Attachment-Based Strategies to Enhance Self-Esteem:
A Guide for Mental Health Professionals

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By

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DEDICATION

To the courageous people who are determined to transform
their perception of unloved, inferior, imperfect, incapable, inadequate,
unworthy, rejected, ignored, devalued, and abandoned to loved, confident, precious,
capable, adequate, worthy, accepted, visible, valuable, and cherished.

You can and you are…
# TABLE OF CONTENTS

Signature Page ................................................................................................. ii
Acknowledgements .......................................................................................... iii
Dedication ......................................................................................................... iv
Abstract ........................................................................................................... vii

CHAPTER ONE: Introduction ........................................................................ 1
  Statement of the Need .................................................................................. 3
  Purpose of the Project .................................................................................. 4
  Limitations ................................................................................................... 4
  Terminology .................................................................................................. 5
  Bridge to Literature ...................................................................................... 7

CHAPTER TWO: Literature Review .............................................................. 8
  Brief Attachment Theory ........................................................................... 9
  Infant’s Attachment to Caregiver ............................................................... 10
  Physiology of Attachment .......................................................................... 14
  Adult Attachment ....................................................................................... 16
  Psychotherapy as Corrective Experience in Attachment Injuries ............ 18
  Construct of Self-Esteem ............................................................................ 21
  Major Theories of Self-Esteem ................................................................... 24
  Different Approaches to Enhancement of Self-Esteem ............................. 30
  Attachment-Based Approach to Enhancing Self-Esteem ........................... 34

CHAPTER THREE: Overview of Project ...................................................... 41
  Development of Project ............................................................................ 41
  Intended Audience ..................................................................................... 42
  Professional Qualifications ........................................................................ 42
  Environment and Equipment ....................................................................... 44

CHAPTER FOUR: Conclusions ..................................................................... 45
  Discussion .................................................................................................... 45

REFERENCES ............................................................................................... 48
Appendix A Guide for Mental Health Professionals……………………………………..66
ABSTRACT

ATTACHMENT AND SELF-ESTEEM: A GUIDE FOR MENTAL HEALTH PROFESSIONALS

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Master of Science in Counseling,
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There are several existing theories regarding the development of self-esteem, all of which offer insightful emphasis into the different aspects of the various components that explain the construct of self-esteem. Self-esteem is crucial in shaping healthy relationships, getting basic psychological needs met, building appropriate self-evaluation skills, and overall psychological well-being. There is an immense amount of research in support of the significance of secure attachment in the early years of life. Research on attachment attempts to illuminate and predict the inquisition of various degrees of self-esteem in a person’s adult years. A guide, including comprehensive treatment techniques and activities with main focus on attachment-based strategies and emphasis of nurturance of the inner child, can be of immense value in terms of providing an approach that utilizes diverse theoretical backgrounds to serve the unique and various needs of individuals in the enhancement of their self-esteem.
CHAPTER 1
INTRODUCTION

Introduction

There is a plenty of evidence supporting the importance of secure attachment and parental sensitivity in the development of a healthy self-esteem patterns. Attachment theory proposes the view that the early attachment patterns of an infant can have long-term effects on social functioning, anxiety levels, and aggressive behaviors in adulthood. This perspective also posits that the evolution of this type of developmental system has come about due to the competitive advantages passed down from parents to prepare the young to most efficiently deal with the type of environment she will be confronted with as an adolescent and adult. Moreover, it is assumed that the optimal parenting is the kind that engenders “corrective” effects to facilitate appropriate interactions with peers and the wide-ranging social system (Kaufman et al., 2004).

Caregiving that is sensitive to the child’s needs influences the development of secure attachment and influences the construction of internal working models of the caregiver as trustworthy and supportive while the self as worthy (Bowlby, 1973).

Researchers have suggested several parental practices to assist children in developing positive relationships with others such as providing opportunities to allow their children to practice making friends and social skills, teaching their children ways to maintain positive relationships, and being role-models and examples of approaching others in supportive and sensitive ways (Cassidy & Berlin, 1999).
A researcher established that high self-esteem is correlated with more efficient performances due to the fact that higher self-esteem individuals sought more assistance from others and were more successful in completing the tasks as a result (Plummer, 1985). There is an inverse correlation between self-esteem and joylessness, depression (Battle, 1982). A guidebook that can assist individuals in development of healthy self-esteem patterns with the use of attachment-based exercises can greatly improve overall quality of life.

A study that involved infant rhesus monkeys that were permanently separated from their biological mothers upon birth to be raised in a neonatal nursery in their first month of life, with their peers for the rest of their first 6 months, and then placed in social groups of peer-reared and mother-reared agemates indicated that these infants formed strong attachment bonds to their peers as ones would to their mothers (Harlow, 1969). However, these peer-reared rhesus monkeys displayed inadequate exploratory behavior that was proven by their reluctance to welcome novelty and increased shyness when approached by unfamiliar peers (Suomi, 2006).

Another study that looked at the role of attachment and temperament in relation to anxiety disorders in preschool-age children concluded that insecure attachment patterns are considerably linked to internalizing problems and childhood anxiety (Manassís, Bradley, Goldberg, Hood & Swinson, 1995).

A child with secure attachment tends to anticipate others to be responsive and compassionate. On the other hand, a child with insecure attachment expects the caregiver to be emotionally unavailable or rejecting (Cassidy & Shaver, 2008).
Internal working models that represent secure attachments are expected to have greater influence on children’s development of self-concept and emotion understanding beginning in the early childhood since this is the time of when these concepts are established (Thompson, 2006).

Statement of the Need

Most of the studies that look into attachment through social experience, neural development, and following emotional behavior have been concerning cases of abuse and neglect. Researchers have noticed a correlation relationship between both physical abuse and verbal aggression to elevated stress response, depression, anxiety, and social deviance that are even evident in adults (Teicher, Samson, Polcari & McGreenery, 2006).

A study that consisted of behavioral observations of participants who were videotaped while interacting with a confederate whom they thought had been diagnosed with cancer confirmed that insecure attachments hinders appropriate caregiving as the avoidant participants were less likely to make eye contact with the confederate, provide verbal or nonverbal support and the anxious participants were more likely to report discomfort while interacting and more self-critical thoughts post interaction (Westmaas & Silver, 2001).

According to a 1992 Gallop poll, 89 percent of the survey takers indicated that self-esteem is crucial in motivation to work hard and become successful and it was the highest ranked variable for motivation (Schiraldi, 2001). Secure individuals also report perceiving themselves as competent and efficacious (Brennan & Morris, 1997; Cooper, Shaver & Collins, 1998). Since self-esteem and success are highly correlated, it would be
of great significance to assist individuals with low self-esteem to increase the likelihood of potential success and happiness in life.

Studies found that mood and immune system can be enhanced by writing about past and present worries (Pennebaker, 1997; Borkovec, Wilkinson, Folensbee, et al., 1983). This project incorporates active involvement of the client through writing assignments and other various exercises to help them process attachment injuries to elevate mood. The purpose is for the client to consequently experience an increase in the level of self-esteem through the completion of the mainly attachment-based exercises.

**Purpose of the Project**

The purpose of this project is to provide mental health practitioners with a guide on various activities, visualizations, and exercises to specifically assist individuals with insecure attachments patterns experiencing symptoms of low self-esteem. The exercises are uniquely designed to boost self-esteem through keeping the focus of therapy on healing the inner child that experienced the attachment injuries which lead to low self-esteem.

The guidebook is uniquely designed to include versatile exercises that can either be utilized in the therapy office with the guidance of the therapist or completed as homework assignments by the client alone.

**Limitations**

There are several limitations to utilization of these exercises in clinical practice since they might not meet the unique needs of each client. Although, this guidebook borrowed several ideas from nonattachment-based theoretical orientations, it is very restricted in integration of different approaches to treat clients with issues of low self-
esteem. The limitations are based on the employment of sole focus on attachment-related issues that the client experienced in the past and less attention being given to the current issues or life struggles the client might be facing. This guidebook assumes that all of the client’s symptoms originate from attachment injuries and current thought patterns as a result of the attachment injuries. This presumption might hamper some individuals from making a progress in therapy if there are other factors that might be contributing to their low self-esteem.

The success of psychotherapy depends on many factors and the style that is adapted by this model might not be the most beneficial to some clients. For example, the exercises assume that the client will devote resources, time, and energy to participate in exercises to develop insights into their attachment styles and defense mechanisms. However, some clients might not be equipped to form insights or be willing to engage in writing, meditation, and visualizations because they might be seen as time consuming. Also, the exercises can be confusing as some of them can be completed by the client alone while others require the assistance of the therapist. A future guidebook that is more comprehensive in its treatment framework might be more helpful in terms of serving a larger population and provision of a more inclusive structure.

Terminology

Adult Attachment: The stable inclination of a person to make substantial efforts to seek and maintain proximity to and contact with one or more specific individuals who provide the subjective potential for physical and/or psychological safety and security (Sperling & Berman, 1994).
**Splitting:** Separating the world into two separate, distorted accounts or even telling stories in emotionally inappropriate tones. The defensive splitting is thought to emerge from a very important chunk of life, most likely painful, unexplored and uninspected (Chu, Frey, Ganzel, & Matthews, 1999).

**Internal working models:** These mental representations are built from the individual’s experiences in the interpersonal world based on cognitive, affective, and motivational schemata (Sperling & Berman, 1994).

**Activation of attachment:** The degree to which the attachment behavioral system can be engaged within an ongoing attachment relationship (Sperling & Berman, 1994).

**Attachment styles:** This term refers to the individual differences in internal working models of attachment that determine the individual’s behavioral responses to imaginary or real threats to separation and reunification with the attachment figure (Sperling & Berman, 1994).

**Self-esteem:** a way of feeling, thinking, and acting according to the belief in self as accepted, worthy, loved, trusted, and respected (Bourne, 2000)

**Self-concept:** the totality of the individual’s thoughts and feelings having reference to himself as an object (Rosenberg, 1979)

**Therapeutic Alliance:** the therapeutic relationship between the client and the clinician.

**Secure base:** the infant’s use of the attachment figure as a safe haven to return for emotional security and as a departure point for exploration of the environment safely.

**Attachment injury:** experience of abandonment, loss, betrayal, insensitivity in the early years.
Corrective experience: the healing that comes from the therapeutic relationship between the client and the clinician.

Bridge to Literature

In Chapter 2, research in regards to attachment and its relationship to development of self-esteem will be presented. Other approaches to the theory of self-esteem will also be discussed to give audience a comprehensive view on the influences of various factors in the development of self-worth and self-value. The importance of psychotherapy in the enhancement of self-esteem and related supportive studies will be evaluated.
CHAPTER 2
LITERATURE REVIEW

Introduction

Researchers have for many years attempted to clarify issues about the early phases of human life and their attachment experiences in relation to emotional development in later years as well as the determinant factors of the similarities to differences in social relationship patterns of individuals as a result of these dynamics. Secure attachment is thought to encourage intrapersonal characteristics such as self-efficacy, self-esteem, social skills, confidence, and the capability to explore the surroundings proficiently which lead to competent interpersonal interactions (Sroufe, Egeland, & Carlson, 1999; Sroufe, Egeland, Carlson, & Collins, 2005).

The tangible or symbolic accessibility of caring attachment figures, in junction with sensitive support and security, engenders confidence and boosts self-worth and sense of lovability (Cassidy & Shaver, 2008).

Studies provide support that secure people securely attached individuals rate higher than people with insecure attachments on the measures of joy, happiness, love, interest, and affection (Mikulincer & Shaver, 2007).


Harter and Pike (1984) found a positive correlation between secure attachment in children and global self-esteem. In other studies, children with secure attachments within the ages of 8 to 12 reported higher self-esteem (Cassidy, Ziv, Mehta, & Feeney, 2003;
Children who were categorized as secure in interview obtained information were rated by their teachers to have higher self-confidence (Jacobsen & Hofmann, 1997).

Brief Attachment Theory

John Bowlby (1980), the father of attachment theory, developed an interest in attachment following his graduation from Cambridge University. His motivation was a result of his work and observations of maladjusted boys. Due to his perception of incomplete explanations for attachment by traditional theories, John Bowlby utilized various fields such as evolutionary biology, developmental psychology, ethology, cognitive science, and control systems to conceptualize the different components of the infant’s bond to the mother. John Bowlby theorized that the nature of mother-child bond determines psychopathology later in life, and the relationship’s significance in functioning in adulthood.

Bowlby emphasized a clear division between the presence of an attachment figure and the quality of the relationship. He suggested that the attachment development is interwoven into human nature through evolution; hence, attachment will be formed regardless of the quality of the relationship with the caregiver.

Bowlby described three universal sequence of reactions to the loss of or the separation from attachment figure. The first reaction which is characterized by hyperactivity, agitation, crying, refusal to be comforted or soothed by others, and high levels of anxiety is labeled as the protest. Once the protest diminishes, the despair stage takes over when the infant showing signs of change in sleeping patters, reduced activity,
lethargic behavior, and disruption in eating behavior. In the third stage, the infant goes back to the pre-separation pattern of behaviors and resumes to normal by emotional detaching from the attachment figure.

The construction of working models of the expectations from the world and the anticipated behavior from others begins around the end of a child’s first year and becomes more solidified during the second and third years with language acquisition during which the child is able to assess the working models of his mother as well as the unique characteristics of his situation to make attachment plans (Bowlby, 1969/1982). Internal working models (mental representations) would likely be anticipated to be linked with the capacities of the child to build and sustain positive interactions with parents, teachers, and peers as well as create a positive self-image, and also possibly construct positive representations of others and relationships (Belsky & Cassidy, 1994).

**Infant’s Attachment to Caregiver**

The question of why some infants develop secure attachments with their caregivers while others don’t has been puzzling researchers for a long time and the attempt to answer the question continues with the proposition and testing of different theories.

There is some evidence that points to the relationship between parental personality and the quality of attachment. The mothers of insecure babies in comparison to secure babies scored lower on the personality subscales consisting of nurturance, understanding, autonomy, inquisitiveness, and dependence while they scored higher on the aggressiveness subscale (Maslin & Bates, 1983).
Human babies are completely dependent on their caretakers for survival. Parental attitudes such as involvement, warmth, expectations, respect, and consistency seem to be contributing to the self-esteem (Mruk, 1995).

