

**Inner Relationship Focusing:
Strengthening Attachment and Interpersonal Neurobiological Integration**

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Introduction:

Many of us work with clients whom we know have attachment issues. We collect client histories and learn that some of their troubles may have started early on in their families of origin. Attachment issues have many possible causes: Maybe it was clear-cut child abuse, abandonment, neglect, or maybe it was that their developmental needs were not met due to multiple life stressors or illness impacting the parent-child bonding. Our clients come to us with problems in their relationships with others, low self-esteem, and they have difficulty managing strong emotions. Often our clients bring issues or ways of interacting that challenge us. Sometimes, we get stuck with our clients. We don't know what more we can do to help them. We may feel inadequate, and doubt our ability to do our job. As part of our professional development, we seek ways to help ourselves so we can help our clients.

The practice of Inner Relationship Focusing (IRF) heals and strengthens attachment and bonding issues, mental health issues, and our capacity for developing healthy relationships. Inner Relationship Focusing was developed by Ann Weiser Cornell, Ph.D. and Barbara McGavin. I have spent the last several years studying, practicing and teaching IRF. It is my belief that IRF enhances and reinforces the primary benefits for the neurological integration that our brains need for optimal well-being and healing. The process and practice of IRF embodies the original growth-producing ingredients of brain development: the ingredients that grow within the attachment relationship. Theory and research supports that it is the trust and acceptance within the client-psychotherapist relationship that makes therapy work, regardless of the clinical method. Learning a practice which facilitates our ability to heal, and to support healing in others, is a responsibility we have to ourselves and our clients. Inner Relationship Focusing will be discussed in detail later in this article.

Attachment theory

It is well known and accepted, through decades of research in the fields of psychoanalysis, psychiatry, and child development that the foundation for optimal mental health develops within the attachment and bonding cycle between an infant and its primary caregiver. The sense of well-being that emerges from predictable and repeated experiences of care creates what John Bowlby, an attachment theory pioneer, called a *secure base*. Daniel Siegel, M.D. (2003), well known for his work in Interpersonal Neurobiology states: "This internal model of security enables children to develop well and explore the world around them. Secure attachment is associated with a positive developmental outcome for children in many areas, including social, emotional and cognitive developments." (p.101). Optimally, an infant develops an inner sense of well-being, a feeling inside their body which translates to "I'm okay" or "I'm safe". This feeling develops within the

consistent nurturance of the interactive relationship they have with their primary caregiver(s). The sense of a *secure base* develops, and the foundation for further growth and development is established.

System regulation

The attachment cycle is the core ingredient for the development of a healthy nervous system, which therefore facilitates a kind of system regulation of our mind-body states. The ability to regulate our mental, physical, and emotional states is part of what enables us to develop a sense of inner security and well-being. As explained by Allan Schore (2001), “Interdisciplinary research and clinical data are affirming the concept that in infancy and beyond, the regulation of affect is a central organizing principle of human development and motivation. In the neuroscience literature Damasio [Antonio Damasio is an internationally recognized leader in neuroscience. His research has helped to elucidate the neural basis for the emotions and has shown that emotions play a central role in social cognition and decision-making.] asserts that emotions are the highest order, direct expression of bioregulation in complex organisms (1998), and that primordial representations of body states are the building blocks and scaffolding of development (1994)” (pp.3-4). The attachment cycle between caregiver and infant sets the stage for our emotional health. The regulation of emotion and affect play a significant role in how we learn, make decisions, and cope with our environments.

Relational capacity

This attachment process is the foundation for mind-body system regulation as well as for the development of healthy relationships. Perry and Szalavitz (2006) describe that “It is through the thousands of times we respond to our crying infant that we help create her healthy capacity to get pleasure from present and future human connection. Because both the brain’s relational and pleasure-mediating neural systems are linked with our stress-response systems, interactions with loved ones are our major stress-modulating mechanism. There is also a class of nerve cells in the brain known as mirror neurons, which respond in synchrony with the behavior of others. This capacity for mutual regulation provides another basis for attachment.”(p. 89-90). It is within this primary relationship(s) that we learn and experience that relating with others is comforting, fun and pleasurable. In the attachment relationship, we learn the beginnings of trust in another person. When our early experiences are filled with trusting reciprocal interactions with our caregiver(s), another ingredient for a sense of inner well-being is added.

