones of the mom. This is because the amniotic sac allows the blood to flow back and forth, so they have the same chemistry.

Then Rachel continues to follow these kids after they are born. It turns out that even after they have been born, the biology of the babies continues to mirror the biology of the mother. Now it isn't because of amniotic fluid or the amniotic sac, but because the behavior of the mother affects the hormones of the child. If the mom is agitated, she passes this agitation on to her kid and the kid stays agitated. It is this whole issue again, of you picking up the agitation or the freeze from your mom, and that gets carried around and passed down from generation to generation. The burning question is, how do you deal with this?

The answer is very complex, and unfortunately it just doesn't get studied. I just interviewed a fantastic neuroscientist who knows basically everything about the brain, and I asked her what sort of treatments she thought would be helpful to undo all this damage? She said, well, I have never looked at it, but we were thinking about doing CBT. I found myself having to explain to her that it doesn't make any sense to use CBT for trauma because it's a top-down type of treatment. It doesn't really help people. What it is really needed is getting your body calm and getting your body in sync.

However, nobody has ever funded a study to do that because this issue does not exist in scientific circles. The questions that you ask are questions that can only be answered on the basis of experience and not yet on the basis of science.

### **What are the most effective strategies for helping patients dismantle their advanced coping mechanisms so they can live their lives and survive?**

To my mind, as I mentioned at the very beginning, the best treatments are: one, IFS, where the patient gets to see that they have developed certain parts to help them to manage things. People suffering with trauma have probably not allowed themselves to be spontaneous and playful because they may be very afraid of their own playful, spontaneous nature. So trying to understand one's internal workings, and to have compassion for oneself, is really very important. The idea of self-compassion is critical in trauma treatment.

I often get asked about EMDR for attachment trauma, but as I mentioned at the very beginning, EMDR doesn't work for adults with childhood attachment trauma. We did a study comparing people with attachment trauma with adult onset trauma, and the adults with childhood attachment trauma didn't respond to EMDR. I know there are EMDR people who say they can do it. I've not seen the research that backs that up.

What I have particularly found throughout my years in this field, is that the biggest issue for people with attachment trauma, is a lack of self-compassion. The lack of self-compassion arises because, when you are a child and your environment doesn't respond to you or your environment does terrible things to you, a child has no option, but to think this is their fault. I would say with 100% certainty; every child who gets abused when they're three, four or five years old will have a deep sense of self-loathing and a deep sense of I'm defective. There's something wrong with me.

The critical hurdle that anyone needs to overcome is that they need to find themselves in a position where they are able to experience themselves as an adult right now where they are.

They also need to visit themselves as a three, four, five, six-year-old kid. See what they went through and then somehow, with the help of us as therapists, find a way to develop compassion for what they had to cope with back there.

What we normally find is, if you ask people; how do you feel about that kid who was locked up in a room by himself? How do you feel about the kid who was being molested? They will respond, I hate that kid. I can't stand that kid. That kid was too weak, that kid had no courage, that kid could not stand up for itself. I can't stand that part of me.

In the end the biggest burden of early childhood trauma is how you despise yourself for not having been able to do better than you did. Any treatment that helps you with self-compassion will work.

Right now most of my research is focused on the use of psychedelics in the treatment of trauma. Initially, I advocated very strongly for excluding attachment trauma in our study because, I didn't think it would work. I was overruled. We studied a lot of people with attachment trauma in our MDMA



study, where we used ecstasy for the treatment of trauma. What we found is that MDMA creates a deep state of self-compassion. As it turns out, it looks like it's going to be very helpful for attachment trauma. People can develop a deep sense of self compassion for themselves. And, as I've already said, the development of self-compassion is vital in order to help people who are traumatized.

For those of you who reading this primarily to try to help yourselves on your own healing journeys, you need to find a treatment that is focused on your developing deep a sense of self compassion that isn't just cognitive. You may already cerebrally understand that it wasn't your fault, but you also need a therapy that can go really deep inside of you to get you in touch with your body. When you are able to get in touch with a deeper sense of yourself, you can say to that self – yes, that's what happened to this kid and if I'd been an adult, I would have rushed in there and would have kicked the shit out of the person for you and I would have taken care of you.

Every time we do a successful treatment, at some point there's a moment where the patient rushes back to help and rescue the child who they once were themselves. You can do this with Internal Family Systems therapy. You can also do it beautifully with psychodrama.





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