Uninvolved, partially available, or absent parents are likely to have children who exhibit lower levels of self-esteem (Coopersmith, 1967; Rosenberg, 1965).

A balanced and warm parental acceptance includes child’s strengths along with weaknesses, potentials alongside limitations as well as encouragement to allow the child to explore the environment in a manner that is appropriate for them considering their age, capabilities, and preferences (Mruk, 1995).

Main (1990) proposed that infants are biologically capable of attachment-seeking behaviors with expectation of drawing out parental investment and protection from threatening environment. While sensitive caregiving atmosphere activates the attachment system, insensitive caregiving can cause the opposite by influencing the infant to modify the attachment-seeking behavior to adjust to the demands of the caregiver.

Mothers who report higher prenatal anxiety were more likely to have infants that were insecure at 1 year old (Del Carmen, Pedersen, Huffman & Bryan, 1993). In another study, mothers of secure babies reported being more self-confident, independent, cheerful, affectionate, and adaptable than mothers of insecure babies (O’Connor, 1997).

A study that assessed maternal personality in mothers of more than 1100 one-month old infants, found that mothers scored higher on an indicator of psychological adjustment (agreeableness+extraversion-neuroticism-depression) than mothers of insecure children when infants were assessed again at 15 month old of age (NICHD Early Child Care Network, 1997).
Bowlby (1973) proposed that the attachment develops through four phases. During the first phase, infants between birth and 2-3 months do not display a particular preference for an attachment figure, but rather react to various social stimuli and individuals. Infants exhibit a considerable malleability with the range of attachment figures they can bond with during this early phase of attachment. In the second phase, between 2-3 months to approximately 7 months, infants begin to make a distinction between familiar caregivers and the strangers while presenting a preference for select attachment figure or figures. During the third phase, which runs from 7 months to about 3 years, toddlers become more active in maintaining proximity and initiating social contact. In this critical third phase, children’s “internal working models” that include beliefs, expectancies, and attitudes in relation to attachment figures begin to be shaped. Children in this phase might be resistant to separations form the caregiver (proximity maintenance), turn to and rely on attachment figure for comfort and support (safe haven), and use the attachment figure as a basis to participate in nonattachment behaviors (secure base). Furthermore, the child would exhibit the three stages of response in the case of separation from the attachment figure: protest, despair, detachment. During the fourth phase, which generally begin roughly at age 3, delineates the start of “goal-corrected partnership” that indicates the improvement of language skills and theory-of-mind capabilities to assist the child in forming their own perspectives and seeing the world through their associations with the attachment figures.

Infants who have secure attachments to their caregivers develop confidence in their collective connections to the world, as a result of dependability with the sensitive and the responsive accessibility of their attachment figures (Cassidy & Shaver, 2008).
Infants who have approachable attachment figures who display awareness and responsiveness to cues, discover that the world is dependable and that they have influence on others to get their needs met with success. In another light, infants who have unresponsive or rejecting caregivers learn that the world is not dependable and they have no control in getting their needs met. As a result, in contrast to secure infants, these infants are not able to develop autonomy. (Ainsworth & Bell, 1974; Sroufe, Fox, & Pancake, 1983).

Recently, attention has been paid to the particular types of insensitive parenting behaviors, rather than the lack of parental sensitivity. The types of insensitive maternal behaviors, which consist of withdrawal, role confusion, conflicting cues, perplexity, negative intrusiveness, are argued to be originating from mothers’ insecure internal working models and struggle in coping with their own stress when confronted with infants’ distress (Lyons-Ruth, Bronfman & Parsons, 1999).

According to Fajardo (1988), some infants are not exposed to environmental and maternal responses as empathic or sensitive as they needed. This aspect of distinction is not related to organic central nervous system deficit, but a difference in infants’ reaction to various parental responses. These differences in developing infants can be attributed to the empathic capacities of mothers.

Bowlby (1988) emphasized the interaction of child with mother over the interaction with father in influencing the development of self because the mother is assumed to be the primary caregiver in most instances. He postulated that parent’s behaviors, such as threats of abandonment that weaken the relationship of trust, might lead to defensive changes in the child’s working models. Unfortunately, even in the case
that the situation that was previously stressful improves, others’ support becomes available, or the rejecting parent becomes sensitive to the child’s needs once the defensive working-model organization is constructed as an insecure attachment, reshaping the attachment model positively can be complicated. However, this does not apply to the secure relationships that later become insecure. (Bowlby, 1973, 1980, 1988)

Children make meanings of their gestures according to the responses they receive from others (Mead 1934). When the rejection from the caretaker is constant and persistent, this is likely to cause the child to develop an internal working model of the unimportance of the self and the self’s needs as well as the belief that the self does not count (Bretherton, 1990).

**Physiology of Attachment**

Neuroscientific research on normative attachment in humans has been very insufficient (Cassidy & Shaver, 2008). Studies on the human attachment have employed physiological measurements such as ANS (Autonomic Nervous System) physiology, EEG (Electroencephalography), glucocorticoid levels, and fMRI (Functional Magnetic Resonance Imaging) to shed light into the components of human social behavior, however these physiological measures are usually ineffective in explaining the causal brain-behavior relationships (Norris, Coan, & Johnstone, 2007).

The hypothalamus controls a number of autonomic and metabolic activities in addition to connecting the CNS (Central Nervous System) to the endocrine system especially through the release of cortisol by means of the HPA axis which is also known as hypothalamic- pituitary- adrenocortical axis (Kemeny, 2003).
The hypothalamus regulates various behavioral and physiological activities most importantly, maternal behavior and pair bonding through synthesis of oxytocin and vasopressin (neuropeptides involved in maternal behavior and pair bonding behaviors) (Carter, 2003; Gainer & Wray, 1994).

In fact, the hypothalamus is involved in imperative processes considering social behavior, emotion, stress, and attachment through input received from amygdala, prefrontal cortex (PFC), and hippocampus (McEwen, 2007).

The degree of maternal interactions can lead to changes in offspring behavior and physiology. Low levels of mother-infant interaction produce more fearful reactions, strong adrenocortical responses to stress, and heightened startle response in the adult offspring. Accordingly, the ability for avoidance learning becomes increased while the spatial learning and memory diminish, as evidenced by the slowing down of the hippocampal synapse growth. Subsequently, these adult offspring are more likely to transfer the practice of low-levels of mother-infant interactions to their offspring, reach sexual maturity at a faster rate, display increase sexual receptivity, and greater number of pregnancies after mating as compared to the offspring of high-levels of interaction mothers. Conversely, high-levels of maternal involvement result in appropriate sexual maturity, more inclination to explore rather than display fear of the novelty, as well as lesser degrees of adrenocortical responses which lead to most advantageous adaptation of a predictable, supportive, and encouraging environment with more chances of opportunities and plenty of resources (Main, Kaplan, & Cassidy, 1985).

Romanian children in orphanages who were exposed to neglect and social deprivation exhibited lesser levels of vasopressin and oxytocin, which are involved in
maternal bonding, in response to contact from their caregivers in comparison to children who were raised by their families (Wismer-Fries, Ziegler, Kurian, Jacoris & Pollak, 2005).

Coan et al. (2006) gathered data from functional brain images of 16 married women while some received electric shocks while holding their husbands’ hands, some received electrical shocks while holding strangers’ hands (male experimenters) and others held no hand at all to determine the neural circuits associated with social affiliation and emotional function. The researchers found that the physical contact from husbands and strangers eased the threat-responsive neural activity in the ventral ACC (anterior cingulate cortex) responsible for bodily arousal circuits; however the down-regulation of nucleus accumbens, dorsolateral prefrontal cortex, and the superior colliculus was only possible when holding the hand of the attachment figure (husband). Therefore, the researchers were able to infer that the human brain is equipped to not be completely restricted to being comforted and being socially proximate since even holding a stranger’s hand had less but similar affects in the regions of the brain.

Adult Attachment

There is evidence indicating that adults who as children had parents who responded to them sensitively are more comfortable in emotion regulation such as the ability and the willingness to discuss feelings in comparison to the children who had dismissive, punitive, or critical parents (Thompson & Meyer, 2007).

Moreover, securely attached individuals have minimal variances between their self-standards and authentic self-representations and they identify themselves in more positive ways (Mikulincer, 1995).
Carl Rogers (1961) described that some people’s positive self-regard (real self), originated from other people’s unconditional positive regard of them. Securely attached people feel less compelled to defend their self-esteem or refuse to accept criticism compared to insecurely attached people who were probably forced by experiences in social contexts to deal with threatening and stressful situations with inadequate mental representations of security of attachment, and attempt to maintain their self-worth, safety, and lovability.

The idea of four-category adult attachment styles based on two dimensions originated from studies that focused on the attachment patterns of adolescent and adult romantic and marital relationships. Hazan and Shaver previously utilized a three-category attachment style measure based on Ainsworth’s observations on infants’ attachment styles (Hazan & Shaver, 1987, 1990, 1994).

Individuals who score low on the dimensions of anxiety and attachment avoidance display secure attachment patterns while individuals who score high on the dimensions of anxiety and attachment avoidance tend to be fearful in their attachment patterns. Furthermore, those individuals who score high in avoidance and low in anxiety display dismissive attachment patterns by compulsive self-reliance, and reluctance to seek proximity even when under stress (Bartholomew & Horowitz, 1991; Brennan, Clark & Shaver, 1998).

Fraley and Shaver posit that the attachment bonds are carried on in various species and that the adult attachment patterns are homologous to the infant attachment patterns as they include analogous goals, function under like circumstances of activation, and termination (2000).
The overt attachment bonds begin to diminish during early adolescence giving way to replacement of attachment figures with peers and/or romantic partners. (Furman & Simon, 1999; Hazan & Shaver, 1994)

Internal working models, as a term coined by Bowlby, prompt the individual to speculate, interpret, and guide interactions with attachment partners. The internal working models of self and other in attachment relationships facilitates the individual to reflect on past, present, and predict on the future relationships (Bowlby, 1988).

For not only young children, it is now clear, but human beings of all ages are found to be at their happiest and to be able to deploy their talents to best advantage when they are confident that, standing behind them, there are one or more trusted persons who will come to their aid should difficulties arise. The person trusted provides a secure base from which his (or her) companion can operate. (Bowlby, 1973, p. 359)

Psychotherapy as Corrective Experience in Attachment Injuries

Bowlby relied on psychoanalytic/object relations theory to define the characteristics of infant-caregiver attachment relationship. The attachment between an infant and her caregiver is thought of as resembling a true love relationship with the severance of the bond causing a full-fledged grief reaction in the infant. The early bond to an attachment figure seems to have effects on the future ways in which the child engages in intimate partnerships as well as construes interpersonal and intrapersonal adjustment patterns across life-span (1969/1982, 1973,1980).

Correspondingly, the working models of self are thought to be based on the same notion of how acceptable a person is in the eyes of his attachment figure or caretaker (Bowlby, 1973).

Bowlby (1969/1982) speculated that the interaction between the attachment structure and other behavioral constructs add to the construction of personal knowledge
and skills, provides a foundation for allowing the person’s mind to create new opportunities and perceptions, facilitates adaptation of flexibility to different circumstances, and realize natural talents. The presence of security-enhancing relationships is considered to influence people to dedicate more of their effort and concentration on growth-focused activities, feel an assurance in the availability of support, rely on their partners to love and accept them, have a sense of safety and protection to allow themselves to accept challenges, while demonstrate less anxiety and reduced preoccupation with attachment.

It is fundamental to maintain a sense of personal worth, competence, and mastery to preserve consistent self-esteem in response to the possibilities of failure, rejection, and other challenges presented by life. Moreover, positive self-esteem stimulates autonomous emotion regulation through provision of essential self-soothing tools which can ease distress even when there is a lack of actual attachment figures (Cassidy & Shaver, 2008).

Interactions with an available and sensitive attachment figure teaches the individual that he is active, capable, and strong given that the partner’s support is accessible in the case that the attachment behaviors are activated. Securely attached individuals have a sense of being valued, loved, lovable, and special due to the prior experiences of having been loved, valued, and viewed to be special by compassionate attachment figures. Furthermore, anxiously attached individuals report lower self-esteem compared to individuals with secure attachment styles (Bartholomew & Horowitz, 1991; Mickelson, Kessler & Shaver, 1997).

Sometimes, through mental operations information and memories are excluded from consciousness because they are painful. These individuals who block off the painful
memories might learn to shut off anger and fear when there is a threat to the relationship through loss or separation (Sable, 2004).

Bowlby (1973) hypothesized that anger in close relationships is typical as it is usually seen as an attempt to reach out to an inaccessible attachment figure. An emotionally available and attuned therapist who is aware of the course of separation distress will tune in to her client’s emotional stance, see ahead of hostile criticisms or stonewalling of the client’s responses to relate the client’s responses to the context of attachment needs and fears.

There is a great amount of research evidence indicating a connection between high self-esteem and advantageous personality traits. Conversely, having positive beliefs about one’s own worthiness and competence, tends to lead to more satisfaction overall than having negative or even neutral feelings about self because it causes one to perceive life as not too complicated and be more spontaneous (Mruk, 1995).

It is perceived that people tend to strive for self-healing Bowlby, (1988). The therapist facilitates by provision of a context, a secure base, from which the client is able to participate in the processes of natural healing (Cassidy & Shaver, 2008).

Although the importance of being accepted by caring parents lessens with age, humans never lose the potential to respond since the parents are eventually replaced by romantic partners, coworkers, bosses, spouses, and very importantly friends. Due to the importance of being accepted and cared for it is crucial to include this idea into any self-esteem enhancement program. Nurturance, acceptance, compassion, and respect are essential to a successful therapy since their exclusion can be a repetition of the rejection that the client is more familiar with (Mruk, 1995).
Construct of Self-Esteem

There are several definitions of self-esteem with each utilizing a different approach. According to Wells and Marwell (1976) there are four diverse ways of defining self-esteem. The first definition is the attitudinal approach which focuses on the notion that self can be classified as an object of attention that people can have emotional, behavioral, and cognitive reactions to as one would to any object only in this case it would be towards the self. The second definition which was described by social scientists also views self-esteem in the context of attitudes, however it is considered to be the interactions between various sets of attitudes and the reactions to the discrepancies between ones hopes, dreams, accomplishments in one’s ideal self and the real self. The third definition puts in spotlight the psychological responses the person has in pertaining to the self which include attitudes that are feeling based or affective in characteristics that include positive versus negative, or accepting versus rejecting. The last definition, which is phenomenological in nature, contends that self-esteem is a function or an element of personality that is involved in motivation and/or self-regulation.

