

Self-attachment: A self-administrable intervention for chronic anxiety and depression*

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Abstract

There has been increasing evidence to suggest that the root cause of much mental illness lies in a sub-optimal capacity for affect regulation. Cognition and emotion are intricately linked and cognitive deficits, which are characteristic of many psychiatric conditions, are often driven by affect dysregulation, which itself can usually be traced back to sub-optimal childhood development as supported by Attachment Theory. Individuals with insecure attachment types in their childhoods are prone to a variety of mental illness, whereas a secure attachment type in childhood provides a secure base in life. We therefore propose a holistic approach to tackle chronic anxiety and depression, typical of Axis II clinical disorders, which is informed by the development of the infant brain in social interaction with its primary care-givers. We formulate, in a self-administrable way, the protocols governing the interaction of a securely attached child with its primary care-givers that produce the capacity for affect regulation in the child. We posit that these protocols construct, by neuroplasticity and long term potentiation, new optimal neural pathways in the brains of adults with insecure childhood attachment that suffer from mental disorder. This procedure is called self-attachment and aims to help the individuals to create their own attachment objects in the form of their adult self looking after their inner child.

1 Introduction

Chronic anxiety and depression is a debilitating condition which is a common feature of many personality disorders [29]. Compared to Axis I clinical disorders, such as acute anxiety and depression, for which there are effective and short term forms of psychotherapy such as Cognitive Behaviour Therapy, treatment methods for these chronic conditions, referred to as Axis II clinical disorders, still remain

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in their infancy. In recent years, however, an increasing number of psychological interventions—in particular CBT and its derivatives including Dialectical Behavioural Therapy, Schema-Focused Therapy, Group CBT, Mentalisation Based Therapy, Structured Clinical Management, Acceptance and Commitment Therapy and Mindfulness Based CBT—have been introduced to tackle such chronic conditions with a number of Randomised Clinical Trials to measure the efficacy of these treatments [1, 2, 3, 26, 23].

The aforementioned therapies identify and aim to redress cognitive defects as in classical CBT or deal with functions of cognition, as in Mindfulness-Based CBT, Compassion Focused Therapy (CFT) or Acceptance and Commitment Therapy (ACT), in order to regulate emotions. They are essentially focused on here and now and, in contrast to psychodynamic or psychoanalytical interventions, do not generally examine the childhood environment and experiences, with the notable exception of Schema-Focused Therapy (SFT) [36], which is highly marked by Attachment Theory and has shown to be effective in tackling chronic conditions in personality disorders over a long period of time [22]. Self-attachment intervention has some overlapping ideas with SFT as well as with CFT and ACT. It also uses images and mental imagery which can be compared to the mental imagery techniques brought into CBT in the past decades [25]. These common ideas together with some key new concepts are synthesised in Self-attachment to develop a new type of intervention.

In SFT limited reparenting is used and encouraged with the therapist adopting the role of a parent to redress early maladaptive schema in the parent-child interactions, help the individual to find experiences missed in childhood, and establish a secure attachment through the therapist [36]. The practitioners of SFT are aware that reparenting has its pitfalls, and state: “[L]imited reparenting does not involve the therapist actually becoming a parent regressing the patient into child-like dependency”. In fact, SFT by its very nature cannot address the early attachment interaction of an infant with their primary caregivers in the pre-verbal period of life, when the parent maximises the positive affects of the infant by singing, dancing and play and minimises their negative affects by embracing, cuddling and affection. Yet these early interactions are indeed crucial for the healthy development of children and play a vital role in their secure attachment with their primary caregivers [33, 10].

In Compassion Focused Therapy, the individual is encouraged to show compassion to self and others [20]. The results of a Randomised Clinical Trial on the efficacy of this technique on individuals recovering from psychosis has shown an increase in compassion and a reduction in depression [4]. In Acceptance and Commitment Therapy individuals are encouraged to endure difficult situations without trying to run away from them and “move toward valued behavior” [21] [24]. Mental imagery techniques have been used in therapy and can be categorised into (i) imaginal exposure, which includes Virtual Reality for fear extinction, (ii) the direct modification or rescripting of the content of aversive imagery-based thoughts, which is shown to be more effective than simple exposure, (iii) the promotion of adaptive imagery, which fosters the generation of positive imagery to help clients build more adaptive relationships between self, others, and the world, (iv) metacognitive reappraisal of imagery, which encourage clients to reinterpret their negative imagery in more benign way, and, (v) imagery-based cognitive modification of maladaptive thinking habits, which aims to reduce the client’s maladaptive imagery styles and enhance their adaptive imagery using computer-based training;

for a survey of all these methods see [25].