Neuroplasticity

Thanks to the discovery of neuroplasticity, we know that help through dyadic regulation is always a possibility. Bonnie Bodenback, (2008) in her book, *Being a Brain-wise therapist* tells us “In therapy, we have

the opportunity to provide the kind, empathic care that can rewire implicit regulatory patterns through the power of calming attunement. “(p.59.) Not only does the research show that as we mature, this original attachment cycle supports attachment theory, but current interdisciplinary research is also finding that our brains are more flexible than it was once believed. On the Healing Resources website (2008) this flexibility is discussed. “The brain’s amazing plasticity at this stage [a child’s developing brain] of development sets a lifelong template for thoughts, feelings, behavior and a variety of stress- related disorders. Moreover, because the brain remains flexible throughout life, nonverbal communication retains the capacity to change. Studies with people over age ninety show us images of mature brains that continue to produce new neural pathways at a time when older pathways are dying. The same experiential and social factors that profoundly shape the brain initially can also be instrumental in repairing the causes and symptoms of stress- related disorders.”

([http://www.healingresources.info/trauma attachment stress disorders.htm](http://www.healingresources.info/trauma_attachment_stress_disorders.htm)2008). Our brains have the capacity for plasticity throughout our lifetime. The ways in which we function, how we relate to others, and how we cope, can be flexible; they are changeable. It is within attachment relationships that we can continue to grow, enhance, and facilitate mind-body health, at any age.

Inner Relationship Focusing

Inner Relationship Focusing (IRF) is an inner relational body-oriented mindfulness process. Ann Weiser Cornell, Ph.D. and Barbara McGavin developed IRF from their own practice, based on the Focusing work of Eugene Gendlin. Eugene Gendlin, Ph.D., a colleague of Carl Rogers, researched why psychotherapy was helpful for some people and not others. Through his research, he discovered that successful therapy clients had a vague, hard-to-describe inner awareness, a mind-body-like experience about their problems. He coined the phrase “felt sense” to describe this experience. Gendlin created Focusing as a way to teach people how to develop this felt sense. Cornell and McGavin (2008), in *Inner Relationship Focusing*, help us understand the unique differences their method of Focusing encompasses. “The central concept of IRF is ‘Self-in-Presence.’ *Presence* is the natural state of the Self: calm, curious, interested, and able to act in mature and balanced ways. The client is understood to be capable of being Self-in-Presence, even when that is not his or her experience of him/herself.” (p.21). The methodology of IRF includes a distinctive use of language that is facilitative of this process. Referred to as ‘presence language’, by Ann Weiser Cornell and Barbara McGavin, certain linguistic ways of responding to clients in this process are utilized. Using language that facilitates clients' awareness of their own experiencing, and that supports their being in relationship with it, is an essential aspect of the IRF method.

Another emphasis of the IRF methodology is the use of *suggestions* instead of *questions*. It is understood in IRF that questions can seem intrusive; they can elicit a kind of intellectualizing that may shut

down the natural process of facilitating change that suggestions support. Describing what the client is aware of, observing, or noticing is another linguistic point in IRF. When we describe, instead of label, what we are noticing, it deepens our understanding and felt experience and supports holding us in ‘Self-in-Presence’. “Finally, and perhaps most important, is the quality of ‘radical acceptance’ that is offered and invited by the practitioner to all aspects of the client’s process. Notably, the experience of an ‘inner critic’ is not pushed away, but is treated as another partial-self to be related to as Self-in-Presence.” (McGavin and Weiser Cornell, 2008).

In Ann Weiser Cornell’s book, The Radical Acceptance of Everything: Living a Focusing Life, (2005) she explains three key aspects of the process: the felt sense, an accepting inner attention, and a philosophy of what facilitates change. A felt sense is a body sensation that has meaning. Tuning into that sensation from a purely accepting and curious attitude/inner attention is transforming. It is the process of this relational inner attention combined with the philosophy of being/allowing that supports the natural course of things (change) (pp.11-16). Benefits of IRF include reduction and/or resolution of mental health symptoms such as depression and anxiety; it has helped with problem solving, action blocks, decision making, addiction issues and self-esteem issues, to name a few.