A neoanalyst Robert White (1963) attempted to define self-esteem by arguing that its source is the cumulative experience of efficacy in one’s competence in attempts to influence the environment.

Mruk (1995) claims that self-esteem is not just an idea, assessment, or judgment, but rather a process that is embedded within an individual as are cultural background, identity, or developmental history. He goes as far as to assert, “By saying that self-esteem is lived, then, I mean that it has us as much as we have it.” People attempt to keep their self-esteem constant over time by engaging in active processes (global self-esteem).
Epstein (1979) asked approximately 270 participants to fill out a form answering questions about their turning point experiences in life. When the answers were analyzed, it was determined that there are three significant experiences that modify self-concept which are the introduction to a new setting, being obligated to create new responses, and the establishment or loss of significant bond.

Mruk (1995) claims that problematic self-esteem themes are generated when the individual believes one basic value to be important while at the same time has another conflicting deeply held value. For instance, a person might perceive independence as a self-value to strive for while perceive dependence as a way to be loveable as a person. The interactions of contradictory values can influence the will to be competent and worthy and can consequently affect self-esteem.

Sexism is thought to harm self-esteem and affect it negatively. It is thought that males are coerced by the society towards competence which in turn might cause some to be too macho or participate in a life style that puts them in health risks (Mruk, 1995). Sexism in the society is more likely to cause females to be less likely to pursue competence and rely on others for their value and worthiness (Sanford & Donovan, 1984).

A researcher established that high self-esteem is correlated with more efficient performances due to the fact that higher self-esteem individuals sought more assistance from others and were more successful in completing the tasks as a result (Plummer, 1985).

Although the importance of being accepted by caring parents lessens with age, humans never lose the potential to respond since the parents are eventually replaced by
romantic partners, coworkers, bosses, spouses, and very importantly friends. Due to the importance of being accepted and cared for it is crucial to include this idea into any self-esteem enhancement program. Nurturance, acceptance, compassion, and respect are essential to a successful therapy since their exclusion can be a repetition of the rejection that the client is more familiar with (Mruk, 1995).

There are various approaches to explaining the factors affecting the development of self-esteem. Sociologist Morris Rosenberg coined the term “stratification hypothesis” to explain that the self-esteem of an individual and the self-esteem of a particular social group are possibly related. For example, Rosenberg suggested that if a person belongs to a social group that is considered to be in low self-esteem, then it is assumed that the person’s self-esteem will probably match the supposition. Another guess in concerning the development of self-esteem is the subculture hypothesis which proposes that the values people desire or seek are predicted by general social values more than the values of the people who are close to them (Rosenberg, 1965).

Epstein (1979) asked approximately 270 participants to fill out form answering questions about their turning point experiences in life. When the answers were analyzed, it was determined that there are three significant experiences that modify self-concept which are the introduction to a new setting, being obligated to create new responses, and the establishment or loss of significant bond.

Mruk (1995) claims that problematic self-esteem themes are generated when the individual believes one basic value to be important while at the same time has another conflicting deeply held value. For instance, a person might perceive independence as a self-value to strive for while perceive dependence as a way to be loveable as a person.
The interactions of contradictory values can influence the will to be competent and worthy and can consequently affect self-esteem.

Success is presumed to be tied to self-esteem levels. Coopersmith (1967) attempted to decipher the significance of success in building positive self-esteem by identifying four ways. It was supposed that they are through competence through the ability to meet challenges for achievement; virtue by following moral principles; power through the capacity to persuade others; and significance through the acceptance, affection, and attendance of others.

Bradshaw (1981) likens the association between self-esteem and success to an “income flow” or a “reservoir of a possibility”. Bradshaw further suggests that the individual can access this pool or reservoir through achievements, power, being valued, and acting on beliefs. The failures are viewed as subtractions of the self-esteem income flow.

Repetitive disappointments, let downs, and failures predisposes individuals to believe they are inadequate personally, develop a sense of learned helplessness, feel powerless and useless depending on the intensity and the frequency of failures (Mruk, 1995). As said by Rosenberg, “Although an acorn has the potential to grow into an oak tree, it will only become an oak under the right conditions of water, sunshine, and soil.” (1979).

*Major Theories of Self-Esteem*

There are several theories on the emergence of self-esteem which can lend some useful and important information to mental health practitioners and therapists.
A humanistically oriented therapist, who sees real and authentic positive regard as the key to human growth, that provides consistent positive feedback (affirming appraisal) is more likely to facilitate pro-self-esteem appraisals in their clients through implementation of the self-fulfilling prophecy. Another approach that is utilized by the humanistically oriented therapists is the idea of cognitive restructuring to enhance self-esteem through the identification of irrational thinking patterns, incongruence in self-talk through assisting the client in developing a more realistic reflection of their surroundings, self, and others. Clients are encouraged to become more aware of cognitive distortions through teaching them how to recognize and label cognitive distortions when they occur and then replace them with more reasonable, rational, and correct responses. These cognitive techniques are assumed to increase self-esteem by disrupting the generally smooth-flowing interactions between thinking, feeling, and acting in negative manners that lead to low-self-esteem and by combining such interruptions with more accurate and realistic perceptions that enhance self-esteem. The techniques are thought to assist the person with low self-esteem through giving them the opportunity to practice powerful and self-fulfilling positive self-esteem loops that contradict negative loops and also through freeing them from negative past to some degree (Mruk, 1995).

Cognitive psychologists posit that empowerment through the use of assertiveness training can help the individual thwart self-esteem damaging situations, avoid poor relationships and refrain from complying with negative treatment from others (Mruk, 1995).

Learning theorists put forward that increasing the self-efficacy, which was described by Albert Bandura (1977) as the sense of how one is expected to do in a
particular situation given his or her exposure to the kinds of models or past performance on similar tasks, can teach the person to increase their self-esteem in turn since success is linked to the sense of accomplishment. It is supposed that observing the therapist model ways of handling conflict, challenges, or various situations will demonstrate to the client alternative ways of enhancing the self-esteem (Mruk, 1995).

Many self-esteem enhancement programs are designed under the notion that helping people reach their personal goals is the way to increasing their self-esteem. The steps to these programs usually consist of learning about recognition of the presence of a problem, identification of likely responses and their result, becoming skilled at identifying the best alternative response according to the situation, and developing the ability to create a realistic plan that will lead to the outcome of reaching the goal. Moreover, it is recommended that the process to reach personal goals to increase self-esteem is facilitated in a nonthreatening environment, through the use of appropriate reinforcement, and continual practice. It is proposed that increasing problem-solving skills and provision of tools for better planning would lead to increases in the odds of being successful while reducing the probability of failures therefore in turn increase self-esteem especially, in the areas that are personally significant. These programs claim to be flexible, and considerate of individual strengths and weakness (Mruk, 1995).

Robert White’s (1963) psychoanalytic approach to the emergence of self-esteem asserts that a condition of need (a position of deprivation) comes about when the organism’s usual state of equilibrium is interrupted. This unfulfilled need necessitate a drive state that motivates the individual to gratify the need in order to minimize the tension and come back to a state of homeostasis. White posits that self-esteem has two
bases: an inner foundation of child’s own accomplishments and an outer source of reassurance from others. He distinguishes between self-esteem and self-love by stating that the latter does not necessarily have an association with the real abilities and accomplishments while he contends that self-esteem is obtained through a developmental course. Additionally, White claims that self-esteem is derived from efficacy because even as early as infancy, the baby has to be efficacious in manipulating its environment and the significant others to reach mastery and have others respond. The cumulative experiences during developmental stages are supposed to provide opportunities for exploration, success and failure, and acquire skills. Lastly, he investigates the association between competence and the ego strength (the degree of success in individual’s coping with anxiety and management of the demands of the reality capably) and their relationship to self-esteem. He proposed that an individual can respond to the unavoidable anxieties and challenges in two ways: mastery (competence or increase in self-esteem) or defense. (Mruk, 1995)

The sociocultural approach of Morris Rosenberg (1965) focuses on the view that self-esteem is an attitude towards an object in this case, the self. Rosenberg uses several analogies to prove that the attitudes towards self are similar to attitudes towards objects. He argues that the attitudes are similar in terms of substance, direction of value, strength, durability, etc. (Mruk, 1995)

Rosenberg contends that self-esteem or the absence of it is built through a progression of evaluation about one’s values and the divergence of them in the real self and the ideal self. He posits that the degree of the discrepancy between the real and the ideal self determines the degree of self-esteem (Rosenberg & Simmons, 1971).
Mruk (1995) argues that Rosenberg's sociocultural approach has limitations in the area of emphasis of self-esteem emergence from the external factors rather than the internal or the psychological factors. This makes it difficult to include the important element of personal drive to building self-esteem and therefore diminishes the role and power of personal choice and responsibility.

The behavioral perspective of Stanley Coopersmith as described in *The Antecedents of Self-Esteem* (1967) derives its ideas from empirical research on self-esteem. Coopersmith sees self-esteem as an assessment an individual has about self and the beliefs that are held in regards to the personal evaluations of importance, success, worthiness, and competence. He proposes that self-esteem and defensiveness are linked to several factors such as the environment, development, and learning to create familiar behavior patterns. Coopersmith’s theory of self-esteem is based on the learning perspective as it implies that self-esteem can be learned or acquired (Mruk, 1995).

The humanistic self-esteem theory of Nathaniel Branden (1969) perceives self-esteem as a basic, existential human need which affects behavior. He proposes that one is born with the innate knowledge of what satisfies this basic need and attempts to look for it with the use of human reason, freedom of choice, and responsibility. He believes that an individual has the innate ability to evaluate situations accurately and act in a way that is congruent with her fundamental values. Certain feelings such as enjoyment, happiness, and self-acceptance are viewed as natural responses to authentic living. Branden also notes that the need for self-esteem is so strong that the lack of it can drive us to live incongruently by faking it to create an illusion of self-esteem and to temporarily satisfy an immediate need for self-esteem. He connects the existential illnesses such as
suicidality, alcohol or drug use, neglecting health, remaining in abusive relationships to
the lack of self-esteem. In the same vein, he emphasizes self-esteem as a personal issue or
choice not a developmental or a social issue which holds the person accountable, active,
and responsible in the fluctuations of self-esteem. It’s perceived as something to be
managed throughout life (Mruk, 1995).

Seymour Epstein’s (1985) cognitive-experiential perspective is derived from the
concept of information-processing. He proposes that people form organized systems of
layered constructs through making connections of the previous connections they made
from experienced events. This theory of reality is organized to make sense out of the
environment. He supposes that the theory of reality is applied to understanding the world
and others and also the understanding of the self in relation to the world and others. Since
the parts involved in the organization of a system are perceived to be interconnected,
removal or disruption of one of the processes or components can interrupt one’s
functioning. Conversely, anxiety is a threat to the stability and therefore is also a threat to
the self-esteem. The presence of opposing forces drives the individual to change and
growth. There is a clear distinction between the procedures being mechanical and
automatic rather than existential and the degree of importance given to them various from
person to person (Mruk, 1995).

According to Norman Goodman (2001), nothing can make a person feel as
incompetent as than to know he has failed to achieve his main goal in life, which is
usually associated with an occupation or career. He notes that it is the lack of control an
individual has as a result of failures that threaten their self-worth and self-esteem. The
American society holds the individual responsible for his failures or successes
economically and might attribute failures to defects in character or limited abilities. Sometimes, reevaluation of one’s life and realization of failure to achieve in adulthood can lead to midlife crisis.

There are various emotions that in their presence an individual feels discomfort and distress while absence of these various emotions lead to feelings of comfort. These uncomfortable feelings about self are usually associated with anxiety, depression, shame, guilt, and embarrassment. Consequently, due to the fact that not every individual is comfortable with himself, some might find it difficult to live with the reflection of themselves (Simmons, 2001).

Different Approaches to Enhancement of Self-Esteem

Each approach to self-esteem theories is multifaceted. For example, the psychodynamic approach places its focus on the affective or emotional aspects of self-esteem, the behavioral perspective highlights the role of behaviors in the development of self-esteem, humanistic approach underlines the importance of personal choices and freedom while the cognitive-experiential view is bases the theory of self-esteem on experience, concept formation, and the hierarchical classification. Unfortunately, these distinct theories have very restricted dialog between them (Mruk, 1995). There is even evidence that exercise contributes to high self-esteem (Sonstroem, 1984). Other studies show that poor sleep habits and unhappiness are correlated (Diener, 1984).

Frey and Carlock’s (1989) self-esteem enhancement program bases its ideas on eclectic variations on the humanistic approach and is the first systematic approach designed to increase self-esteem. This program is consists of steps that are concrete, well established through the use of exercises with specific objectives in mind, and growth-
oriented. The first stage in the process to enhancing self-esteem is the Identity Phase which is designed to assist the person to discover his identity through working on recognition of impediments to awareness. The second stage consists of creation of awareness in regards to his weaknesses and strengths by helping him value his capabilities and responsibilities as a person. This stage of the program is deemed to be crucial to treatment of low-self-esteem because individuals with low self-esteem are assumed to be very experienced at disregarding and discounting their capabilities and focus on their liabilities. The facilitator’s consistent provision of sincere positive feedback to the client in the first stage of therapy later with the addition of adjustment of client’s information filtering techniques are anticipated prompt the client to encode information more accurately. During the third phase of treatment, the aim is to help client transfer the newly acquired skills and awareness to the outside of the supportive environment of the therapist’s office. This phase is called the nurturance phase. The focus becomes the substitution of negative thinking patterns that sustain low-self-esteem to overcome the current circumstances. The last phase of treatment is dedicated to maintenance of self-esteem and to continue practice of new skills such as converting experiences into opportunities to learn, taking risks appropriately, setting attainable goals, freely assert goals, and estimate the chances of outcomes by setting realistic goals even after the treatment ends. Frey and Carlock stress that there are specific practical issues to consider which are resistance from clients, assessment of appropriate goals, and persistence on change (Mruk, 1995).