A fundamental problem with CBT and its derivatives for tackling chronic conditions is the number of therapeutic sessions—as many as 30 and in the case of SFT as long as 3 years [1, 22]—that are required in order to be effective. This creates an obstacle for these treatments to be universally adopted in primary care. The search for more effective forms of treatment that would take fewer number of sessions, that could be self-administered and available in digitised media will have to continue. We here turn our focus on Attachment Theory as a validated scientific theory of human development [5].

A wide ranging study over several years on attachment insecurities [28, 30], based on hundreds of cross-sectional, longitudinal, and prospective studies of both clinical and non-clinical samples, has concluded: “[A]ttachment insecurity was common among people with a wide variety of mental disorders, ranging from mild distress to severe personality disorders and even schizophrenia” and that “attachment insecurity is a major contributor to mental disorders”. In addition to attachment insecurity, neglect and abuse by primary attachment figures become the source of great distress, insecurity and instability for children who then question the trustfulness of the other. With usually no time to rebuild a regulated emotional state, these children often continue to experience repeated trauma and thus acquire the expectation that these episodes do recur, resulting in hypervigilance and chronic anxiety leading to the maldevelopment of a brain “for survival” [33, 10, 19].

On the other hand, a number of experiments—using a technique called “security priming”—have been able to artificially activate mental representations of supportive attachment figures and thereby improve the mental health of individuals suffering from various mental disorders [30].

Attachment Theory has indeed influenced nearly all forms of psychotherapy including psycho-dynamic therapy [18]. In general, clinicians have used the concepts and findings of Attachment Theory to understand, address and resolve the attachment issues that their clients bring into therapy. The therapeutic framework, according to attachment theory, should be perceived by the client as a safe environment in which early attachment insecurities could in principle be dealt with and replaced with a secure attachment based on the working relationship with the therapist [5, 32, 11, 34].

We propose that, starting with compassion but going beyond it, a direct and intense form of affectional bond making, based on joyful activities of singing and dancing, as experienced between primary care givers and securely attached children can be naturally employed internally within the individual to create a new and more effective kind of psychological intervention. Self-attachment directly tackles the attachment structure of the individual: Based on a compassionate attitude and then an internal and intense affectional bond with the inner child, created and strengthened with singing and dancing, the protocol trains the adult self to become an attachment object aimed at making the inner child securely attached and redressing their attachment insecurities. We have modelled the compassionate attitude to the inner child based on a framework of Numan [31, page 278] in the neural circuits in the brain using available data on care giving behaviour in human and animal studies [8]. We have also built on a model by Levine [27] to show how the bonding with the inner child could facilitate release of oxytocin and dopamine and inhibit the release of the stress hormone CRH [7]. These neural models are explained in detail in [6]. For a full description of the theoretical foundation of

self-attachment including evidence in ethology, and various computational models associated with the method, see [14].

Self-attachment consists of a set of practical exercises that are learned in the course of 8-12 weeks to be self-administered for life. The exercises are designed to maximise positive affects and minimise negative affects emulating the interaction of a “good enough” parent and their child. They can eventually be integrated in the individual’s routine schedule. It is hypothesised that repetition of these protocols, by long term potentiation and neuroplasticity, will in time create optimal and robust neural patterns challenging the suboptimal circuits in the brain, which results in more adaptive patterns of cognition and behavior corresponding to secure attachment. We have employed a basic model using artificial neural networks to show how a dominating sub-optimal pattern can be replaced by an optimal pattern using the notion of a strong pattern, as a pattern that has been repeatedly and/or deeply learned, in Hopfield networks [15, 12].

There are a number of successful case studies for self-attachment in pre-clinical trials since 2010 [16]. The idea of using virtual reality for Self-attachment was first introduced in [13]. The virtual reality experiments reported in [9, 17] are closely related to the first basic exercise in Self-attachment and provide a proof of its concept as well. Plans are also placed to make the method available as a mobile application.

