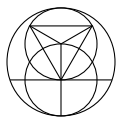


The Developmental Sequence



The Developmental Sequence

*Attachment, Attunement, and Nurturing Care;
Trust, Autonomy, and Sexuality —
a Modal Theory of Intergenerational Process*

Forrest Landry

UVSM PUBLICATIONS

Wytheville, Virginia

© 2026 Forrest Landry. All rights reserved.

Published by UVSM Publications LLC
965 Reed Creek Mill Rd
Wytheville, VA 24382-8287
USA

uvsmpublications.com
contact@uvsmpublications.com

ISBN 979-8-951203-08-3

This work is licensed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License (CC BY-NC-ND 4.0).

You may share this work for non-commercial purposes with proper attribution, but you may not adapt, transform, or build upon it.

Full license text: <https://creativecommons.org/licenses/by-nc-nd/4.0/>

Author ORCID: 0009-0005-6275-0362

First edition. This volume is compiled and developed from recorded teaching dialogues held between November 2022 and May 2025, from the published core metaphysics, *An Immanent Metaphysics*, and from other writings and working notes of the author.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means — electronic, mechanical, photocopying, recording, or otherwise — except as permitted under the license above, without prior written permission of the publisher.

Typeset in TeX Gyre Pagella (Palatino) at 9.93pt body / 15.4pt leading.
Page size: 6 × 9 inches. Converted to PDF via WeasyPrint.

Contents

Preface.....	8
Chapter One. The Question of Development.....	11
Chapter Two. The Three Actions of the Caregiver	16
Chapter Three. The Three Achievements of the Child	21
Chapter Four. Necessity and Sufficiency	26
Chapter Five. The Modal Structure	30
Chapter Six. Horizontal and Vertical.....	41
Chapter Seven. When Development Fails	48
Chapter Eight. The Work of Healing.....	63
Chapter Nine. The Six Questions of Community.....	78
Chapter Ten. Belongingness and the Three Instincts.....	84
Chapter Eleven. The Developmental Spiral	96
Chapter Twelve. Conclusion.....	99
Appendix A. A First Diagnostic Orientation.....	101
Appendix B. Suggested Exercises.....	118
Appendix C. The Good-Mothering Catalogue	123
Key Concepts	144
Bibliography.....	147
Special Section for Academics.....	152
Index	155

Preface

I wrote this book for two readers. The first is a person dealing with developmental trauma who is looking for answers about their own condition. The second is the therapist who works with them. It is meant to be read by ordinary people in ordinary language. No special background is needed, and no other book has to be read first. Where an unusual word is genuinely required, I explain it in plain terms at the place it is used. A client may read this to understand what happened to them and what healing actually involves. A therapist may read it for the working map and for the instruments at the back. And a therapist may hand it to a client so that their sessions together make more sense.

The questions in Appendix A are written to be answerable. Each one asks a single thing. Each is answered yes or no. Each states the stretch of time it is asking about, in words that are defined where they are used. A careful, literal reader is never left guessing what is really being asked.

Throughout the book, questions you might ask are set in italic type, with plain answers beneath them. Read them where they fall, or skip them.

I am hurting now. Do I have to read the theory chapters to get to the help?

No. If you are reading this for your own history, a good first pass is Chapters One through Three, then Seven and Eight, then the three appendices at the back. Chapters Four and Five are there to show that the map can be trusted. They can wait for a second pass. Chapter Five tells you, in its opening lines, how to skim it. Nothing here requires that you read the formal chapters closely.

This book sets out an account of human development in six stages, arranged in two groups of three. The first three are actions of the caregiver: attachment, attunement, and nurturing care action. The second three are achievements of the child on the way to becoming an adult: trust, autonomy, and sexuality. What is being studied is not the individual. It is the process

that runs from one generation to the next. The central claim is that these six stages are each necessary, and together sufficient, for that process to continue. Remove any one of them and the process breaks. Add nothing, and it still runs.

The book also makes a stronger claim than that. Most accounts of development are descriptions: they gather what children tend to do at various ages. This one says what a family, a partnership, and a community must contain if development is to happen at all. The argument for the stronger claim runs through a formal philosophy, the Immanent Metaphysics, and it is made in Chapter Five. Two of its words appear in these pages, and both can be said plainly here. To say the model is *reified* is to say that the six stages have been shown to be an instance of a pattern that holds at the foundation of any subject matter, rather than a useful summary of clinical experience. To say that the two groups of three *close under the axioms* is to say that they fit that pattern exactly, with nothing left over and nothing missing. Chapter Five does the work. Nothing before it depends on either term.

Six tasks follow from that. To develop each stage in turn. To establish the necessity and sufficiency argument. To exhibit the modal structure. To extend the account into partnership and community. To examine how each stage fails, and the work of healing that answers each failure. And to derive six questions by which the health of any relationship or community can be assessed.