Pope, McHale, and Craighead (1988) developed a behaviorally designed approach to enhancing self-esteem, which considers the issues to be arising from discrepancies of
ideal and actual self, with children and adolescents in mind. This program is centered on five different areas that affect self-esteem. These domains are identified as global, social, academic, level of self-value, and the body image. The program is intended to utilize behaviorally designed techniques and interventions to either improve skills to take performance up to an adequate level or decrease inappropriate standards to reasonable levels. Learning principles are applied through positive reinforcement, and modeling to facilitate change. However, during the assessment phase, the individual is evaluated for his cognitive style and self-evaluative style to make a clear sense of the client’s inner subjective speech, typical thinking patterns, and self-judgment customs to develop an individualized treatment for the client. The client has a role as an agent in partnership with the therapist in development of therapy and is informed of the intentions of treatment. The program is broken down to cognitive, behavioral, and social skills segments that are designed to teach problem solving skills, create positive statements of self using a realistic attributional style, raise self-control, build an idea of expectation of proper standards, develop better communication skills, and establish an appropriate body image by participating in specific exercises. The therapist assigns homework to facilitate practice of skills in the real world (Mruk, 1995).

Bednar, Wells, and Peterson’s (1989) cognitive approach to enhancing self-esteem is based on the notion that self-esteem is a foundation of self-approval which is an ever evolving process of feedback, circularity, and self-regulation. Then main focus of this program is to decrease the amount of avoidance inducing behaviors, thoughts, and feelings the person engages in. The first step in helping a client with low-self-esteem is to identify the client’s main avoidance patterns in coping with anxiety, emotional risk, and
conflict. Then, the client is gently confronted about her avoidance patterns and is asked to label them to facilitate a sense of accountability. Later, the person is encouraged to confront their avoidance and the negative self-evaluations and as a result face fears of possible self-hatred. The realization and accepting of these patterns are usually very painful and therefore done in the safety of the therapy. The last phase of treatment teaches the person to progressively learn to deal with conflict in vivo and in the outside world. The person is persuaded to deal with the painful and the sensitive material in order to find out what makes her defensive and how well she can tolerate the discomfort.

Burn’s 10 days to self-esteem program (1993) is a systematic approach to cope with issues related to self-esteem such as depression and anxiety which cause interference and poses obstacles in life. This program is facilitated in a group setting or in a self-help format. The curriculum of this program includes cognitive techniques designed to help clients understand and develop their self-defeating attitudes. The sessions entail assessment and enhancement interventions; utilize workbooks and manuals. The self-esteem is perceived as a ladder to be climbed and the lower the self-esteem lower to the ground a person has to start (Mruck, 1995).

Rosenberg’s perspective incorporates the self as a process, a way of being. He posited the self-concept is construed from processes that involve the cognitive social psychology paradigm. A person is flooded with stimuli at every social situation and engages in a selective process that is situation induced. He explained that this selective perception does not lead to low self-esteem in some people if their significant others responded to them with negative appraisals and social comparisons. In fact, he identified five protective factors which are positive self-values, appropriate interpretation of
situations, setting attainable goals and standards, focusing on positive relationships, and thinking of best situations (Elliott, 2001).

**Attachment-Based Approach to Enhancing Self Esteem**

Bowlby (1980) stressed the significance of infant-caregiver experiences in the shaping of basic affective, behavioral, and cognitive functioning. He speculated that the internal working models are produced based on the continual interactions with the primary attachment figure and eventually set the stage for children to form expectations about how the future attachment-related interactions will operate (Main, Kaplan, & Cassidy, 1985)

The adaptive survival mechanisms that apply to a certain environment at a particular time become maladaptive when they are inflexibly applied to a subsequent environment with distinct situations and new contexts (Daniel, 2006). Attachment patterns that are deemed to be insecure may have been adaptive for survival considering the specific caregiving environment (Crittenden, 1999). It is crucial for the client to develop insights in regards to the previously adaptive defense mechanisms and their uselessness in the present situations.

A few of the client’s defenses are minimization of attachment, intellectualized speech, positive endings, talking around, and cutting off. For example, George and West (2001) presented participants with the Adult Attachment Projective, which is a measure of attachment which consists of a series of drawings with emotionally charged themes and is correlated with the AAI (Adult Attachment Interview), and noted that some participants engaged in minimization by downplaying the situations or themes. Some clients choose to discuss legal or financial aspects of events rather that the emotional
implications by engaging in intellectualized speech to defensively avoid talking about painful memories. Clients who engage in intellectualized speech as a defense mechanism tend to value work over relationships, spend excessive amount of time on activity-focused friendships, and systematically exclude attachment-related incidents by switching to a nonthreatening topic. Another defense can be deducted from the client’s narrative style that tends to put a positive ending to the stories even when the topics are losses, separations, illnesses. As a result, when the stories emerge, the client might feel guilt, vulnerability, embarrassment, humiliation, anger, and shame in regards to feeling as if being disloyal to the parent. Another way a client defends attachment wounds is through talking around by focusing on no-attachment related topics. For instance, the client might avoid meaningful, significant relationships by focusing on occupation or career for many years. When the minimization strategies are no longer sufficient to cope with the painful memories, the client might resort to cutting off by discontinuing therapy or other relationships (Muller, 2010).

George and West (2001) claim that clients with avoidant defenses rarely cry in therapy, preoccupy themselves with portraying themselves as strong while valuing personal achievements such as degrees, wealth, material success, and professions rather than putting weight on the emotional strengths. Therapy gives an opportunity to facilitate evaluations of perceptions, their origins, the impact they have on the client’s life.

A client that has learned that reliance on others is a fundamental weakness avoids any situation or relationship including intimacy that would require dependence. Through falling back on the self for sources of support, the client falls into a void of inner emptiness (Muller, 2010).
Sable (2000) used the term *insistent self-reliance* to describe some clients who are not able to rely on others for their attachment needs, who attempt to deny their need for attention and support, defensively conceal their fear of perceiving others to be trustworthy.

Robert T. Muller explains that his approach to attachment based psychotherapy perceives the therapeutic relationship as a technique to identifying the individual’s relational difficulties and compensatory systems. The client is inquired to take interpersonal risks, verbalize feelings she would ordinarily not be willing to share, recognize and grieve losses securely, and confront vulnerabilities in the safety of the therapeutic relationship. He establishes a foundation through strong therapeutic alliance to facilitate trust in the client toward others (2010).

Mikulincer et al. (2004) have found that when defenses that are avoidant begin to disintegrate, signs of poor intrinsic self-image surface, attributable to the negative opinions of self which have been concealed by defensive strategies. Consequently, it is construed that positive self-image that some clients defensively declare to have is very fragile (Shorey & Snyder, 2006).

Eliana Gil (2006) proposed that suppression of material that is associated with trauma might be a temporary relief, however it necessitates continued attempts to maintain and will eventually collapse by not allowing comprehension of normal functioning.

Jeremy Holmes (2001) underlines the positive impact of responsiveness and clinical attunement that is leading, affective, non-controlling in the psychotherapeutic relationship for the secure base to arise between clinician and the client.
Muller (2010) states that empathy, attunement, genuineness, empathy, and responsiveness are major components in the therapeutic alliance between the therapist and the client because the clients who were rejected, hurt, or exposed to loss without recognition, resolve, or acknowledgment need to be given a safe context with the therapeutic environment to have the opportunity to feel support, encouragement and emotional vulnerability with an empathic and sensitive other. Muller explains that empathic ruptures and failures can occur if the therapist “overchallenges” the client by not conducting therapy in the client’s own pace or by unwittingly acting on his own countertransference due to possible feelings of annoyance with defensiveness from the client. These ruptures and failures can provide useful insight about the direction of therapy and opportunities for growth. This work can only be done if the therapist is able to recognize his own countertransference, is open to acceptance of criticism in a nondefensive manner, and the therapeutic alliance has been built prior to the rupture. In fact, the rupture can allow the client to express feelings in the safety of the therapeutic relationship which she might not have had the opportunity or the chance to do before. Muller further discusses that “underchallenging” the client can be as complex and obstructive as overchallenging the client when the therapist attempts to avoid further evoking distress in the client especially, if she has had a painful history.

Some clients engage in “splitting” by separating the world of their strengths and vulnerabilities and having two separate, distorted stories of their lives or even telling stories in emotionally inappropriate tones. The defensive splitting renders a very important chunk of life, most likely painful, unexplored and uninspected (Chu, Frey, Ganzel, & Matthews, 1999).
In psychotherapy, when it becomes clear that the client is avoiding or pushing away painful topics by evading or telling discrepant stories, it is not most beneficial to confront the client in a forceful, aggressive manner (Sable, 2000).

Pearlman and Courtois (2005) suggest that the clinician takes the stance of “curious exploration” with the client rather than the stance to provide evidence to prove discrepancies.

The client might reject certain labels or being told about their defensive strategies to psychoeducate in the very early stages of counseling and therefore it is advised to use interventions in a timely manner (Muller, 2010).

The therapist can note and get client to notice narrative discrepancies in her stories by getting the client to pay attention to them through the use of reflective listening and gently inviting the client to give meaning to her discrepant stories and what connections they might entail. Looking at narrative discrepancies facilitates an opportunity for client to understand and recognize the existence of shades of gray in her narratives (Muller, 2010).

Muller (2010) advises that the therapist can assist the client in pointing out association between current symptoms, which brought her into therapy, and the attachment-related issues by encouraging her to shift her focus from the perception of loneliness and depression to self-isolation and keeping people at a distance to redefine problematic symptoms into attachment-based issues.

Trauma is related to loss and in early attachments in which the child was severely neglected, abused, abandoned, and ruthlessly criticized by caregivers creates a lost sense of protection and loss of childhood (Cloitre, Cohen, & Koenen, 2006).
A child might feel hurt and anger as a result of betrayal of trust from caregivers who are harsh and insensitive in addition to feeling a profound sense of disappointment as a result of observing other families who appear different than one’s own (Muller, 2010).

A client with an attachment injury or loss can put on a façade to detach herself from emotions such as sadness, hurt, disappointment, need for dependency and alienate herself from friends especially, when there is possibility that the weaknesses might be exposed. This façade can be self-defeating at times. Hence, morning the losses appropriately is essential to healing (Muller, 2010).

Sable (2000) described that through empathy the therapist becomes a secure base for the client from whom the client can securely explore methods and ways to facilitate a healing.

Leman and Carlson (1989) explain how love has the potential to heal the child within us. They describe the core values such as joy, peace, emotions, etc. that make us human are also what make us worthy of love. The “Inner Child”, as it is metaphorically named, sometimes splits off because of abandonment, abuse, neglect, criticisms and prompt individuals to develop beliefs that they are flawed, faulty, imperfect, and defective which in turn further lead them to think they are bad at the core. As a result, the Inner Child becomes disowned and rejected. These processes are the source of self-dislike and shame which are generally seen with stress related dysfunctions. The Inner Child does not actually go anywhere; it stays hidden within covered and battered. Healing comes through love when current consciousness reunites with the Inner Child to become whole. The child who grows up to become an adult might operate logically, but the Inner
Child continues to need love and cries out by becoming insecure, joyless, angry, needy until it is touched by love (Schiraldi, 2001).
CHAPTER 3
OVERVIEW OF PROJECT

Introduction

The purpose of this project is to provide mental health practitioners especially, Marriage and Family Therapists (MFTs) with a guidebook that utilizes several attachment-based methods to engage in deep, meaningful work with clients who are experiencing low self-esteem.

Since early attachment patterns and the later predictability of self-esteem are closely correlated, a treatment framework that is based on the theories of attachment can be well equipped to successfully treating clients who meet the criteria. This guidebook attempts to increase client’s self-esteem by providing exercises that teaches ways to establish a sense of worth, competency, and acceptance through discovery of the love for the inner child who experienced the attachment injury.

Development of the Project

Bowlby (1988) perceived the attachment based psychotherapy as providing the individual with an environment within which she can think, feel, and act differently than the previous ways within the interpersonal world. This project was developed on the basis of the theory of attachment proposed by Bowlby.

This guidebook alongside with the therapeutic alliance formed between the client and the clinician can be very helpful in elevating self-esteem in cases when clear evidence of attachment injury in the early years of the client’s life. This project was conceptualized as a result of the limited availability of guidebooks that rely mainly on
attachment-based strategies for treatment through incorporation of various techniques borrowed from different theoretical orientations.

*Intended Audience*

The intended audiences of this project are Marriage and Family Therapists (MFTs) and other mental health practitioners who would like to utilize attachment-based strategies to work with individuals who exhibit symptoms of low self-esteem. However, the MFTs and other mental health practitioners are recommended to seek out other resources on treatment approaches with attachment-based frameworks to expand their knowledge as well as understanding of the theory prior to beginning implementing the exercises contained in this guidebook.

Furthermore, since some the exercises in this guidebook can be completed by the client alone, mental health practitioners can instruct and encourage their clients in accessing of the information and therapeutic activities included in this guidebook.

*Professional Qualifications*

It is highly recommended that this guidebook and its exercises are utilized only by licensed Marriage and Family Therapists (LMFTs) and other licensed mental health practitioners of either a Master’s or Doctoral level of education. Also, the therapist needs to be familiar with attachment theory and have experience in treating individuals with low self-esteem.

It is suggested that the therapist has a different attachment style than the client. Researchers have indicated that therapist and client dyads with different attachment patterns are a better match in therapy because the client would have more chances to be met with counteraction of her expectations and perceptions (Bernier & Dozier, 2002).
Researchers determined that securely attached therapists display the most flexibility in adjusting and modifying the style of their interventions when it becomes crucial for the treatment to provide noncomplementary responses to their clients (Dozier, Cue, & Barnett, 1994).