2 Roots of chronic anxiety and depression

Chronic anxiety and depression in adults can be rooted in grossly suboptimal conditions in their childhood development-prolonged child abuse, severe neglect or domestic violence-which can cause complex and chronic post- traumatic stress disorder in children. These chronic conditions can also be induced by complex and chronic post- traumatic stress disorder in adults, who in their childhood had probably developed insecure attachment types with their primary caregivers.

Complex and chronic post- traumatic stress disorder severely disrupts the sympathetic and parasympathetic nervous system and can lead to the disintegration of personality. In these situations, therefore, chronic anxiety and depression is combined with inability to contain extreme arousal and negative affects. Adults suffering from chronic anxiety and depression may have never experienced genuine joy and optimism or may have become deprived of these experiences after their adult traumas. They can always feel generally empty inside and helpless in their work or in their family or social relationships. They are addicted to dysfunctional patterns of thoughts about themselves and others, which are the basis of their chronic anxiety and depression. Existing techniques of psychotherapy such as CBT and psychodynamic therapy can help to challenge these thoughts and to some extent contain the underlying anxiety and depression.

However, in the cases that these negative patterns are deeply rooted in childhood, the individual can continue to suffer from chronic anxiety and depression as well as inner emptiness and helplessness albeit at some reduced level despite going through many years of psychotherapy.



Figure 1: Left: The sufferer's gloomy inner world represented by a derelict house. Right: The new and hopeful vision of a grand, bright house replacing the derelict one.

2.1 The inner world of the sufferer

The inner world of individuals suffering from chronic depression and anxiety (with insecure attachment) resembles a derelict, shaky old house which is not a suitable safe haven and secure base for life as in Figure 1 on the left. Outside this small and empty house, the world looks violent, ruthless and frightening. Any strong wind or rainfall can shake the house ruining it further. In contrast, the inner world of individuals with secure attachment resembles a robust house whose solid pillars provide both a safe haven in the face of harsh conditions and a secure base to address all kinds of challenges in life as in Figure 1 on the right. Outside this house, nature looks lively and the world seems beautiful and joyful. Throughout self-attachment therapy, an ongoing exercise for the individual suffering from chronic depression and anxiety is to use imagery to repair their ruined and shaky house and in its place construct a grand, robust and beautiful house whose pillars and rooms stand for the various sub-protocols of self-attachment.

2.2 Self-attachment as play

Children's early attachment is first created and sculpted in the brain in the pre-verbal period of their development when visual experience is the most important tool for interaction. By repairing their derelict house and constructing a grand beautiful house in its place, individuals with chronic depression and anxiety can access the parts of their brain that were active in the formative pre-verbal years and reprocess them accordingly. House building is one of the first activities of early humans and its instinct can be inferred in young children whose earliest plays include building rooms and houses with Lego. The objective in self-attachment is to empower the individual with their own actions, which is facilitated by their own creativity for building a grand and robust house. Every stage in building the new house reflects the progress made by the individual in repairing their inner world and developing their new orientation in life. When the building of the robust house, representing the new attachment object, is complete secure attachment has been earned by the individual. Self-attachment is a particular type of role playing in which the individual plays the role of the inner child and the good parent simultaneously. Donald Winnicott writes as follows about the significance of play in psychotherapy [35, p. 54]:

“The general principle seems to me to be valid that psychotherapy is done in the overlap of the two play areas, that of the patient and that of the therapist. If the therapist cannot play, then he is not suitable for the work. If the patient cannot play, then something needs to be done to enable the patient to become able to play, after which psychotherapy can begin. The reason why playing is essential is that it is in playing that the patient is being creative.”

By playing, children learn about social interaction and become creative. By role-playing, self-attachment enables the inner child to become creative and ultimately for the therapy to be successful.

3 Four stages of self-attachment therapy

As a self-therapy, secure self-attachment therapy is an algorithm which simulates, in the adult self of an insecure attached child, the relationship between a child and a good enough primary caregiver. It aims in four stages to help us acquire the consistent and unconditional love and attention we had been deprived of in childhood.

- (i) Introduction to secure self-attachment therapy: We should study and understand the scientific hypothesis at the basis of secure self-attachment therapy.
- (ii) Connection with the inner child: The adult self in us establishes a visual and psychological connection with the inner child in as much compassionate manner as possible.
- (iii) Falling in love with the inner child: The adult self establishes an imaginative but passionate relationship with the inner child and then imaginatively adopts the inner child in an emotional ceremony as their own real child.
- (iv) Developmental training and re-parenting the inner child: The adult self exercises regular training sessions in interaction with the inner child so as to regulate its arousal level, minimise its negative affects and maximise its positive affects.