The immediate source of the six-stage model is the somatic-therapy literature on developmental trauma. That literature presents a five-stage account of the core needs of the developing child. I apply one correction to it: a single disentanglement, described in Chapter One. What the correction makes possible is the grounding of the model in a formal metaphysics, which the psychological literature cannot do for itself. The completeness of the model then stops being a matter of clinical opinion or of consensus. It becomes a matter of demonstration.

You do not need any prior familiarity with the Immanent Metaphysics. Every structural idea used here is built from the ground up at the point where it is needed. If you want to go further, the core text is *An Immanent*

Metaphysics. The same holds for every other book of mine mentioned in these pages. Each is cited as a source, in the way any source is cited. Nothing here depends on your reading them.

A word about the word *mother*. Where this book speaks of the caregiver, it sometimes uses the word mother as a placeholder. The caregiver may be a father, an adoptive parent, or anyone who in fact raises the child from birth toward adulthood. Nothing in the account depends on the sex or the biological relation of the person who performs the three caregiver actions. Everything in it depends on those actions being performed.

I was raised by several people: a grandmother, a daycare, a stepfather who came later. Who is "the caregiver" in my case?

Whoever in fact performed the actions. The three caregiver actions can be carried by one person or shared among several, and in most lives they are shared. What matters is whether the actions reached the child reliably, from someone. The job title of the person they came from does not matter. When you are asked to look back at "the caregiver," look back at the person or people from whom the bond, the sensing, and the provision actually came, and answer for them. Where the actions were split, with one person bonding and another providing, the map will help you see exactly that split. That is itself useful information.

Chapter One.

The Question of Development

I. The Question

Begin with the plainest possible question. What must happen for a human being to go from being a newborn infant to being a full adult, an adult who is in turn capable of raising a newborn infant into a full adult?

Notice what the question does not ask. It does not ask what usually happens. It does not ask what happened in some particular family, or what a particular culture believes ought to happen. It asks what *must* happen: which transitions are the ones without which the process fails.

Notice also what it takes as its subject. Not the individual child, but the process that runs between generations: baby to adult to baby to adult, the cycle by which the species moves from one generation to the next. An account of development that cannot close that loop has described something less than development. It has described a child becoming an adult, but not an adult capable of raising a child.

Many models of development exist, and many of them are useful. Most of them are descriptive. They organize observations of what children at various ages tend to do, and they remain, at root, generalizations from observation. This account is different. It identifies six transitions, arranged in two groups of three, and then holds that these six are individually necessary and jointly sufficient for the intergenerational process to continue.

The structure of the six is not accidental. The two groups of three turn out to be an instance of the same modal pattern that shows up at the foundation of each and every *domain*. A domain, in the sense used throughout, is any world that some self experiences: a family is one, and so is a body, a language, a physics. Chapter Five shows this in detail, and explains the words. What it

buys is stated here in advance, in one sentence: the six stages stop being a helpful description of how children grow, and become a statement of what a family must contain.

~ ~ ~

II. The Six Stages

The six stages are as follows. The first three are actions of the caregiver. The second three are achievements of the child.

First, *attachment*: the caregiver bonds to the child, recognizes the child as her own, and takes on the connection from which everything else will flow.

Second, *attunement*: through the attachment, the caregiver tunes in to the child, and comes to sense what the child needs as those needs arise. The child cannot ask.

Third, *nurturing care action*: guided by the attunement, the caregiver acts. She provides the food, the warmth, the quiet, the holding, so that the needs sensed are the needs met.

Fourth, *trust*: receiving care that reliably meets its needs, the child comes to trust. It trusts its own body, it trusts the world as a safe place, and it trusts other people.

Fifth, *autonomy*: standing on that trust, the child begins to explore, to play, to become its own separate self, to venture out and return, and so, little by little, to learn how to be in the world on its own.

Sixth, *sexuality*: the matured child integrates the capacity for pair-bonding and for procreation, and in doing so becomes, functionally, an adult. The cycle can begin again.

~ ~ ~

III. The Source Model and the One Correction

The immediate source of this model is the somatic-therapy literature on developmental trauma, and in particular the NeuroAffective Relational Model (NARM) of Laurence Heller and Aline LaPierre, set out in *Healing Developmental Trauma*. That work presents the developing child as having five core needs, met in sequence: connection, attunement, trust, autonomy, and love-sexuality. Its descriptions of each stage, of what it looks like when a stage goes well, and of the symptoms that appear when a stage is disrupted, are careful, concrete, and clinically grounded. If you want the clinical detail, go to that literature directly. As a map of the terrain it is probably the most concise and most usable account the psychological literature has yet produced.