The therapist has to be willing to take a very active stance in using this guidebook to treat clients with low self-esteem using attachment-based strategies. Wallin (2007) argues that clients who display a pattern of deactivating the attachment system by reluctance to express or acknowledge attachment-related distress, have a very difficult time in treatment if they are not with an active therapeutic stance.

Dozier and colleagues suggest that the therapist refrains from confirming the client’s defensive of avoidant worldview, but practices a therapeutic stance that is gently challenging to the defensive strategies of the client (Dozier & Bates, 2004; Bernier & Dozier, 2002).

Licensed Marriage and Family Therapists have the opportunity to receive therapy prior to being licensed, however, in some instances it would be of great importance for the therapist to be in therapy until he has processed his own attachment-related issues before working with other clients to prevent transference and countertransference that might hinder progress in therapy. Researchers propose that it is of essence that the clinician is comfortable with listening to painful trauma-related stories of the client’s life as even the slightest indication that the clinician is not able to tolerate the material can cause the client to withhold the narration of her story out of fear (Cohen, Mannarino, & Deblinger, 2006).
The capability of the therapist, who has a secure attachment style, to adjust his style to regulate the emotional experience of the client allows therapist to activate the attachment system of the client and therefore makes the outcome of successful therapy more likely (Meyer & Pilkonis, 2001).

Mallinckrodt and colleagues posit that the therapist’s capability in adjustment of his levels of emotional distance in the therapeutic relationship according to the needs of the client serves as a corrective emotional experience for the client’s attachment pattern (Mallinckrodt, Porter, & Kivlinghan, 2005). Therefore, it is suggested that the therapist is well seasoned in provision of attachment-based therapy to treating clients with self-esteem issues and believes in the significance of attachment in later functioning to use this guidebook.

*Environment and Equipment*

Basic materials that are needed in the participation of the exercises and activities described in this guidebook can either be obtained by the client or be provided by the therapist. Some activities require no equipment or materials other than the imagination of the client while others ask for a pen, paper, pictures, and other easily accessible items. It is recommended that every exercise is done in a comfortable and quiet place for which the therapist’s office is most likely very appropriate.
CHAPTER 4
CONCLUSIONS

Summary

I began to develop an interest in attachment theory through professional and personal opportunities. Through professional exposure to observations of early attachment patterns as well as child-caregiver interactions, I developed an appreciation for the insights that are offered by attachment theory. As a result of my affinity of the theory and the large amount of research in support of it as a determinant factor in the construct of self-esteem, I formed the idea for the guidebook to encourage mental health practitioners to have access to a treatment guideline that is flexible enough to be utilized in conjunction with other treatment methods. The exercises are mainly based in treating early attachment injuries or losses, but make use of several valuable ideas and points of references from other therapeutic orientations. This methodology reflects my own stance to conducting therapy since I always use interventions and strategies from various theories as I deem appropriate.

Discussion

I am a firm believer in the idea that we are all products of many influences. The factors that make us human and determine behavior are interwoven and impossible to separate. This is why theorists are in constant disagreement about cause and effect in terms of human development and constructs of personality. I strongly support the existential idea that we always have a choice, no matter what. However, we would be doing an injustice to many people who experienced attachment traumas if we disregarded their pasts and expected them to get over it overnight by having a healthy self-esteem,
accepting themselves, feeling competent, and believing that they are loveable when they were deprived of the affectionate care and sensitive response of the attachment figure very early on in life. Although some might argue that there are exceptions to the notion that insensitive caregiving is related to low self-esteem, since there are individuals who experience severe trauma and bounce back with great resilience, we would not be benefitting the individuals who are deeply affected by the traumas in their early childhood. I believe that as therapists it’s important to pay attention to what walks through the door and make the clients the experts in exploring what was significant in their development rather than what therapeutic approach we prefer to stick by. For this reason, I was inspired to include exercises using different theoretical frameworks in my guidebook. My personal style in conducting therapy is to start with the earliest significant experiences the client can remember so that the feelings are processed in the order they happened. Again, that has been my inclination and I would modify that depending on the unique needs and preferences of the client to make the progression of therapy more relatable and meaningful to the client. I developed an interest in attachment theory because it helped me in my personal life and that was the only way for me. Some clients might opt to deal with current dilemmas and issues in relation to their low self-esteem because the past is not currently affecting them and did not cause their low self-esteem. I began to conceptualize this graduate project with a very clear, “selfish” goal in mind which was to design a program that was going to be appropriate for me and for what I needed in therapy. This project is very personal for me. I attempted to convey the message of what helped me so that others who are in the same position can benefit from engaging in the exercises that nurture the inner child. Love for the core self and the child
within that has a need for recognition are essential in enhancing self-esteem because a person who can’t accept the importance of her needs cannot feel worthy.

I feel that I further developed my therapeutic skills and gained tools to expand my knowledge in the topic of self-esteem that I am very passionate about. This has been an experience of personal and professional growth for me from which I learned to develop an appreciation for all the different approaches that are valuable in treatment of individuals with low self-esteem.
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Appendix

ATTACHMENT-BASED STRATEGIES TO ENHANCE SELF-ESTEEM:
A Guide for Mental Health Professionals

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# TABLE OF CONTENTS

Love for the Core Self as a Precondition to Self-Esteem

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preassessment</td>
<td>68</td>
</tr>
<tr>
<td>Assessing Your Reaction</td>
<td>70</td>
</tr>
<tr>
<td>Self-Esteem Exercise</td>
<td>71</td>
</tr>
<tr>
<td>Corrective Experience No. 1: Find and Love the Core Self</td>
<td>73</td>
</tr>
<tr>
<td>Corrective Experience No. 2: Embracing Your Lost Inner Child</td>
<td>77</td>
</tr>
<tr>
<td>Gift of a Baby Exercise</td>
<td>79</td>
</tr>
<tr>
<td>Letter to the Inner Child</td>
<td>82</td>
</tr>
<tr>
<td>A Body Appreciation Meditation</td>
<td>85</td>
</tr>
<tr>
<td>Body Appreciation: An Exercise</td>
<td>88</td>
</tr>
<tr>
<td>Touching the Past with Love Exercise</td>
<td>93</td>
</tr>
<tr>
<td>Healing Your Inner Child: A Visualization</td>
<td>98</td>
</tr>
<tr>
<td>A Skill-Building Activity No. 1</td>
<td>100</td>
</tr>
<tr>
<td>Cognitive Rehearsal: An Exercise</td>
<td>104</td>
</tr>
<tr>
<td>A Skill-Building Activity No. 2</td>
<td>107</td>
</tr>
<tr>
<td>Pleasant Events Schedule</td>
<td>109</td>
</tr>
<tr>
<td>Forgiving Others and Letting Go to Gain Self-Esteem</td>
<td>111</td>
</tr>
<tr>
<td>Dreaming to manifesting</td>
<td>116</td>
</tr>
<tr>
<td>Termination of Psychotherapy with a Client with an Attachment Injury</td>
<td>120</td>
</tr>
</tbody>
</table>
Love for the Core Self as a Precondition to Self-Esteem

Self-esteem is related to the concepts of pride, appreciation, acceptance, identity, confidence, and respect (Schiraldi, 2001). Therefore, it is important to develop a treatment plan that encompasses all the concepts that are associated with self-esteem.

Schiraldi argues that love is the foundation for healthy self-esteem and mental health and once a person knows how to manage stress then one knows how to manage life. He suggests that in order for someone to change her self-esteem, she needs to first understand the concept of self-esteem and the foundations which it is based on. He claims that there are three essential sequential factors that construct self-esteem: unconditional worth (a person’s value and preciousness as any other person), love, and growing (movement toward a desired path).

He describes distorted automatic thoughts such as assuming (the worst situation without having any evidence), shoulds/musts/oughts (demands someone makes on herself), the fairy-tale fantasy (expecting the world to be fair), all or nothing thinking (holding oneself up to unattainable standards), overgeneralizing (global statements about outcomes), labeling (confining self to a label), dwelling on the negative (focusing on the negative aspects of events or outcomes), rejecting the positive (discounting one’s accomplishments), unfavorable comparisons (inflating other people’s strengths and accomplishments while minimizing one’s own accomplishments and strengths), catastrophizing (thinking of and anticipating the worst), personalizing (not looking at the situation realistically by assuming that one has more influence in the negative outcome than real extent of involvement), blaming (externalizing difficulties and not taking
ownership of one’s own difficulties), and making feelings facts (using feelings as proofs of facts).

He also puts forward that negative feelings in response to outcomes, events, and behaviors can be proper in some situations however, the inclination to feel shameful about the core self is unhealthy. Furthermore, he states that feeling as a complete failure at the core is not the same realization that one is not adequate for a certain task in the moment. He advises that it’s helpful to judge behaviors, but not the core self. Patricia Linville (1987) found that having multifaceted and complex perception of one’s self contributes to resilience of self-esteem against stress.

Moreover, he explains that there are at least three sources of love: parents, significant others, and self. He expresses that significant others is the only source of love that is never unconditional meaning a loss of love can happen when we don’t meet the significant others’ expectations or when their desires change while he emphasizes the importance of love from within the self by describing that this can be given to self regardless of whether one received love from the other sources or not.

“If you didn’t have loving parents, then you had better learn to be a loving parent to yourself.” Anonymous quote (Schiraldi, 2001).

The following exercises are based on the idea that through love for the core-self one would develop an increased sense of self-esteem.
Preassessment

Find a quiet place. Sit in a comfortable position. Take long and deep breaths. Relax your mind. Think about self-esteem and where your self-esteem is at this moment. Think about some triggers you may have that cause fluctuations in your self-esteem. Reflect on how it changes, if it fluctuates at all, from low, to high, to medium. Identify times your self-esteem remains constant. What are your triggers to the fluctuations in your self-esteem? Think about places, people, situations, even certain sensations and thoughts that trigger these fluctuations in your self-esteem. Now identify the earliest memory you have of your awareness of your self-worth. Reflect on when you started evaluating yourself, as you do now, and clarify what the bases to them were. Remember who the closest person to you was when you developed an awareness of your self-esteem. What messages did this significant caregiver give you as compared to what messages you gave yourself? Just observe your thought process as you try to trace your memory to as far back as you can. Be aware of your body’s reactions to the thoughts, and attempt to identify physically how you are feeling as you remember. Now, write down your reactions to the exercise as you answer these following questions. (Adapted from work of Schiraldi, 2001).

1. What are the influences your family of origin had in the development of your self-esteem?
2. What do you think contributes to your feelings of inferiority, if any, when your self-esteem fluctuates?
3. What would make you feel an equal to other people? What do you feel you need to accomplish to have a sense of equality?

4. Please, use pens, pencils, markers, crayons, chalk, or paint to draw your view of yourself and on a separate medium draw how you think your caretaker perceived you. Are there any differences between the two drawings? If they are similar, why do you think they are? If they are very different, what do you think contributed to the differences?

5. Write down at least three sentences describing where you think your value comes from.
Assessing Your Reaction

If you could influence a child’s sense of self-worth, confidence, and well-being, how would you do that? What do you think would promote a child’s self-esteem? What does a child need to do to feel worthy? Does the child need to have any special talents, character traits, skills, and good looks to be and feel worthy? Take about 10 minutes to think about this. Write down your answers (adapted from Schiraldi, 2001).

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Read the following script, think about what the implied meaning is in relation to your concept of your worthiness, and write about your reactions.

When we plant a rose seed in the earth, we notice that it is small, but we do not criticize it as “rootless and stemless.” We treat it as a seed, giving it the water and nourishment required of a seed. When it first shoots up out of the earth, we don’t condemn it as immature and underdeveloped, nor do we criticize the buds for not being open when they appear. We stand in wonder at the process taking place and give the plant the care it needs at each stage of its development. The rose is a rose form the time it is a seed to the time it dies. Within it, at all times, it contains its whole potential. It seems to be constantly in the process of change; yet at each stage, at each moment, it is [whole] as it is (Gallwey, 1974). From (Schiraldi, 2001)
**Self-Esteem Exercise**

This exercise is adapted from the work of David D. Burns (1993, p. 168-169).

What are some situations that lead you to become aware of feelings of inferiority or low self-esteem? Identify some possible situations that cause low self-esteem for you? Is it when you are criticized, fail, or rejected?

1. ______________________________________________________________________
2. ______________________________________________________________________
3. ______________________________________________________________________

What types of feelings do you experience when you are exposed to above situations that you described? Do you possibly feel inadequate, sad, neglected, frustrated, or jealous? Please, list them.
What are your thoughts when you experience these situations? What do you usually tell yourself? Describe your thought process.

What do you think are the consequences or costs to having low self-esteem? In what ways are you affected by low self-esteem? Does it interfere with personal relationships and productivity? Please, explain in detail below.
Do you or did you ever know someone that you admired and thought of as worthwhile?

Who is or was that person that you felt an admiration for? What made the person worthwhile? Describe the person in detail.

What are the conditions you are imposing on yourself to qualify for increased self-esteem? Are you not worthy if you do not meet these conditions? What makes a person worthless or is it possible for anyone to be worthless? Provide your answers below.
What are some traits or characteristics you have that make you a worthwhile person?
What are some behaviors, thoughts, and feelings that contribute to your low self-esteem?
What could you do to increase your self-esteem even if you could not change your life circumstances?
Corrective Experience No. 1: Find and Love the Core Self

This following exercise was adapted from the work of John Bradshaw (1988) designed to help you find and love your core self.

1. Expect this exercise to take approximately 15 minutes. Locate a place that is quiet and comfortable for you to sit.

2. Take deep breaths and say the word “relax” as you breathe out. Go to the next step when you feel relaxed.

3. Take your time to think about people you cherish/cherished and people who make/made you feel safe, secure, warm, loved, important, understood, accepted, capable, worthy, and visible (friends, family members, loved ones, significant others, partners, colleagues, teachers, professors, etc.). Now, write down their names on a piece of paper.

4. Imagine being surrounded by loving people as an infant. You can choose to imagine the people you identified, your parents how you would have liked them to be ideally, a combination of the people you cherish/cherished, or someone who makes/made you feel worthy and loved.