It is recommended that a diary is kept to record the details of the training sessions and the short term and long term results they produce in the emotional growth.

3.1 Stage I: Introduction to self-attachment

Secure self-attachment is a suggested self-help therapy. It has no inconsistency with existing established psychotherapies and therefore can be conducted in combination with any of these psychotherapies. Like any other form of psychotherapy, the conduct of self-attachment protocols entails the serious effort, patience and perseverance on our behalf.

In addition, the self-attachment protocols which simulate the good enough parent-child relationship may at first seem strange and childish to us. Therefore, we should become as familiar as possible with attachment theory in general and the scientific hypotheses of self-attachment technique in particular.

3.1.1 The essence of intervention in self-attachment

Generally speaking, we can hypothesise that the root cause of our chronic anxiety and depression is emotional problems similar to those faced by us as a child. In the absence of consistent love and appropriate attention, we had not been able in our childhood to effectively modulate our arousal level and negative emotions and thus we have not been equipped with entrenched neural patterns for containing high arousal levels and negative affects. It is likely that child abuse and neglect or child spoiling or a combination of them had been dominant in our background family environment. In secure self-attachment therapy, the adult self cognitively learns how a good enough parent interacts with a child and then establishes this type of interaction with the inner child based on a passionate bonding with him/her. The play strategy is the constant cooperation and dialogue of the adult self with the inner child. The new house that the individual creates represents the secure attachment of the inner child with the adult self.

3.1.2 Gradual improvement resulting from self-attachment

Since self-attachment can only consolidate itself based on the long term potentiation of optimal neural circuits, it should be clear for us that our sustainable improvement would take place gradually and would depend on the consistent and daily repetition of the protocols.

The neural schemas of those of us with chronic anxiety and depression that are rooted in our upbringing in dysfunctional families have been developed over the course of several years in our childhood and have then been consolidated by repetition in our later years in adolescence and adulthood.

Creation of optimal neural circuits against the background of non-optimal circuits naturally demands months and even years of consistent daily effort and thus requires patience and perseverance on our behalf. It should be emphasised that if we are on medication for our psychological condition, then we must inform our physician about self-attachment therapy and the medication should only be altered based on the physician's recommendation.

3.2 Stage II: Connecting with the inner child

We strive to distinguish between our adult self, i.e. the cognitive and reasoning capacity which is more dominant when we are calm, and our inner child, i.e., the emotions and affects which become more dominant under stress and crisis. Looking at two contrasting photos of our childhood can help in making this distinction and is also required for other protocols. We patiently and carefully choose two photo pictures of our childhood: One that has always been a favourite (which would probably be a happy one) and another that is not our favourite (and is probably in an unhappy or neutral posture). For convenience, in the following, we refer to these two photos as the happy photo and the unhappy photo.

By looking at these photos and recalling events and what we have heard from others about our childhood, we gradually think about our early years in order to construct a basic psychological portrait of the inner child. This portrait enables us to put in writing our feelings, affects and emotional problems with our parents and other significant figures in early childhood.

3.2.1 Compassion towards the inner child

One of the principles of self-attachment therapy is to have a warm and compassion attitude towards the inner child and their emotional problems. Later on this compassion can be extended to other people.

Unfortunately, those who have been brought up in dysfunctional families may not have had a good enough role model in life and may be unable to show warmth and compassion to their inner child. They may also be unable to provide a suitable environment for their own children unless they work through the problems they faced as children. They may recreate by their implicit memory similar conditions as they themselves encountered as children, unless they seriously reflect on their childhood problems and draw the necessary lessons.

Prolonged childhood trauma and any reckless actions against others we may have taken in later years can create obstacles against having compassion for the inner child and for other people. People who had been abused or seriously neglected in their childhood can repress the memory of these painful events and can in any case deny that they encountered these problems in their childhood. They can even blame themselves for these problems. If we have such a negative image for our inner child which makes it hard to have compassion, we may need to have some therapy first so that a therapist can provide a model of compassion before self-attachment protocols as a self-help therapy are undertaken.