I apply one correction to it. The source model treats the first stage and the last as expressions of a single thing: connection at the beginning, love-sexuality at the end. The bonding of parent to child and the bonding of partner to partner are taken to be the same phenomenon, appearing at two times of life.

The correction is to pull them apart. The bond of a caregiver to an infant is a different biological and neurological event from the pair-bond of two partners. The first is a relation across an asymmetry of capacity, between one generation and the next. The second is a relation between peers. Treating them as one thing hides exactly the structure that most needs to be seen.

Once they are pulled apart, the model reorganizes itself. What had been five stages belonging ambiguously to the child becomes six stages in two clean groups of three: three actions that only the caregiver can perform, and three achievements that only the child can attain. The caregiver cannot do the child's part. No caregiver can trust on behalf of the child, or explore on behalf of the child, or grow up on behalf of the child. The child cannot do the caregiver's part. A newborn cannot attach itself to an absent parent, cannot attune a distracted parent to its needs, cannot provide its own nurturing care. The separation of tasks is real, and the separation is itself part of the structure.

The first stage is renamed here from connection to attachment. The new name marks the distinction just described, and it also keeps the term pointing both ways. The caregiver attaches to the child. The child, at the level of its nervous system and long before anything that could be called cognition, registers and returns the bond.

Is this the same “attachment” as in attachment theory: secure, anxious, avoidant?

Related, but not the same thing. The familiar attachment styles describe patterns visible in the child. They are the shapes a child's relating takes after the earliest stages have gone one way or another. This book is mapping the stages themselves: the actions and achievements out of which those patterns form. If you already know the styles, hold them as downstream descriptions. The map here sits underneath them, at the level of what had to happen, and what did.

Why the Correction Matters Structurally

A five-stage model with a conflated endpoint cannot exhibit a modal structure, because the modal patterns of the Immanent Metaphysics come in threes: three concepts, mutually distinct, inseparable, and not interchangeable. Pulling attachment apart from sexuality is the move that resolves the model into three and three. Only then can each group of three be tested as a modal set, and only then can the two groups be set against each other to see whether they correspond. That is the difference between a model that can be reified under the metaphysics and one that cannot.

~ ~ ~

IV. Why a Map Matters

At first the six stages may seem obvious. Everyone knows a child must be loved, fed, and kept safe, must come to trust, must learn independence, must grow up. In one sense that is true. A correct account of the foundations of a subject ought to feel, once stated, as though it had been known all along. But there is a great difference between knowing something diffusely and holding a map of it.

The map matters for diagnosis. Things can go wrong at each of the six stages, and how a failure shows up depends on which stage it happened at. A failure of nurturing care action shows up as neglect. A failure of attunement shows up as its own set of symptoms, different from neglect. A failure of attachment shows up as a third set, deeper and more pervasive than either. A clinician, a parent, or a person examining their own life who holds the map can work backward from the pattern of symptoms to the stage where the disruption happened, and can aim the work of healing at the right depth. Without the map, the work is guesswork.

The map matters equally for design. A community, a partnership, or any shared practice of living that wants to support the development of its members needs to know what development requires. Extended sideways, into the relations between adults, the six stages yield six questions by which the health of any relationship, any conversation, and any community can be assessed. The map is therefore not only an account of childhood. It is an account of what human beings require of one another, at every age, for the process of life to continue and to flourish.

Chapter Two.

The Three Actions of the Caregiver

I. Attachment

The first stage is attachment. The caregiver bonds to the child. She recognizes the child as her own, feels the connection, and accepts the responsibility that the connection carries. The word names something at once ordinary and profound. Ordinary, because in the healthy case it happens without deliberation. Profound, because everything else in the developmental sequence descends from it.

The attachment runs both ways, but not equally. The child, at the moment of birth, has no cognitive process by which it could be said to recognize or to choose a bond. And yet something in the nervous system of the infant registers the connection the caregiver provides. It is a felt sense of being held in relation, operating far beneath anything that could be called thought. To describe the infant as attaching in the way the mother attaches would put too much in the infant. To deny that the infant takes part in the attachment at all would leave too much out. The caregiver enacts the attachment. The child receives it, receives it in the body, in the developing nervous system, where it becomes the first fact about what the world is like.

If the attachment does not happen at all, to the point that no one takes care of the baby, then things can go wrong very quickly, within days, and very badly. At the limit the failure is fatal. An infant to whom no one is bonded is an infant no one feeds. Short of the limit, an absent or gravely disrupted attachment leaves a signature that runs through the whole of a life, showing up as its own cluster of difficulties in adulthood. The structural point is the one that matters here: without attachment there is no basis for attunement, and the sequence cannot begin.

