

## RECALIBRATING THE BASIC AFFECT CIRCUITS

Before we begin reviewing your early experiences, we need to make sure your emotions are working the way they were intended to work – as sources of important information to help us learn what’s dangerous, what’s unfair, what’s connected, and more. They are there at the beginning of our lives. If you watch a new born baby, no one has to teach them how to feel. Many people have been taught to ignore feelings, and may even have learned that it’s not okay to feel some feelings, so they disconnect from their feelings. That’s like clipping the dashboard wires in your car, just because you get uncomfortable when you see a red light that says the engine is over heating. When that happens, there is often shame present about having other emotions.

Before we begin, let’s let everything that still needs to be reviewed (processed), past, present or future, go into your (name of the container) for now and remind yourself, “It’s okay to feel safe when I am safe,” by saying (name of their Calm/Safe Place). We’ll use BLS to help the process, and you can close your eyes if you want and notice the pictures that come. We’ll take one emotion at a time, and all you need to do is notice what the feeling looks like, and watch with curiosity, to see if the picture is changing or staying the same. When the picture stops changing, that means the emotion will be ready whenever you need it, and not when you don’t need it. We’ll clear the protective emotions first, because they need to be working well before we can fully experience the regenerating, life enhancing emotions. Let’s begin with ‘shame.’ What does ‘shame’ look like? (give them time to report what they see) Notice that. (add comfortably paced BLS, continuing sets until the client reports that the picture has stopped changing). The picture may become positive, neutral, or just stops changing. Repeat for each emotion in the sequence.

Do **NOT** use this procedure with highly dissociative clients unless you are trained and experienced in treating dissociative disorders

Protective Life-Preserving	10 → 0	0 → 10	Life-Enhancing, Regenerating, Connective
<b>SHAME</b> → remorse → guilt → regret			satisfied → pleased → proud → arrogant → <b>PRIDE</b>
Compassion → self/other pity → sorry for self or others → hurt/empathy → compassion			appreciative → thankful → beholden → Gratitude
Disgust → disdain			pleasure → enjoyment → Joy
<b>FEAR</b> → terror → fear → worry → concern			interest → anticipation → excitement → Curiosity/ <b>SEEK</b>
<b>RAGE/Anger</b> → anger → resentment → frustration → irritation → annoyance			like → love → in love → Love/ <b>LUST</b>
<b>PANIC/Sad</b> → anguish → grief → sorrow → sadness → disappointment			concern for → care for → connected → <b>CARE</b>
			<b>PLAY</b>

PROBLEM	SOLUTION
The client sees no image.	Usually is trying too hard. Remind them to just allow an image to be there. <i>Just notice while I read what this emotion does, and tell me whether an image comes to mind.</i>
The image doesn’t stop changing or become neutral.	Go to the next emotion and come back to this one later. Go through them as many times as necessary, until the essence becomes neutral and stops changing/developing.
They have made many connections.	Periodically bring them back to an image. <i>What does _____ look like now?</i> And continue until it stops changing.
They can’t observe from a distance and slide into the felt sense.	Teach the difference between being IN an emotion and looking AT an emotion. If they still slide into emotion, they may need to reset safety systems, <i>What does fight look like?</i> And <i>flight</i> and <i>freeze</i> .
If they still can’t observe an emotion from a distance, instead of feeling it.	They may need more work using ego state therapy or somatic resourcing before they can do this step.

## **Safely and Easily Reprocessing Early Trauma/Neglect (before age 3) with Infants, Toddlers, Children, and the Child in All of Us**

Basically we're using Joan Lovett's Story Telling method. Pictures and objects to stimulate memories may enhance the work if they're available. Adapt the language and length to the age of the child. Tell the story in chronological order, starting with incidents the child may be aware of, then time periods to ensure that pervasive environments and experiences you may not have been aware of, are reviewed, e.g. before conception, pregnancy, birth, and birth to 1, 1-2, 2-3 years (the greater the amount of trauma/neglect, the smaller the time periods need to be for each piece of the story).

### **Review the experience to assign correct Responsibility:**

1. Read or tell the story of what happened (preferably the caretaker) including behavior and feelings of others, who was responsible for what, acknowledging what could and couldn't be done at the time, particularly how helpless the child was. Start before the time or incident when things were okay, e.g. "you were just growing inside Mommy and we were waiting to see you, then..."

### **Release remaining emotional/physical distress to reach a sense of Safety:**

1. When working with a child, tell what was distressing to the adults as well as to the child. Pause telling the story if distress is apparent and keep tapping until all indications of distress are released, then continue the story. Tell what was done or needed to be done) to escape from the danger or provide protection that was not available at the time, often what parents wish they could have done or been able to do. Have the parent stop telling/reading whenever distress surfaces. Don't go on until the child can hear that part of the story without distress. Reread or retell the story until no distress is apparent.
2. When working with older children/teens/adults, have the client review the story on their own before you continue. If there was significant distress or when you've completed the time period you were focusing on. Say something like: *"Let's see if there's anything that still needs to be remembered in your mind or body. I'll add taps to help you learn from it, so your body won't feel like it's still happening."*

### **Relearn/Repair the experience by imagining what was needed in order to have future Choices:**

1. Tell what should have, could have, would have happened if things had been the way they needed to be: what would have happened, knowing what you know now.
2. Then say something like the following to the child: *"Let's be sure you got everything you needed. I'll tap while you see if there's anything else you needed. See if any pictures come into your mind or your body feels anything."*  
Add BLS, then check in. Go back as many times as necessary until nothing new emerges. The younger the child, the briefer the instruction, but allow focus time even for infants.

**Installation:** While directing their focus back to the trauma/neglect (what actually happened) combine positive statements about the child (what they need to know now) with BLS, e.g.

*"Even though what happened when you were (age of child) wasn't okay, you're okay now."*

*"Even though what happened was really dangerous, you're safe now."*

*"Even though we didn't know how to help you then, we know what to do now."*

*"Even though you were too little to help yourself then, you're bigger and stronger now."*

(Additional self-statements e.g. *"I'm smart, wonderful, amazing, loving, funny, curious."*)

**Present and Future:** Tell stories with BLS about any similar circumstances now and/or in the future that might trigger the same feelings or result in being vulnerable plus what to do if they occur