3.2.2 Exercises for connecting with the inner child

We use any opportunity available to carefully observe the warm relationship between parents and children in family gatherings or among friends and in local streets and parks. Aided by therapy if required, we realise how good parents embrace and cuddle their children, without spoiling them, in ordinary circumstances and particularly when they are distressed. We store these observations in our memory and use them to create cognitive models of good parenting. With closed eyes in a quiet place, we try to first imagine our happy photo and reflect on the relevant positive affects and then imagine our unhappy photo and reflect on the relevant negative affects.

The above exercise is repeated many times until such imaginings can take place fairly easily and quickly. With closed eyes, we imagine that the child as we were, in a happy or unhappy state, is sitting or standing beside us. In the next step, we imagine that we take the child's hands and later embrace and cuddle the child. We focus on having compassion for the child.

At this time, the repair of the old derelict house and construction of a grand beautiful building in its place starts in earnest by using imagery or by drawing, painting or other artistic creation. Some of the pillars of the new house are characterised to provide safe haven in secure attachment and some others to establish a secure base for addressing and tackling life challenges. The new house has bright and sunny rooms and it is thought that the self-attachment exercises are each carried out in one of these rooms, i.e., in a bright and sunny environment. The store room of the new house is located where the old small and derelict house used to stand. It is still awash with negative affects including fear, rage and despair. When the individuals are suffering from these emotions, they imagine that their inner child is trapped in this store room. They gradually learn that they can use their will to open the door of the store room, walk out and enter into the bright rooms reunite-

ing with the adult self. Learning to carry out this exercise requires many weeks of training and is achieved only gradually. This exercise in turn strengthens the bond between the inner child and the adult self.

3.3 Stage III: Falling in love with the inner child

In this stage, we establish an imaginative but passionate loving relationship with the inner child that is subjectively experienced as falling in love with the child. This falling in love is hypothesised to induce dopamine secretion and activates the reward system of the brain and also induces oxytocin and vasopressin, which create the motivation, capacity and the energy to carry out the self-attachment protocols in order to raise the inner child to emotional maturity. Human beings have created passionate and warm relationships with animate and inanimate objects and concepts and have assigned immense significance to these relationships in order to use them to regulate their emotions.

In self-attachment therapy, the theoretical basis of falling in love with the inner child is primary narcissism which is hypothesised to exist in the self-centredness of every child. Primary narcissism is contained with emotional maturity of the child but childhood trauma can cause its perpetuation and even aggravation.

Self-attachment therapy uses the existing primary narcissism in human beings so that by falling in love with the inner child, we are able to have a new emotional birth and growth which would eventually contain our narcissism. However, falling in love with the inner child is quite different from being in love with oneself which would accentuate narcissism. Our adult self falls in love with our inner child as good parents are in love with their children and attends to the child lovingly without surrendering to the anti-social selfishness and unreasonable egoistic expectations of the inner child.

3.3.1 Exercises for falling in love with the inner child

We have the two selected happy and unhappy photos magnified in a photo camera shop and make several copies of the happy photo that they place in different areas of their living place and at work.

We keep a smaller version of the happy photo in our purse or wallet so as to always carry it. We select one or two happy love songs that we have always favoured and choose one or two exciting phrases from them. While looking at their happy photo, we first quietly utter and later loudly recite the selected happy love songs and imagine that in this way we are establishing a deep affective bond in our mind with the inner child.

While looking at our happy photo, we recite the selected happy love songs with a loud voice and gradually with the whole body-i.e., with shaking the head, shoulders and hands and moving the eyes and the eye brows -and imagine that in this way we have a loving dialogue and are dancing with the inner child, thus deepening our affective bond with the child.

In another exercise, the we look at the unhappy photo and attune to the negative emotions associated with the photo but after a while we repeat the previous exercise.

3.4 Staying in love with the inner child

In order to always remember the loving relationships between our adult self and the inner child, we choose a short phrase such as “You are my beloved, I am your love” and repeatedly utter it loudly in particular while we look at the two happy and unhappy photos; the aim is to become habituated to uttering this phrase.

We recite one or two examples of the love and jolly songs selected in Stage III loudly and repeatedly with our whole body until they are learned by heart and reciting them becomes habituated. The habit of singing these songs will have the result that the relationship with the inner child is always in our mind.