5. Imagine yourself being told encouraging words and/or positive statements by these people that you sense you needed to be told to feel worthy, loved, and accepted. Imagine hearing the following words from alternating male and female voices.

- Welcome to our family, home, and world.
- We’re so happy you are here.
- We’re so happy you are a girl (boy).
- You are wonderful.
- We want to hold you, be close to you, and love you.
- All of you feelings are okay with us, as sometimes you will feel anger, sadness, hurt, pain, and worry, and at other times you will feel joy and laughter.
- We won’t abandon you.
- We will support and nurture you.
- We are here for you.
- We will make sure you have all the time and resources you need to get your needs met.
- It’s okay to wander off, experiment, and explore things away from us.
- We will stay with you.

6. Visualize that the people who are speaking these assuring and nurturing words are embracing you, loving you, cradling you, and gently watching over you as you are responding to these feelings.

7. Repeat this exercise for two consecutive days before you do the next exercise.

8. In the space provided, write down your experience and feelings you experienced during this exercise. Do you remember what the speakers were saying to you that you needed to hear other than the sentences provided for you in step 5?

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Corrective Experience No. 2: Embracing Your Lost Inner Child

The following exercise was adapted, with very minor modifications, from the work of Pam Levin (1988), and is designed to uncover the inner self that’s been split off.

Find a quiet place. Focus on your breathing as you inhale and exhale air for a few minutes. Be mindful of your breathing as you notice the difference between your breathing in and out. Now, imagine the following, using masculine or feminine pronouns as you deem appropriate:

You are walking down a long flight of stairs. Walk down the stairs slowly and count down from ten to one. When you reach the bottom of the stairs, turn left and walk down a long corridor with doors on your right and doors on your left. Each door has a colored symbol on it. As you look toward the end of the corridor there is a force field of light. Walk through the light and go back through time to a street where you lived before you were seven years old. Walk down that street to the house in which you lived. Look at the house. Notice the roof, the color of the house, and the windows and doors. See a small child come out the front door.

What is the child doing? Is the child holding a special, beloved toy or playing her favorite game? How is the child dressed? What color are the child’s shoes? What is the child feeling? Does she notice you standing in front of her door?

Walk over to the child. Tell her you are from her future. Tell her that you know better than anyone what she has been through; her suffering, her abandonment, her shame, her hurt, her fears, her losses. Tell her that of all the people she will ever know, you are the only one she will never lose. Now ask her if she is willing to go home with you. If not, tell her you will visit her tomorrow.
If she is willing to go with you, take her by the hand and start walking away. Feel the warmth and the joy of that tiny hand, and of being with that little person. As you walk away, see your mom and dad come out onto the porch and wave good-bye to them. Look over your shoulder as you continue walking away and see your parents becoming smaller and smaller until they are completely gone.

Turn the corner and see your most cherished friends waiting for you. Embrace all of your friends and allow warmth to come into your heart. See them all embracing the child with joy. Embrace your child and feel her warmly embrace you. Hold your child in your hand and let her shrink to the size of your hand. Or, embrace the child and feel her absorb into you, filling you with all her joy, hope, and potential. Tell her that you are placing her in your heart so you can always carry her with you. Promise her you’ll meet her for five minutes each day. Pick an exact time, and commit to that time.

Next, imagine that you walk to some beautiful outdoor place. Stand in the middle of that place and reflect on the experience you just had. Get a sense of communion within yourself. Now look up in the sky; see the purple white clouds form the number five. See the five become a four, be aware of your feet and legs. See the four become a three, feel the life in your stomach and in your arms. See the three become a two, feel the life in your hands, your face, and your whole body. Know that you are about to be fully awake- able to do all things with your fully awake mind. See the two become a one and be fully awake, remembering this experience.
Get an early photo of yourself, if you can, to remind you of the child that lives within you. Practice this imagery for two consecutive days.

Please, write down your reactions to this imagery. Did the child decide to come with you? What did she say to you if anything? How did she react to seeing you?

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You may choose to draw about your experience with visiting the child within you and your visualization.
**Gift of a Baby Exercise**

1. Locate a quiet place that you find relaxing for this exercise. Plan about 15-20 minutes for this activity of reflecting undisturbed. You will need a pen and a paper ahead of time. Fold the paper in half twice so you have four quarters.

2. Find the earliest picture you have of yourself.

3. Find a picture of a random baby/infant that you do not recognize, are not familiar with in any way, and is not related to you. You may cut out the baby picture from a magazine, book, or a newspaper.

4. Go to your comfortable spot. Repeat to yourself a word or a phrase that relaxes you. Some people choose to say “relax” to cue themselves to start relaxing.

5. Become aware of your breathing. Take deep breaths and slowly exhale. Notice your body becoming relaxed with each breath.

6. Pick up the random baby picture and observe it as long as you like. On the upper left hand corner of the paper, write down what you think are some things the baby deserves to be given by its caretaker(s) or parent(s). Answer the question whether the baby has to earn those things or has a birthright to be provided with them unconditionally. Why or why not? Take your time to think about your answer.

7. Now put down the baby picture and pick up your earliest picture. Take your time to observe your picture. What are you noticing? On the upper right hand corner of the paper, write down what you deserved to be provided with by your caretaker(s) or parent(s). Circle the ones you feel you were provided with. Answer the question whether you had to earn your worth or was it your birthright for just being a human?
8. Next, on the lower left hand corner of your paper, copy down the words you circled (the ones you were provided with).

9. Move to the lower right hand corner of the paper. Take your time to think about what you needed as a child that you feel you were not given. Write as many things as comes to your mind. If you did not come up with feeling words, write an accompanying feeling word next to each item you listed.

10. Compare what you wrote down for the random baby and yourself in the upper half of your paper. Are there any differences in your answers? Did you write down that you deserve the same things as the other baby? Were you as generous with yourself as you were with the random baby? Why or why not?

11. Move to the lower half of your paper. Notice the ratio between experiences you got from your early attachment figure(s) and the ones you did not. Is one list longer than the other or are they about the same? Try to think of specific examples from your early life to the positive feelings you listed on the lower left hand corner. Write a sentence for each positive word you listed describing the specific incidents you thought of in association with them.

12. Look at the words you listed to describe the experiences or the feelings that were lacking from your early childhood. Did you learn to take things such as love, acceptance, worth, nurturance, and respect from your attachment figure(s) for granted or were you given messages that you had to earn them or even worse you did not even have the option of earning them? How do you think your current self-esteem is affected by your early childhood experiences?
13. Go ahead and close your eyes. Imagine yourself at the age of your picture. You are being presented the positive experiences you were not provided with just for being human just as you would grant them to a baby you don’t know. You are safe, nurtured, loved, accepted, and secure. You imagine yourself slowly growing up to your current age and continuing to feel the same.

14. Open your eyes when you are ready. Think of ways to give yourself the experiences you were not provided with. Write out a plan on the flip side of your paper. Make sure you devise ideas to satisfy each need that was not met from the right hand corner of your paper.

15. In order to remind yourself of your worth and acknowledgment of your needs, copy down the rights you deserved to have as a baby on the back of your picture. At this point, you may choose to add other positive feelings you would like to experience that were not on the previous list.

16. You may carry your picture inside your wallet, purse, pocket, or even put it on a frame next to your bed to remind yourself of your worth, value, and equality when in doubt.

In the following space write your thoughts about this exercise:
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Letter to the Inner Child

This following exercise is adapted from the work of Edmund J. Bourne (2000). Use appropriate pronoun as you see proper

1. This activity involves writing a letter to your inner child to let the child know about your feelings about her, about what she went through as a child and the events that took place, as well as telling the child about your desire to get to know her or him better. You may add other important messages in your letter that you want your inner child to know.

2. Upon completion of your letter, seal it up. You may even mail it to yourself if you would like.

3. When opening this letter, take the perspective of the child who is your younger self. Take the role of the child as you read it.

4. Write a letter back to your adult self, instructing her about what you want and need from her. You may write in a child’s handwriting to get yourself in touch with your inner child.

5. Please, make up your own letter. An example of a letter to the inner child might look like this one.

Dear Little Child,

I have been disconnected from you for a very long time. I hope you can understand that it’s been very hard for me to accept you as part of me. I apologize for failing to conceive that you were the most important thing that was missing
from my life. We are one now. I know all of your suffering. You are a very strong
girl for being able to survive the conditions that you are in. I want to let you know
that I am here for you. I will support and protect you. I will care for you at all
times. I am not going anywhere.

I know you are afraid of talking to other people about what happens at
home because everyone else seems to have a normal life. I see how other people
sometimes notice your troubles and you deny them because you are so afraid of
the person who threatens you to not tell anyone. You don’t have to play dead
anymore or hide your bruises because I will protect you from now on. Even
though they tell you how ugly and worthless you are, you are very valuable to me.
You are the most important person to me. It’s okay to let go the shame and guilt.
They don’t help you. I know how you get punished for every little mistake you
make, or even for being yourself. You might be getting the message that you need
to be perfect and obey at all times even with requests that don’t feel right. You are
very perceptive for knowing the difference and doing whatever it takes to survive.
There will be a time when you will be able to speak your mind and be yourself.
You are a very intelligent girl and you know exactly what you want out of life. It
seems as though there are so many roadblocks to experiencing your childhood,
but you will still manage to have fun and lots of it. I will be watching over you
and won’t let anyone hurt you.

I wish you could tell me more about you and make yourself more visible.
There are many painful things you don’t remember. There are no pictures, words,
or even memories attached to some of the stuff you went through, but I will be the
witness to it all so that you’ll always have me to listen to you and understand you.

Take your time to remember it all, I will wait patiently to hear you and help you.

There are terrible truths that you are trying to forget now. There is a lot of hope for you because you are a survivor and you will always hold on to hope. You will make it through. You love life and you are very lovable. I’m taking you in my heart wherever I go and will be holding your little hand through life.

Love,

(sign your name)

6. Read your letter out loud as your younger self and allow yourself to experience any emotions it might bring you or think of any memories it triggers.

Record your reactions to this exercise. Did you experience strong emotions in response to the letter? Do you treat yourself the same way your caregiver/attachment figure/parent(s) treated you? How do you currently treat yourself when you are scared, lonely, insecure, or rejected? Has your perception of yourself changed by doing this exercise? Do you plan to treat yourself differently now? How so?

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87
A Body Appreciation Meditation

The following exercise was taken verbatim from Jack Canfield’s (1985) work.

Welcome. Find a comfortable position, either sitting up in a chair or lying on your back on the floor or on a bed. Take a moment to get comfortable. And become aware of your body now... you may wish to stretch various parts of your body...your arms, your legs, your neck, or your back...just to heighten your awareness of your body. And now begin to take a few deeper, longer, and slower breaths...inhaling through your nose and exhaling through your mouth, if you are able to do that. And continue the long, slow rhythmic breathing...

Now, let’s take a few moments to focus on and appreciate your body. Feel the air coming in and out of your lungs, bringing you life energy. Be aware that your lungs go on breathing, even when you are not aware of them...breathing in and out, all day long, even when cleansing and restoring the entire body, a constant inflow and outflow of air...just like the tide coming in and going out. And so just now, send a beautiful and radiant white light and love to your lungs and realize that ever since you took your first breath your lungs have been there for you. No matter what we do, they still keep breathing in and out, all day long. Now become aware of your diaphragm, that muscle below your lungs that goes up and down and continually allows your lungs to breathe...and send light and love to your diaphragm.

Now become aware of your heart. Feel it and appreciate it. Your heart is a living miracle. It keeps beating ceaselessly, never asking for anything, a tireless muscle that continues to constantly serve you...sending life-giving nutrients throughout your body to every cell. What a beautiful and powerful instrument! Day in and day out your heart has
been beating. And so see your heart surrounded by white light and warmth, and say silently, “I love you and I appreciate you,” to your heart.

Become aware now of your blood, which is pumped through your heart. It is the river of life for your body. Millions upon millions of blood cells... red corpuscles and white corpuscles... anticoagulants and antibodies... flowing through your bloodstream, fighting off disease, providing you with immunity and healing... bringing oxygen from your lungs to every cell in your body... all the way down to your toes and up to your hair. Feel that blood moving through your veins and arteries... and surround all of those veins and arteries with white light. See it dancing in the blood stream as if it were bringing joy and love to each cell.

And now become aware of your chest and your rib cage. You can feel it rising and falling with your breathing... your rib cage that protects all of the organs in your body... protects your heart and lungs... keeping them safe. So let yourself send love and light to those bones that make up your ribcage. And then become aware of your stomach and your intestines and your kidneys and your liver. All of the organs of your body that bring in food and digest it and provide the nutrients for your body... balancing and purifying your blood... your kidneys and your bladder. See your whole body from your neck down to your waist surrounded and filled with white light.

Next become aware of your legs... your legs that allow you to walk and to run and to dance and to jump. They allow you to stand up in the world, to move forward and to run and to make yourself breathless with exhilaration. Allow yourself to appreciate your legs and to feel them surrounded with white light. And see all the muscles and bones in your legs filled with radiant white light... and say to your legs, “I love you, legs, and I
appreciate all the work that you’ve done.” And then become aware of your feet. They let you stay balanced as you go through the world. They allow you to climb and to run… and they support you every day… and so thank your feet for being there and supporting you.

And then become aware of your arms. Your arms are miracles, too. And your hands. Think of all the things you are able to do because of your hands and your arms. You can write and type… you can reach out and touch things. You can pick things up and use them. You can bring food to your mouth. You can put things away that you don’t want. You can scratch and itch, turn the pages of a book, cook food, drive your car, give someone a massage, tickle someone, defend yourself, or give someone a hug. You can reach out and make contact with your world and with others. So see your arms and your hands surrounded with light, and send them your love.

And then allow yourself to feel gratitude for having a body, one that you can use every day, to have the experiences you want to have, and that you need to grow and learn from.

Then become aware of your spine, which allows you to stand up straight… and provides a structure for your whole body… and provides protection for your nerves that go from your brain down to your spine and out to the rest of your body. See a golden light floating up your spine, from the base of your spine at your pelvis… floating up your spine one vertebra at a time, moving all the way up to your neck… to the top of your spine where your skull connects… and let that golden light flow up into your brain.