Strengthening and healing attachment-related issues using IRF means we respond from a place within us that is calm, centered and resilient, instead of reacting or “acting out” or being “triggered”. It means that instead of trying to cope with temporary and sometimes unhealthy choices, such as over eating, substance use, or over spending, we tune into what our needs are and choose coping strategies based on a sense of wholeness and well-being. Inner Relationship Focusing, within its process of tuning in to our obvious, subtle and not yet known to us needs and action steps, provides us with a way to tend to our needs, again and again, as they change and evolve. This translates to significantly improved relationships with our selves and in our lives.

IRF emulates the bonding and attachment cycle that has been researched and validated many times over in many fields of study. It is a process that caretakers instinctually act upon when caring for an infant, and the creators of the IRF process have designed steps that break down this natural human process in a way that can be used at a moment’s notice. The following sections include the steps of IRF, and brief descriptions of how Inner Relationship Focusing recreates the attachment cycle which provides mental, emotional and physiological regulation and integration (for a more in-depth discussion of these steps, see The Power of Focusing by Ann Weiser Cornell).

<p><u>Stages of Inner Relationship Focusing</u></p>	<p><u>The Cycle of Attachment, Bonding and Trust</u></p>
<p><u>Coming In</u></p> <ul style="list-style-type: none"> • Bringing awareness to your body • Sensing or inviting what wants your awareness now • Waiting until something comes <p>This is a quiet stage of acceptance that sets the stage for safety of the experience that emerges.</p>	<p><u>Experience of need</u></p> <p>Caretakers need to be mindful of ourselves, so we can tune into the infant’s needs in that present moment. Bringing awareness to our bodies facilitates bringing our attention to the moment so they can optimally tune in. The caretaker looks for, listens, senses, and intuitively what the infant is wanting. The caretaker receives feedback from the infant, maybe a certain kind of cry, or body movement, or facial expression, which offers a message of what might be needed.</p>
<p><u>Making Contact</u></p> <ul style="list-style-type: none"> • Beginning to describe something (and checking with it). • Acknowledging it. <p>This stage is when contact with what wants to be attended to happens.</p>	<p><u>State of arousal</u></p> <p>The caretaker considers the feedback: Hungry? Wet? Afraid? Sleepy? The caretaker checks these possible needs. For example, when the mother checks to see if the infant needs a diaper change, she sees the infant’s diaper is dry which suggests, no, that’s not it. The caretaker moves on to check for something else. Hungry? The caretaker checks by offering a bottle, the infant is soothed, giving her feedback, yes, that’s it: hungry.</p>
<p><u>Deepening Contact</u></p> <ul style="list-style-type: none"> • Settling down with it and keeping it company. • Sensing for its point of view. • Letting it know you hear it. <p>This is the deepest stage of connection with what inside us experiences our company, attention, to be listened to or heard.</p>	<p><u>Satisfaction of Need</u></p> <p>The caretaker stays with the infant and his/her need. The caretaker continues to offer her attention to notice if the infant’s need has been fully heard/tended to. The mother might say, “there now, little one, you were a very hungry baby”.</p>

<u>Coming out</u>	<u>State of Relaxation</u>
<ul style="list-style-type: none"> • Sensing for a stopping place. • Receiving and experiencing what has changed. • Letting it know you're willing to come back. • Thanking the felt sense for bringing awareness out. <p>At this stage, what wanted our attention has shifted, there's a change, a relaxing, clarity, a spaciousness and connectedness inside.</p>	<p>The caretaker observes, checks, senses for the infant's satisfied need. If the infant is full, the caretaker stops feeding. If the infant has another need, the mother tends to that, with more feeding, or burping. The caretaker notices the infant's changed state. She knows now the infant's need has been satisfied. She and the infant connect throughout this process. The caretaker by repeating these natural steps, instills the sense of trust within the infant that she will be back to tend to all of the infant's needs. The caretaker brings her awareness back to other thoughts, other activities of the day.</p>

Vignettes

This section includes two vignettes that demonstrate how Inner Relationship Focusing can benefit processes with our clients. The first vignette illustrates how the clinician uses her own Focusing session to process counter transference issues she feels are blocking treatment with a particular client. The second is a segment of a session done with a client with issues of depression and self-esteem. Identifying information about each case is withheld for the purpose of confidentiality.