Habituation to singing the selected love and jolly songs is so strengthened in this way that we develop a tendency to spontaneously, unintentionally and effortlessly engage in reciting these songs in all kinds of circumstances. By further consolidating the habituation to sing these songs, we would become able to engage in reciting these songs even when we become depressed or anxious, an activity which would alleviate our pain and remind us of the loving relationship with the inner child.

3.4.1 Vow to adopt the inner child as own child

After falling in love with the inner child, our adult self imaginatively adopts the inner child as our own child. In a carefully organised and memorable ceremony, we loudly and solemnly pledge that from now we would, like a devoted and loving parent, consistently and wholeheartedly support the inner child in any way possible without spoiling: This means that the adult self vows to intervene to attend to and comfort the inner child, any time and any place, in any depressive or anxious condition and in any crisis.

This pledge must be as strong and consistent as that which good parents have for their children: They do what they can for the health and emotional growth of their children. This must be a pledge for life: Optimal neural patterns must be constantly strengthened with self-attachment protocols so as to remain effective in the face of non-optimal circuits that were established with deep roots in our childhood.

3.5 Stage IV: Developmental exercises for the inner child

Stage IV comprises a number of sub-protocols which are to be practiced over a long period of time and eventually integrated in the individual’s every day life. The consistent daily practice of these exercises is aimed at inducing long term potentiation and neuroplasticity so that the individual acquires new neural pathways to regulate their emotions in stressful circumstances.

3.5.1 Type A: Sessions for processing painful past

With closed eyes, we recall a painful generic scene in their childhood -such as emotional or physical abuse-with all the details that are remembered, associating the face of the child we were in the past with the selected unhappy photo. In case of childhood sexual abuse, we first need to work with a therapist.

After recalling the associated emotions such as terror, helplessness, humiliation and rage, and while our eyes are still closed, we imagine that our adult self

approaches the child quickly and embraces, cuddles, reassures and supports the child, acting imaginatively like good parents who see their children in distress. With closed eyes, we imagine supporting, reassuring and cuddling the inner child. We support the inner child with a loud voice—Why are you hitting my child?—and reassure the inner child also with a loud voice—My darling, I will not let them hurt you any more—and give their own faces a massage which is interpreted as cuddling the inner child.

These exercise sessions revisit neural circuits of past traumas, and, it is hypothesised that by inducing oxytocin and vasopressin secretion, they build new neural circuits in relation to the old ones. These sessions are repeated for all different types of traumatic patterns and scenes so that they are effectively processed emotionally and some new neural patterns are experienced in relation to them.

3.5.2 Type B: Sessions to process current negative emotions

These exercises are meant to contain current negative emotions –such as anger, rage, fear, anxiety or depression– in relation to family, friends, work, education or social affairs. With closed eyes, we imagine the unhappy photo and project our negative emotions to the unhappy photo representing the inner child.

By projecting our negative emotions onto the inner child in this way, we make contact with our adult self who based on the declared vow is now responsible to attend to the problems of the inner child, supporting the child and containing the child's negative emotions.

While projecting our negative emotions to the unhappy photo and the inner child, with eyes closed we loudly reassure the inner child and, to simulate a cuddle for the inner child, give our own face a massage.

Reassuring and cuddling continues until we contain the negative emotions and can switch from imagining the unhappy photo to focusing on the happy photo. It is recommended that in the first few months the exercise sessions of Types A or B are carried out twice a day.

3.5.3 Type C: Protocols for creating zest for life

Looking into a mirror, we imagine our image to be that of the inner child and in this condition loudly recite the selected jolly and love songs with the whole body, i.e., while shaking our head and shoulders and moving our eyes, eyebrows, hands and arms. Singing the songs and poems is repeated as many times as possible in different circumstances such as walking in the streets and during house work so as to become integrated in our life style.

People who suffer from chronic anxiety and depression usually have rigidity in their facial and body muscles in the same way that they have inflexibility in thinking patterns that lead to their problems. It is therefore vital to loosen up facial and bodily muscles in order to simulate and encourage spontaneity of the inner child. Loosening the body and mind twice a day, we systematically engage in playing, dancing, laughing and having fun with the inner child as parents do with their children. These exercises keep the baseline levels of dopamine, oxytocin and serotonin high and thus we remain hopeful, motivated and energised with zest for life and support for the inner child.