And become aware of your vocal cords in your neck… they allow you to speak, to be heard, to communicate, to be understood, and to sing and to chant and to pray, and to
shout, and yell with delight and excitement... to express your feelings and to cry and to share your deepest thoughts and your dreams.

Then become aware of the left side of your brain, the part of your brain that analyzes and computes, that solves problems and plans for the future, that calculates and reasons and deducts and inducts... just allow yourself to appreciate what your intellect provides for you... and see the left side of your brain totally filled with golden and white light... and shimmering little stars, and see that white light cleanse and awaken and love and nurture that part of your brain... and then let that light begin to flow across the bridge from the left side of your brain to the right side of your brain... the part of your brain that allows you to feel, to have emotions, to be intuitive, to dream... to daydream and to visualize, to create, and to talk to your higher wisdom... the part of your brain that allows you to write poetry and to draw... and to appreciate art and music. See that side of your brain filled with white and golden light.

Then sense that light flowing down the nerves into your eyes... and see and feel your eyes filled with that light, and realize the beauty that your eyes allow you to perceive: the flowers and the sunsets and the beautiful people... all the things that you’ve been able to appreciate through your eyes.

And then become aware of your nose. It allows you to smell and to breathe and to taste... all the wonderful tastes and smells in your life... the beautiful fragrances of flowers and the essence of all the foods that you love to eat.

Now become aware of your ears... they allow you to hear music, to listen to the wind, the sound of the surf at the ocean, and the singing of the birds... and to listen to the
words “I love you”... and to be in discussion and to listen to the ideas of another, to allow understanding to come forward.

And now you feel every part of yourself from head to toe surrounded and filled with your own love and your own light... And now take a moment and allow yourself to apologize to your body for anything you may have done to it... for the times you weren’t kind to it and for the times that you didn’t care for it with love... the times that you didn’t listen to it... for the times that you put too much food or alcohol or drugs into it... and for all the times you were too bust to eat, too busy to exercise... too busy for a massage or for a hot bath... and for all the times your body wanted to be hugged or touched and you held back.

And once again feel your body... and see yourself surrounded with light... And now let that light begin to expand out from your body... out into the world... expanding out, filling the space around you.

Now begin to bring that light slowly back into yourself, very slowly, back into your body, into yourself... and experience yourself here, now, full of light and full of love and appreciation for your body... And when you’re ready, perhaps you begin to let yourself stretch and feel the awareness and aliveness back in your body... And when you’re ready, you can slowly begin to sit up and readjust to being in the room and just let your eyes open, taking as much time as you need to make that transition.
**Body Appreciation: An Exercise**

The following exercise was inspired by the work of Glenn R. Schiraldi (2001) to help individuals see the connection between the view of body and the feelings about the core self. Each step of this exercise is to be completed on separate days.

Some of us tend to focus on the negatives of our bodies because of a combination of factors including the inconsistent messages we received in early childhood. The lack of positive messages or the presence of negative messages can lead one to think negatively of her body and fail to see the positive aspects of it. The harsh criticisms, neglect, confusing messages, conditional love, rejection, lack of support and encouragement can decrease one’s appreciation for her body.

1. Several times throughout the day practice looking in the mirror and focus on a body part you really appreciate. Think of the compliments you heard about this body part if there were any and try to come up with ways that you are pleased with this body part.

2. Next time you do this exercise, move your gaze into a body part you feel neutral about and you generally do not think much about. Find some things that you appreciate about this body part. Look at it several times throughout the day. Consider the benefits to having this body part.

3. Find another body part that you slightly dislike and would rather ignore for the next day you do this exercise. Look directly at it in the mirror several times throughout the day. Ask yourself why you have been neglecting this part of your body.
4. Next day, choose a body part that you dislike to look directly in the mirror for several times throughout the day. Think about the time you first noticed you don’t like this body part. How old were you at the time you realized you dislike this body part? How do you benefit from having this body part? What are some nice things you can try to say about this body part?

5. Next, find a body part you strongly dislike. Look at it in the mirror without moving your gaze away for several times during the day. What are the feelings that come up for you? Are there any memories associated with this body part? Find at least two things you appreciate about this body part.

6. Last, find a body part you hate and cannot stand to look at in the mirror. You would most likely prefer to avoid directly looking at this body part at all costs. Today, you will need to stay with the uncomfortable, painful, or frustrating feeling as you look at it directly several times throughout the day in the mirror. Is this the body part that you are ashamed of? Do you spend a long time and put a lot of effort into trying to cover it up with your hair style, cover-up make-up, your clothes, or even with repositioning your body to hide this body part you hate? Do you avoid people, places, or activities because of the distress this body part causes you? When did you learn to get disconnected from and reject this body part? Most importantly, how did you learn that this part of your body is not acceptable? Can you remember earlier messages
you were given in relation to this body part? What is the first memory you can remember associated with this body part? What are you grateful for about this body part? It might be hard to come up reasons why you appreciate this body part nevertheless, notice some positives to having this body part. Imagine yourself being told by loving and sensitive people how much they appreciate this body part, how unique it is, and how much they value this body part. Allow yourself to accept this body part and welcome it back.

Say out loud the following statements to your rejected body part by naming it.

- I notice you_________ (name of your rejected body part).
- You don’t have to be perfect________ (name of your rejected body part).
- I accept you________ (name of your rejected body part).
- I love you_________ (name of your rejected body part).
- Welcome back to be part of me __________ (name of your rejected body part).
- I cherish and value you___________ (name of your rejected body part).
- You are so unique that there is none like you in the world, __________ (name of your rejected body part).
- I own you and appreciate you__________ (name of your rejected body part).
- It’s pleasant to look at you_________ (name of your rejected body part).
• I’m sorry for hiding you______________ (name of your rejected body part).

• You are important______________ (name of your rejected body part).

7. Repeat step 6 as many times until you are able to comfortably look at your rejected body part. Do not move on to the next step until you are comfortable with step 6.

8. This final step involves acceptance of your whole body. It is suggested that you use a full body mirror however, if you don’t have one, you may use any other size mirror. Throughout the day, look at your whole self several times. Notice all of the wonderful things about your body including every part of it. Think of all of the ways you are grateful for your whole self and body. Think of how you want to show your whole body your appreciation. If a negative thought or a harsh criticism you previously were told by someone comes to your mind, simply refocus your attention to imagining ways to take care of your body, pamper it, and give it the love it deserves.

Say out loud the following statements to your whole body and core self by putting your name in the blanks while you look at your reflection in the mirror.

• I notice you______________ (your name).

• You don’t have to be perfect__________ (your name).

• I accept you______________ (your name).

• I love you______________ (your name).
• Welcome back to be part of me __________ (your name).
• I cherish and value you_____________ (your name).
• You are so unique that there is none like you in the world, ______________ (your name).
• I own you and appreciate you______________ (your name).
• It’s pleasant to look at you______________ (your name).
• I’m sorry for hiding you________________ (your name).
• You are important_____________ (your name).

When you have completed all of the steps to this exercise, write about your feelings and experience with this exercise in the following spaces. What parts were hard, if at all? What did you discover about messages you were given in childhood early and current feelings? Have there been any changes to how you view your body since completing the exercise?
Touching the Past with Love Exercise

This imagery exercise is derived from the work of Glenn R. Schiraldi (2001). This imagery intends to help the individual reprocess a painful past event and bringing it to a closure by surrounding the pain, hurt, and rejection with love from the adult self. It is proposed that the individual might feel a drop in mood following this exercise which is usually followed by an improvement in mood. This process is likened to any other process of healing in the sense of involvement of pain prior to healing. Please use the appropriate pronoun as needed.

1. Locate a quiet and relaxing place to spend about 30 minutes.

2. Think about a painful event from the past that still causes you a great deal of hurt presently. These painful events might include shaming, harsh criticisms, bullying, from people, disappointments that were overwhelming enough to make coping very difficult, as well as isolation, rejection, loss, or abandonment from early childhood.

3. Imagine yourself take a trip back to the difficult event and meet your younger self who experienced it. See your younger self look up and notice you. Your eyes meet with trust, tenderness, and warmth. You know your younger self is eager to hear you.

4. You ask your younger self, “What’s worrying you?” The younger self tells you about the facts of the event and expresses her emotions. You respond to her with empathy, understanding, and kindness.

5. You ask her about how to be of assistance. You actively listen to her and respond in verbal and nonverbal support and encouragement. You notice her needs and
provide her with physical protection, security, advice, and reassurance. You communicate to her in all the forms that she needs: loving, gentle, accepting eyes, sensitive words, physical touch through a hug and embrace, and soothing.

6. Let your younger self that you are going back to her future, but your love will stay with her to comfort her.

7. Notice your attention come back to the present. You give yourself a positive affirming statement. Allow the sense of healing to sink in and encompass your whole self.

8. Repeat this exercise as many times as you need.

In the following lines record your thought and reactions to this exercise. What did you feel as you recalled the painful event form your childhood? How difficult was it to bring yourself back from the memory of your childhood? Were there any lingering feelings after completing the exercise? What were they?

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99
Healing Your Inner Child: A Visualization

This visualization exercise was developed by Edmund J. Bourne (2000). This visualization attempts to assist in development of a closer connection to the inner child.

Imagine sitting down in a rocking chair and getting very comfortable. Feel yourself rocking easily back and forth. As you continue rocking, you might find yourself starting to drift… drifting more and more. Rocking back and forth you might find yourself gently drifting back into time. Rocking gently and drifting… slowly drifting back into time.

Year by year you might imagine yourself getting younger and younger. The years are going by…Gently drifting back…feeling younger and younger. Back into time long ago. Drifting back to a time where you were perhaps very young. You’re imagining now that you can see the little child you were a long time ago. Very soon you can imagine seeing yourself as a little child. Perhaps you can see her [him] there now. What does she look like? What is she wearing? About how old is she? Can you see where she is? Indoors or outdoors? Can you see what she’s doing? Perhaps you can see her face, and, if you look carefully, you can see the expression in her eyes. Can you tell how this little child is feeling right now? (Pause) As you look at this little girl, can you recall anything that was missing in her life? Is there anything that kept her from being fully happy? (Pause) if there was anyone or anything that got in the way of this little girl being completely happy and carefree, perhaps you can imagine seeing that person or situation. (Pause) If no one is there yet, perhaps you can imagine your dad or your mom or whoever you would like standing in front of you right now. (Pause) What does your little girl feel toward dad, mom, or whoever is standing in front of you right now? … Is there anything that your
child would like to say to that person right now? If so, it’s O.K. to go ahead and say it right now… you can go ahead and say it. (Pause) If your little child is feeling scared or confused about saying anything, imagine that your present-day, adult self enters the scene right now and goes up and stands next to your little child. (Pause) Now when you’re ready, imagine your adult self, standing next to your little child, speaking up to whoever is there on your little child’s behalf. Your adult self can say whatever she wants. Tell your parent- or whoever is there-whatever you need to say…whatever it was that never got expresses. (Pause 30 seconds or longer) If you wish, you might complete the sentence “How do you think it makes me feel that…” (Pause 20 seconds or longer) Or you might complete the sentence “I wish you had…” (Pause 20 seconds or longer) Tell your parent or whoever is there anything you wish they had done, but they didn’t. When you speak up, speak loud and clear so you can be sure that whoever is there really hears you. (Pause 20 seconds or longer) Does the person you’re facing have any response? Listen to see if they have a response. (Pause 20 seconds or longer) If so, you can respond to whatever they say. If not, you can just finish what you need to say. (Pause) When you’re finished speaking, you can ask whoever is there to either go away and leave you alone… or to go away for a while until you’re ready to talk again… or else to stay… and you’re going to accept them as they are and give them a hug. (Pause)

Now go back and see your present-day, adult self standing next to your little child. (Pause) If you’re willing, pick that little girl up in your arms this very second and love her. Wrap your arms around her and tell her that it’s O.K. Tell her that you know how she feels. Tell her that you understand. You’re here and you’re going to help her and you love her much. (Pause) If you could give a color to the love you feel, what color comes to
mind? (Pause) Surround your little child with a light of that color and let her feel the peace of being in your arms. (Pause) Tell her that you think she’s a great little girl… that you love the way she talks, walks, laughs… and does everything. Tell her that you care and that she’s precious… (Pause 30 seconds or longer)

Optional: Now sit your child in your lap and talk to her. She’s got a good mind, and if someone would only explain things, she would understand. Tell her that because of the problems mom and dad had in their own childhood, they couldn’t care for her and love her in the way she deserved to be loved. It wasn’t that they didn’t want to love her…it was because of their own difficulties that they couldn’t love her the way she wanted. This little child simply needs someone to explain to her… nobody ever explained to her about the problems her parents had when they were growing up. (Pause) Can your little child understand that because of their problems, mom and dad weren’t able to love or take care of her in the way she truly deserved? Is your little child ready to forgive mom and dad for what happened? (Pause) If she’s not ready right now, perhaps she’ll be ready later. If she is ready now, go ahead and picture mom and dad standing in front of you. (Pause) Now tell them, in whatever way you wish, that you forgive them. You’re willing to forgive them for their shortcomings because you know that their own problems interfered with their being the best parents they could. Go ahead and forgive them now… Pause 20 seconds or longer)

Express your reactions to this visualization in the following space. What did you feel in the presence of your caregiver who did not treat you in the way you deserved? How do
you think you might be continuing this pattern? Were you able to let the person know forgive them or not ready yet? Why or why not?

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103
A Skill-Building Activity No. 1

Although it is important to acknowledge and process external conditions that lead to low self-esteem, evaluating the core-self according to the negative experiences of the past such as parental/caregiver/attachment figure insensitivity, being neglected as a child, abandonment, major losses, being subjected to physical, sexual, emotional, or verbal abuse, harsh criticisms, and etc. can maintain low self-esteem rather than freeing the person from feeling inferior. It is crucial to change the dislike of the self through switching the Because... therefore statements to Even though...nevertheless statements.