Vignette #1

(Session takes place on the telephone. Prior to the following interchange between Focuser and Partner, the Focuser leads herself in to a state of presence which facilitates the sense of acceptance and welcoming for what wants her attention in the session. In IRF, the Focuser can use a combination of grounding, breathing, imagery or other ways to guide the client to facilitate a 'Self-in-Presence' state.)

Focuser (F): (the clinician, in this case): So, I'm aware of wanting to tell you a little about what I want to Focus on today; it's a case I have, and I'd like you to have a little background.

Partner (P): Yes, so take some time to share what feels right to share. *(Despite its deep facilitative process, IRF does not require the sharing of any personal content or information the Focuser does not wish to share. This can be extremely relieving for people who prefer not to "tell the whole story" or who simply prefer to say a lot.)*

F: I have worked with this client for many years. She has Complex Post Traumatic Stress Disorder and significant dissociation and depersonalization symptoms. She is very intelligent, creative, has a great sense of

humor and the average person would never believe she has such severe mental health symptoms. As I'm talking, I'm sensing shallow breathing and something constricting in my chest. (*Focuser's affect is becoming dysregulated. She has learned through IRF to notice breathing and sensations in her body as a way to cultivate presence and facilitate the IRF process.*)

P: So you're sensing something there in your chest, like constriction, and shallow breath. (*Partner supports Focuser, with repeating back key words or phrases. This can be a grounding aspect of the process which helps facilitate presence.*)

F: Yes, and what I also want to tell you as this client is as difficult as she is wonderful to work with. I hate using our pathological labels, but honestly, the diagnosis Borderline Personality comes to mind as I think of her now.....she's so capable, yet she really isn't...she's just so hard to help.

***P:** Yes, so take some time to acknowledge something about how it's hard to help, something about Borderline Personality....noticing how that area in your chest is feeling....(*Partner senses Focuser could benefit from the suggestion for Focuser to return to her body.*)

F: I'm feeling that constriction, tightness, and my face feels hot....

P: So tightness and a sense of how your face is feeling.... (*Partner accompanies Focuser with brief repeating of key words*)

F: Yes, my face feels so hot, like it's getting a sun burn. I'm taking time to say hello to it and as I do it feels calmer, like it was hot and also sizzling (*saying hello is a way to be in relationship with what we are experiencing*).

P: Taking time to feel how that feels as you notice it is calmer now. (**these interchanges demonstrate how the partner accompanies the Focuser, supporting the Focuser in presence. The partner suggests that the Focuser allow the calmer state to be noticed, therefore strengthening that inner calm which helps to regulate affect.*)

F: Yes, and something in me pictures her sitting across from me, talking about the same things she has talked about so many other times, and I want to yell, "Shut up! Stop! Do you hear yourself? When are you going to get it? You can make changes; it's you, not everyone else!!!" That's what I want to say to her....

P: You are sensing something in you* that wants to say all of this to her (**Partner using presence language to support Focuser's own presence with what comes in the Focusing session*).

F: Yes, some part of me wants to scream this at her. It can't take it anymore... (*Focuser, again, refers to the inner experience as "it", which facilitates relational way of being with what is experienced*).

P: Part of you wants to scream, like it can't take it anymore...maybe you want to let that know you really hear it, how it's feeling....like it wants to scream....

F: It wants to tell her to find a new therapist, obviously this isn't working, find someone else! I'm noticing a deep breath. It feels so good to say this out loud....like a release....

P: Yes, and take time to notice how that release feels in your body.... (*Supporting the calming, soothing, response the Focuser is having.*)

F: No wonder my face felt so hot...it feels cooler now...like all this frustration was stuck there....

P: So, it's like you are saying, no wonder it felt so hot like something was stuck.