Negative habits and addictions generally stem from an incapacity for emotion regulation, modulating arousal level, reducing negative affects, and also from an

inability to experience joy and zest for life. They can be regarded as a way of escaping helplessness and emptiness. The acquired capacity for emotion regulation and reduction of negative affects and the habituation to singing, dancing, playing, laughing and having fun with the inner child brings the prospect and possibility of overcoming negative habits and addictions.

Thanks to the efforts of the adult self, the inner child is, perhaps for the first time, able to contain the negative affects and experience real joy. Since the re-experiencing of these joyful activities is now assured with the efforts of the adult self, the inner child is now able to rely on these positive experiences to overcome negative habits and addictions. Habituation to positive activities is an effective tool to completely renounce negative habits and addictions.

3.5.4 Type D: Getting over negative emotions



Figure 2: The Gestalt vase: representing dark and negative emotions or an encounter between the inner child and adult self

When we get deeply stuck in the store room, we are in the basin of attraction of a powerful negative strong pattern. This resembles looking at the Gestalt vase in Figure 2 which is full of dark and negative emotions, and the more we stare at it the more we get drowned into its darkness and negativity.

However, having created a positive powerful strong pattern of love with the inner child using the previous exercises, we can depart the powerful attraction of the negative strong pattern by spontaneously singing our happy love song and enter into the basin of attraction of the positive strong pattern of love with the inner child. This is like changing our interpretation of the above image and instead of seeing a black vase of negative emotions discovering two white faces of the inner child and the adult self who are now looking at each other.

3.5.5 Type E: Socialising protocols for the inner child

By consistent repetition of the protocols of Types A, B, C and D, we are gradually able on the whole to reduce negative emotions and increase positive affects.

We are gradually able to carry out the protocols with eyes open rather than closed and can integrate most of them into our ordinary life. We are now gradually able to extend the compassion we had for the inner child to other people too, and gradually become aware of the narcissistic tendencies and anti-social feelings of the inner child-envy, jealousy, greed, hatred, mistrust, malevolence, controlling behaviour and revengeful feelings.

We will here also behave like good parents: We contain these anti-social feelings and attitudes and discourage the inner child through an internal dialogue from acting on these negative emotions, while expressing affection to the inner child and simulating cuddles by giving themselves a face massage.

3.5.6 Type F: Creating a more optimal internal working model

Having reduced negative emotions, increased positive affects and contained narcissistic and anti-social tendencies in the inner child, we can gradually realise that some of the inner child's negative schemes of thoughts and feelings are either directly stemmed from our parents or have developed in interaction with them. Thereafter, every time Type B protocols are practiced to reduce negative emotions, we try to find the roots of these emotions at least in part in our family background and childhood relationships, and thereby becomes to some extent aware of the nature and character of our internal working model, how it is shaped and how it works.

With further reduction in negative emotions, increase in positive affects and containment of anti-social feelings and desire to control others, we and our inner child can sense that with the growth in emotional maturity we no longer need to see ourselves as a prisoner of the early relationships and the feelings and emotions originating from them. Our adult self and our inner child can gradually realise that with the assistance and support of the adult self it is possible to create a more optimal internal working model for interpreting and managing our relationships with others, which would make them more at peace with ourselves and with other people.

The new grand and beautiful house that has been constructed based on the cooperation of the inner child and the adult self becomes a representation of the secure attachment earned by us.

3.6 Integrating other psychotherapeutic methods

Good parents can use any affective, cognitive, behavioural and analytic methods to nurture their children's emotional growth. Since in self-attachment therapy the adult self simulates the role of a good parent, we can infer that any other established psychotherapy can be integrated with self-attachment.

The description of the self-attachment protocols so far makes it clear that knowledge and practice of techniques such as Mentalisation, Cognitive Behavioural Therapy, Schema Therapy, Psychodynamic Therapy, Psychoanalysis, Transactional Analysis and Compassion Focused Therapy can all be very useful in practicing self-attachment. Mindfulness Meditation is another important established method that can be integrated with self-attachment. In the mind of the meditator, preoccupation with depressive or anxious thoughts can be viewed as the mental state of the inner child who has been left on its own facing what is perceived as the harsh persecutory world. Becoming aware of these negative schemes of thoughts and gently refocusing attention on breathing can be considered as being embraced and supported by the adult self who is playing the role of the parent providing life-line support to the child.

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