Some examples of Because... therefore statements might look like this:

- Because I was told I am worthless as a child, (therefore) I am worthless.
- Because my parents abandoned me, (therefore) I must not be lovable enough for anyone to stay around me for a long time.
- Because I was mistreated and abused when I was younger, (therefore) I must be inferior to others.
- Because I had a terrible past, (therefore) it’s impossible for me to ever be happy.
- Because I was hurt by the people who were closest to me, (therefore) I must always keep my guard up and trust no one.
- Because I was told I’m ugly, (therefore) I am disgusting, grotesque, and repulsive.
- Because my parents disapproved of me, (therefore) I should remain invisible around others.
- Because I was rejected when I showed my needs, (therefore) I must never ask for help and look self-sufficient.
On the other hand, some examples of *Even though...nevertheless* statements might look like this:

- Even though I failed this task, (nevertheless) I can be successful in life and I am adequate.
- Even though I was not treated with respect, (nevertheless) I can have respect for myself because I am valuable.
- Even though I was told I am worthless, I am valuable as a human being and have great qualities.
- Even though I was abandoned, it is possible for me to form long term, loving connections with others.
- Even though I was mistreated as a child, I am worthy of love and can be cherished for my positive qualities.
- Even though I was rejected many times before, I won’t give up.
- Even though my parents did not show me love, I am lovable just for being human.
- Even though I was abused when I was younger, I am worthy and deserve to have peace.
- Even though I was harshly criticized by my caretaker, I am understanding and positive to myself.

You probably noticed that the *Even though...nevertheless* statements differ from *Because... therefore* statements in how they change internal dialogues originating from other people’s voices and past experiences to your potentials and rights as a human being as equal to anyone else to reinforce your sense of worth. Now, it is your turn to think of...
at least three negative statements (*Because... therefore*) about yourself and switch them to positive statements (*Even though... nevertheless*).

Please, write in the spaces provided.

1.) Because __________________________ therefore __________________________.
   (past experience) (core belief)
   Even though __________________________ nevertheless __________________________.
   (past experience) (statement of worth)

2.) Because __________________________ therefore __________________________.
   (past experience) (core belief)
   Even though __________________________ nevertheless __________________________.
   (past experience) (statement of worth)

3.) Because __________________________ therefore __________________________.
   (past experience) (core belief)
   Even though __________________________ nevertheless __________________________.
   (past experience) (statement of worth)
Cognitive Rehearsal: An Exercise

This exercise is designed by Glenn R. Schiraldi to assist individuals in practicing their skills at modifying all-or-nothing thinking to appreciative thoughts and feelings (2001).

1. Come up with five to ten positive statements about yourself that you know you have or you have heard other people say about you. Make sure that these statements are realistic or true rather than a reflection of your dreams, expectations, or hopes. Try to focus on your character traits and personality qualities and not roles that can change across time. Keep in mind that regardless of how much you value a positive personality trait, it is still a positive personality trait! If you are unable to come up with at least five statements, ask others about personality traits or characteristics they appreciate about you. You might be surprised!

2. Once you have gathered your positive statements, pick a place that is comforting and relaxing to sit for about 15-20 minutes.

3. Take as much time as you need to meditate on each statement to think about evidences of accuracy. Repeat this for each statement you wrote down.

4. Repeat this exercise for as many days as you need by each time adding another positive statement about yourself. You may even carry a journal with you to immediately record positive thoughts or write them on index cards.

5. Look at your list or journal several times throughout the day to remind yourself of your positive qualities that make you worthy, competent, and interesting.
Positive Statements

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Additional Positive Statements

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10.
A Skill-Building Activity No. 2.

1. Find a quiet and comfortable place. Sit in a comfortable position. You may keep your eyes open or closed for this exercise. Take a deep breath and imagine your body becoming gradually less tense and finally relaxing completely.

2. Open your eyes brief enough to read and repeat to yourself the statement, “I consider myself a worthy person” three times.

3. Allow yourself to feel this statement even if you think it does not apply to you and imagine yourself actually believing it. What are some proofs for this statement? Imagine situations where you felt this statement to be accurate. If you notice your mind wandering off to negative experiences, simply come back and refocus your attention back to the statement. Allow all of your senses to experience this situation. How is this feeling different than what you have been feeling? Simply notice and observe your body’s reaction.

4. Repeat steps 2 and 3 for the following statements.

- I am competent and have many positive qualities that I appreciate.
- I enjoy my own company therefore I can find people who enjoy my company.
- I accept myself completely and love myself unconditionally.
- I am unique in countless ways and that makes me interesting.
- I have been successful in many ways.
- I am needed as much as I need others.
- I can rely on myself for nurture and support when others are not available.
- I appreciate my reflection in the mirror.
- I have as much value as anyone else.
➢ I am worthwhile and am capable of forming loving relationships.

➢ It is okay for others and me to make mistakes. They are opportunities for growth.

5. Feel free to produce your own positive statements

6. Continue repeating this exercise until it starts to become natural.

7. In the following space provided, write down your reflections for each time you engage in this exercise.

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8. Look at your responses and compare them to the previous reflections you wrote. Is there any difference between them?

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Pleasant Events Schedule

This following activity is a slightly modified version of the work that was created by Peter Lewinsohn and colleagues (1986).

1. Please, put a check mark next to the activities that you might have enjoyed in the past, currently enjoy, or are interested in engaging in regardless of how competent, proficient, efficient, skilled, capable, knowledgeable, experienced or qualified you feel or not. The purpose of this activity is to expose you to the things that your inner child might have been craving and has been prevented from doing due to low self-esteem.

   _______ hugging someone/asking for a hug from someone/ hugging a soft, plush toy
   _______ doing an activity you enjoyed as a child
   _______ playing a game you used to play as a child
   _______ visiting a place you visited as a child and had happy memories
   _______ spending time with loving and sensitive people from your childhood
   _______ buying or making a special gift for yourself
   _______ writing a loving note to yourself
   _______ congratulating yourself for your achievements
   _______ breakfast in bed/lazy day
   _______ reconnecting with older friends
   _______ pampering yourself by indulging in pleasure
   _______ waking up with positive affirmations
   _______ visualizing a goal and trying to accomplish it without worry of the outcome
   _______ writing in a diary/journaling/creative writing/looking at happy pictures of self
______asking others for help and nurture/giving others nurturance and help
______rewarding yourself for trying and failing not only for succeeding
______painting/coloring/drawing/sculpting/pottery making/glass blowing/ceramics
decorating/ornamenting/flower arranging/designing
______creating/inventing/building/constructing/model making/carpentry
______mastering a new language/learning a new skill/trying out a new activity
dating/courting (even for married individuals)
______cooking/baking/cake decorating/grilling/barbequing/creating new recipes
dressing up/styling/making up/trying out different outfits/face painting
______knitting/crocheting/quilting/needlework/embroidery/stitching/sewing
______volunteering/helping out someone/community service/charities
______organizing a party or an event
driving/biking/flying
______eating a healthy and balanced diet
______changing my appearance
______moving to music/dancing/expressing through motion
______meeting someone new of the same or opposite sex
going to a party, dancing, a bar/clubbing/social gathering
______entertaining friends, family, or loved ones
______looking for love or if you already have love, spending quality time together
______picking up a new hobby/taking chances/exposing self to a new situation
______writing/reading (novels, comic books, newspaper)
______reenact ing scenes from happy childhood memories and sensations
________fencing/jousting/archery
________going to the beach/basking in the sun/building sand castles
________traveling/exploring/vacationing/taking trips
________fishing/hunting
________camping/backpacking/trekking
________spending time outdoors/picnicking
________hiking/running/walking/jogging/marathon/exercising/aerobics
________playing sports-going to a sports event
________laughing/smiling/humor/funny videos or films
________skeeball shooting/paintball
________board games/chess/backgammon/card games/puzzles
________gardening/landscaping/farming
________collecting
________woodworking/whittling/leatherworking/engraving/etching
________fun with friends, family, loved ones
________learning or trying out magic tricks
________making new friends
________trying out new adventures
________organizing/cleaning/beautifying
________meditation/relaxation/yoga/mental imagery/acupuncture/spa day
________celebrating life, friends, birthdays, weddings, anniversaries, accomplishments
________rock or mountain climbing/bungee jumping/skydiving
________being with animals/adopting a pet/animal feeding
_______scrapbooking/crafting/creating art/jewelry making/beading/doll making
_______shopping/window shopping going to the mall/garage sales
_______horseback riding/polo/rodeo/golfing
_______origami/book making/calligraphy
_______treasure hunting/gold panning
_______visiting amusement parks/theme parks/zoo/safaris/wildlife parks/festivals
_______social networking/blogging/online chatting
_______studying/researching/attending lectures or conferences/workshops
_______snowboarding/skiing/ice skating/snow shoeing/snow tubing/sledding
_______making a snowman/making snow angels/building an igloo/snowball throwing
_______going to a concert/opera/ballet/play/art exhibit/museum/musical
_______planning for the future and planning for fun
_______composing or listening to music/writing or reading poems/singing
_______swimming/diving/snorkeling/rowing/parasailing/wakeboarding/caving
_______joining a club
_______star gazing/nature watching/cloud watching/bird watching
_______sailing/rafting/kayaking/canoeing/boating/jet skiing/board surfing/surfing
_______sleeping in/taking a nap/getting a massage/relaxing/getting a backrub
_______coaching/mentoring
_______martial arts
_______watching or playing baseball/football/cricket/basketball/tennis/volleyball
_______photography/videography
_______bowling/billiards (pool)/ping pong
2. Write out a plan to nurture and feed your inner child by picking activities from the above list to schedule into your weekly program. Your inner child needs nourishment as your body needs food. Engaging in self-care, regardless of how simple the activities might be, can help your self-esteem through giving you the opportunity to rediscover the lost parts of yourself that have been neglected. This activity might teach you to love and accept yourself gradually as you find out treasures within yourself that you did not know of such as the things that make you happy and add meaning to your life. It’s time to take an interest in you by setting apart a certain amount of time to repair the early wounds that need your attention and hard work to heal. You may choose how long you will engage in pleasant activities every week however, you must commit to the time or the day consistently once you decide when you would be incorporating them into your life. You are the most important person in your life.
Forgiving Others and Letting Go to Gain Self-Esteem

This exercise was adapted from the work of Francine Ward in her 2003 (p. 158-159) book, Esteemable Acts: 10 Actions for Building Real Self Esteem.

1. Make a list of the names of the people who angered, mistreated, abandoned, rejected, harshly criticized, shamed, bullied, or hurt you. Your list can include names of people who are dead or alive and people you have been disconnected from or do not talk to currently. Please, disregard and exclude from your list names of people who you were resentful about in the past and currently have mended relationships with no residual feelings.

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_____________________________________________________________________

2. Next to each name you listed write how you feel and how your life is affected because of the way you feel about this person. Also, further explain what areas or aspects in your life are affected as a result of your negative experience with these persons.

_____________________________________________________________________
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_____________________________________________________________________

3. Relist the names of people from step 1. This time write out what you would say to each person separately if you had the chance to tell them exactly how you felt regardless of the actual existence of this opportunity in real life. Allow yourself to express your feelings on paper even if it consists of unloving and harsh words.
4. Relist the names of people from step 1, again. This time write out at least one valid reason for each person explaining why these people might have behaved or acted in the ways they did. What do you think were the intentions of these people? Keep in mind that all human beings make mistakes, regret, and respond to their environments in unique ways.

5. Now, write out how you would have liked to be treated.

6. Imagine these persons being more sensitive to your needs. Allow yourself to experience the comfort that comes with it. Imagine a wind of positivity and relief blow in your direction. See all of the negative feelings that have been weighing you down be taken away by this wind. Notice your body float up weightlessly with the relief this wind brings you. Say goodbye to the wind and the hurt from the past. Feel the liberation that comes with forgiving and letting go. Allow the gradual transformation to take place by slowly letting go of negative feelings that you are holding onto from the past.
**Dreaming to Manifesting**

The following exercise was developed by Francine Ward (2003, p. 18-22) in order to assist individuals in building their self-esteem through attempts to make the perceptively unattainable goals and dreams attainable.

1. Write down three goals/dreams that you want to accomplish within the next 24 months below. These can be dreams that you had as a child that you were not able to attain until now. Make sure they are specific and manageable.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

2. Write out the date that you would like to have your goals/dreams accomplished by (24 months from today’s date). Break down your goals and make a list of the prerequisites and steps to attaining your three dreams. Divide each step into eight quarter-year segments. Feel free to come up with your own date segments.

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3. Talk to other people you trust about your dreams, ask for help if necessary, do research to obtain more support. Brainstorm with others about your dreams when obstacles appear. Get rid of distracters and refrain from “Yes, but,” thinking and excuse making. At the end of each segment, re-evaluate your dreams/goals to keep track of your progress and motivation. Write the names of people who might be of support below.

4. If you accomplish all three goals at the end of your 2 year plan, reevaluate for new goals and dreams. If you attain one or two goals out of the three, enjoy what you have done rather than focusing on the negative or expecting perfect results. If you do not attain any of the dreams you had set out for, congratulate yourself for trying, remind yourself that many successful people fail, but continue trying, and avoid paralyzing fear that might prevent you from trying to attain other goals. You may modify the same goals into more attainable ones or determine other goals for the time being and come back later to the previous goals. Remember to reward the inner child for every small step accomplished or tried out not only every dream that is attained.
Termination of Psychotherapy with a Client with Attachment Injury

Termination of psychotherapy with clients with attachment-based losses or injuries needs to be done in a careful and sensitive manner. Greenberg (2002) identified eight components to conducting termination phase with clients.

The first one he describes pertains to the collaboration of joint decision making between the therapist and the client. The second principle describes the termination as a choice point rather than a reaching of an end point. The third principle focuses on the termination as a process of separation to normalize loss experiences and make them meaningful. The fourth principle is centered on empowerment and is provided through giving ownership of all of the goals attained and the positive changes in the direction of psychological wellbeing to the client. His fifth principle sees termination as a time to consolidate new meanings outside of counseling. The sixth principle suggests that the termination is a time to create realistic expectations about possible relapses and changes as a normal part of life.

Greenberg’s last two principles deal with guidelines in ending therapy such as tapering down the number of sessions rather than ending abruptly and the therapist making himself available for future revisit from the client and leaving the door open for client’s return without client feeling a sense of failure.