F: Yes.....something in me felt it wasn't okay to feel I wanted to tell my client to shut up and find a new therapist...I'm sensing that part now...like it's not so sure even now....I can sense a shakiness in my chest....

P: Yes, you're sensing something feeling shaky...like it might not feel it's okay to express those feelings.... (*Partner shows no judgment, offers a completely accepting attitude.*)

F: There's an image, it's vague like something is showing me a young girl...Oh, like it's me as a child, and I'm really mad at my sister, and I want to yell at her and tell her to stop, but I'm not allowed to...like I'm not allowed to be angry at anyone.

P: So you are remembering....and you are aware of an image. It's showing you a young girl, and something about not being able to be angry....

F: Yes, that feels right....she has her head down, like she's been bad, or done something wrong. I'm noticing a deep breath....and my chest is more open....her head has lifted some....

P: Yes, you are with her, like keeping her company....

F: Yes, she likes that; she expected to be scolded....like she wasn't allowed to be angry, or to express that she was, or both. I'm sensing if that fits and another breath...it feels like she's letting me know, yes, she has always felt like she had to be nice all the time....that she shouldn't have such negative feelings or judgments about this client....the client has been through so much trauma...

P: So you might sense if there is more she'd like to let you know...

F: Yes...I'm sensing a relief, and deeper breathing... (*Focuser laughs a little*)...she, that young girl...is smiling...she's glad it was okay to be angry.....Hmm, I'm noticing now that when I think of this client I have much more whole picture of her, what she's been through, how hard all of this must be for her...and that it's hard to be her therapist sometimes....

P: You might take some time to really feel that relief and allow your breathing to be as deep as it wants.

F: Hmm...I feel so much better, like I really care about her and my work with her again....how I have felt most of the time she's been coming to see me....

(Focusing session ends after this, with a gentle closing, acknowledging that the Focuser/Clinician is open to returning to what came in her session if more attention is needed at another time.)

The clinician resumes her work with this client as scheduled and notices a major shift in her own presence with the client. She no longer feels she needs to be hypervigilant about maintaining composure as she listens to her client. She feels openness inside, like she is listening with new, fresh ears and a renewed commitment to providing optimal clinical treatment. This shift continues and the client's ability to self regulate and observe her own experience is evident in her progress over many more months of treatment.

Vignette #2

The following vignette is one that takes place within a psychotherapy session. The client has had three to five sessions. She has been depressed and has self-esteem issues. She feels stuck, destined to have to live her life the way she feels now. The clinician has introduced some of the concepts of Inner Relationship Focusing to the client, but has not yet guided the client, in a Focusing way.

Client (C): I'm doing okay this week. Things seem to be going a little better. Work has been kind of crazy, but things at home seem less tense. There's something, though.....I keep saying that, trying to figure it out. Maybe I need to just chill out, relax; maybe I have expectations that are just too high. Everything doesn't have to be great all the time.....

Focusing Oriented Psychotherapist (FOP): So, overall things are okay, work is crazy, less tension at home....and you sense there's something about expectation....

C: Yes. But what? I've spent a lot of time talking and thinking about this. I'm stuck.

FOP: Hmm...something about feeling stuck. We might take some time using some Focusing here....it sounds like you have tried many ways to understand and feel better....how does that sound?

C: Okay, how do we do that?

FOP: Well, many people like to close their eyes, or gaze down, and I'll guide you as you bring your attention to this....a stuckness....some things are better...yet a sense there's something more....

C: Okay.... (*Client closes eyes*)

FOP leads client to bring her awareness to her inner sensation.

FOP: So... you are bringing awareness to the inner area of your body, as if you are offering an invitation for what wants your attention about how things are going.... take some time to sense what's there....

C: I notice the sounds of the building we're in, the fan in the room....oh; I notice my breath is short, like I just ran to get here....

FOP: So you're noticing sounds around you....and noticing your breathing.....

C: Yes....oh, now my breathing is slower...that's better....I'm noticing a lot of thoughts, like all the things I have to do, errands, things for work, call back a friend who called....

FOP: So, you sense your breathing is slower.....and noticing thoughts..... Just take some time to acknowledge the thoughts, like you are saying, "Oh, I know you are there, listing things....work, friend...." And as you do, see how it would be to take some time to notice that inner area of your body.....chest, stomach, belly....(*FOP suggest that client bring awareness to her body while acknowledging her thoughts, this helps bring a sense of wholeness to what she can notice in her experience*).

C: Oh, it feels tight....like pressure....in my chest...

FOP: So you are sensing something there in your chest, pressure, tightness.....maybe check if those words fit or if something else fits better...

C: It's like a knot, or a jumbled up ball of rope or twine....

FOP: So it's like a knot or twine jumbled up....you might say hello to it....

C: Hmm...I'm also noticing images coming...work, my husband, kids....and my father....

FOP: Yes, so you are also noticing images that come....taking time to acknowledge those....

C: Yes, and that knot feels looser....and I'm sensing a sadness....oh wow, I'm tearing up....I think this is grief stuff about my dad... I didn't know....I thought that was all kind of okay....

FOP: So you're sensing it feels looser....and tears come....and something in you wondering, maybe this is some sadness....grief...about your dad...you might stay with that, sense how it feels as you check....

C: There's an image of my dad...he's there, my dad was so kind and gentle...I think he raised his voice once...
(Client laughs a little)...

FOP: Hmm...an image of your dad; his kindness...and some laughter comes....

C: Yes...and I'm not feeling sad like I thought...tearful, yet not sad...

FOP: Yes, so see how it is to take some time with that...tearful...not sad...

C: My dad never yelled at us...oh ...now I have an image of my boss...how he yelled at staff meeting the other day...

FOP: So something about your boss...yelling.....you might take some time to sense your body.
Chest...stomach...throat....

C: Hmm...okay...it feels heavy...like something hard...

FOP: You're sensing something hard...you might notice where you feel that...

C: In my middle area (client puts her hand on stomach)....

FOP: So you might check if that word *hard* fits or if there's something that describes it better....

C: Hmmm....yeah...no, it's not hard, it's firm....it's not okay to yell at us! It's....now I feel mad....it's not okay to yell at us...my dad never yelled, but we always knew when he was setting the limit....oh wow...I'm...taking this deep, deep breath....

FOP: So something feels firm there, like it's saying, it's not okay to yell...there are other ways...and you notice a deep, deep breath...

C: Yes...oh wow...It feels so different...my breathing is different...I didn't realize how my boss's behavior impacted me....I just don't respect that....

FOP: Yes, so take some time to notice how that feels, as you fully sense how it feels to acknowledge how this impacted you....

C: Oh my gosh....now I have an image of myself yelling at my kids.....

FOP: So you're noticing another image....

C: Yes....and my chest is so tight now.....like a big knot.

FOP: You might put a gentle hand there, like you're letting it know you know it's there, feeling tight....like a big knot....

C: Yes....oh...it's loosening up a bit...wow...like a big wave came over me and now I'm okay...This Focusing is a amazing....*(client laughs and lets out a sigh)*

FOP: So it's coming to the time we need to stop.... *(Focusing Oriented Psychotherapist guides client out of Focusing session....)* You might take some time to sense if there's anything more that wants to come and be known before we end.....

C: Hmm...I'm feeling like I just did some really deep work....something about feeling respected....that it matters how I'm spoken to by others and it's not okay to be disrespected.....

FOP: Yes, so feeling respected....your sensing how important that is....you might acknowledge that you hear that....

C: Yes, I do, and I feel so much better than before.... *(Client naturally opens her eyes and engages her therapist in a dialogue about her experience using Focusing.)*

(Following this session, the client reports that she has been yelling at her kids less, and has been able to catch herself before she does things that she knows she will regret, such as eating too much, staying up too late. She also continues to request using IRF as part of her therapy sessions, and she practices bringing her attention to her body as a way to help herself become present.)

Mindfulness Practices

So far, this article has discussed IRF as a tool for healing attachment issues... A related topic that has gotten a lot of attention lately, and is important to mention, is "mindfulness practices" (such as meditation and yoga). Research validates that these practices can improve the mind-body healing. I consider Inner Relationship Focusing a process which cultivates a body oriented, relational, mindfulness. As Siegel discusses (2006), "Mindful awareness has the quality of receptivity to whatever arises within the mind's eye, moment to moment. Recent studies of mindfulness practices reveal that it can result in profound improvements in a range of physiological, mental, and interpersonal domains of our lives. Cardiac, endocrine, and immune functions are

improved with mindfulness practices (11). Empathy, compassion, and interpersonal sensitivity seem to be improved.

People who come to develop the capacity to pay attention in the present moment, without grasping on to their inevitable judgments, also develop a deeper sense of well-being and what can be considered a form of mental coherence” (P.4). When we can slow down, pause, be aware, or *mindful*, we can pay attention to the small steps we might make for change, or notice and enjoy the feelings when we experience fun, play, and the accomplished or mastered feelings of hard work.

In IRF, the qualities of presence behold an internal model of security. Presence is welcoming, calm, curious, accepting-- everything a secure environment encompasses. In IRF, when the felt sense is welcomed into presence, the outcome can be a felt shift, an internally felt transformation which facilitates an ongoing process of regulating ones inner feelings. In IRF, presence allows all parts, or aspects of ourselves, (even when there is inner conflict) to connect and communicate. This provides a healthy relational quality inside us. IRF allows change to come naturally; it increases flexibility, a sense of flow, an ease, a way of being in the world that is calmer, clearer, more patient. In the practice of IRF, we develop what I sometimes call “mindfulness muscles.” The more we practice, the stronger and more defined our mindfulness muscles become, therefore supporting the profound improvements that are possible.

Because of the effects of my IRF practice, my clients are now sitting with a therapist who has a more integrated brain; one whose emotional, mental and physiological regulating systems are working better and better all the time. Professionally, I listen better, conceptualize a client’s needs faster and respond to transference and counter transference issues with faster recognition, more ease, and clarity. IRF is not only a body-oriented mindfulness practice. It is also a practice which mirrors the original cycle of interaction that is at the core of our well-being: the cycle of attachment, bonding and trust. Dan Siegel, as quoted in Simon and Sykes Whyllie’s (2002) article *Discoveries from the Black Box*, says: “The openness and emotional availability of the therapist seems to be the triggering mechanism. Openness and emotional availability are also the prime features of secure attachment...psychotherapy which works is using an interpersonal relationship to change self-regulatory circuits of the brain. It isn’t just that a person temporarily feels better. At the level of the brain, therapy changed the mind by changing neuronal connections.”(p.29). Again, Badenoch (2008) stresses her point. “Preparing our minds to hold the fullness of another’s experience may then be the most important aspect of our ongoing training as therapists.”(p. 5).

For those who know and practice IRF, I hope this article supports and validates your own inner knowing of its transformational benefits. For those who do not know Inner Relationship Focusing, I hope to inspire you

to learn it, use it and share it. IRF can be taught to individuals as a self-growth skill. It can be taught in pairs, or in a “peer counseling” model. It is also taught to children in school programs. Professionally, it can be used by an array of healing professionals in conjunction with other modalities.

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An Interpersonal Neurobiology Approach to Psychotherapy: Awareness, Mirror Neurons, and Neural Plasticity in the Development of Well-Being Daniel J. Siegel, M.D. Associate Clinical Professor, Foundation for Psychocultural Research / UCLA Center for Culture, Brain, and Development (CBD.ucla.edu), Co-Director, UCLA Mindful Awareness Research Center (MARC.ucla.edu); Executive Director, Mindsight Institute (DrDanSiegel.com) Working Pre-Publication Copy, not final draft: Future Reference of final draft: *Psychiatric Annals* 2006 IN PRESS.

Websites

"[http://www.healingresources.info/trauma attachment stress disorders.htm](http://www.healingresources.info/trauma%20attachment%20stress%20disorders.htm)" ([www.healingresources.info/trauma attachment stress disorders.htm](http://www.healingresources.info/trauma%20attachment%20stress%20disorders.htm)), Sponsored by Santa Barbara Graduate Institute Center for Clinical Studies and Research and L.A. County Early Childhood Identification and Intervention Group, Retrieved, July 17, 2008.