*I did not bond with my baby right away. A hard birth, a NICU, a depression.
Is the attachment ruined?*

No. Attachment here is a standing bond, not a single moment at birth, and it is built and repaired across time. The threshold is forgiving: what is needed is that the bond hold more often than not, not that it be felt constantly, and not that it be there from the first hour. A delayed beginning that becomes a reliable bond is a bond. The failures this book describes are chronic absences, not hard starts.

Can attachment begin late, at an adoption at two, or at six?

Yes. It is harder. The child's openness is widest at the beginning, and what arrives later must pass gates that infancy did not have. But the bond that forms later is still a real bond. Late attachment usually has repair work folded inside it, because the child arrives carrying the absence that came before.

~ ~ ~

II. Attunement

The second stage is attunement. Because the caregiver is bonded to the child, she is turned toward the child, and through that turning she comes to sense the child's states as they arise. The child lives in a cycle of needs. It becomes hungry, or tired, or cold, or overstimulated, or in need of being held. These needs arise continuously, as part of the ordinary business of being an infant. And the child cannot ask. It has no language, and no concept of its own states. So the caregiver must tune in. She must read, through a channel that is itself largely bodily, what the need actually is.

What if the child is hard to read? Colic, illness, a nervous system that signals differently, as in autism. Is misattunement always the caregiver's failing?

No. Attunement is a channel with two ends, and how hard the channel is to work depends on both of them. Some children broadcast plainly and some do not. Some caregivers sense easily, and some, often for reasons in their own histories, cannot. This account locates the deficiency, which is that this child was not reliably sensed. It does not assign fault for it. The distinction matters, because what heals a deficiency is not the settling of blame but the late supply of what was missing. Two things can be true at once. A caregiver who worked hard at a difficult channel and still missed much did not fail as a person. And the child's needs still went unmet.

Attunement, looked at closely, is an entire realm of its own. It includes the reading of signals, but it goes deeper than signal-reading. It is a coupling of nervous systems, a regulation and entrainment in which the state of the caregiver's body and the state of the child's body come into relation. The infant's physiology cannot yet regulate itself. It borrows regulation from the physiology of the one who holds it. A calm caregiver lends calm. An agitated caregiver lends agitation. This borrowing is not incidental to attunement. It is close to being the whole of it, and it is the mechanism by which the child will eventually learn, or fail to learn, to soothe itself.

Attunement is not confined to distress and need, either. The caregiver must be able to meet and match the child's good states as well: to join in the child's play, in the intensity of its joy, in the enjoyment of its excitement. Shared delight is not a decoration on the need-satisfaction cycle. It is where several capacities are built that can be built nowhere else. A child whose caregiver joins its joy learns collaboration and play with others, learns to feel and to process delight, learns that expansion is safe. A child whose caregiver does not join, who meets the child's excitement with flatness or distraction, does not develop these capacities, and the adult that child becomes finds them missing. Attunement, in full, is the meeting of the child's states as they come: the hard ones to be soothed, the bright ones to be shared.

Attunement in the Metaphysics

Emotion, thought, and feeling always occur together, and the deepest of these dynamics run beneath and before cognition. Attunement between caregiver and infant is a living instance of this. What passes between the two is not information in the cognitive sense. It is intensity and direction, which are the terms in which emotion is characterized as energy. Chapter Eight sets out the three aspects of mind in full, because the healing work depends on telling them apart. In brief: thought is form and structure, feeling is the quality or colour of what moves in a person, and emotion is its intensity and direction. Attunement is one particular and especially consequential case of the three at work together. Readers wanting the fuller treatment will find it in the chapter on emotions, thoughts, and feelings in *An Immanent Metaphysics*, and in the essay on the dynamics of emotion.

~ ~ ~

III. Nurturing Care Action

The third stage is nurturing care action. Attunement senses the need. Care action meets it. Noticing the child is cold, the caregiver provides a blanket or brings the child somewhere warmer. Noticing the child is sleepy, she brings it somewhere quiet and darker. Noticing it is hungry, she feeds it. The actions are humble, and the list of them is endless. What makes them a single stage is their common form: provision, guided by attunement, meeting a need the child cannot meet for itself.

Note what happens when the stage before it fails. Without attunement, nurturing care action does not stop. A caregiver who is not attuned may be very busy indeed with care actions. What happens is that the actions go to the wrong place. The provision answers the wrong need: food when the child needs sleep, stimulation when the child needs quiet. The child's needs go unmet in the very presence of care. That is a particular kind of failure, and a

particularly confusing one to live through. Correct provision requires sensed need. Sensed need requires attunement. Attunement requires attachment. The three caregiver actions are a chain, each link the enabling basis of the next.

Nurturing care action has one further depth. The state of the caregiver at the moment of the action is itself part of the action. Through the same bodily channel by which the infant borrows regulation, the child feels the state of mind of the one caring for it. Consider the moment of return. The child, a little older now, stubs its toe, or is insulted by another child, and comes back to the caregiver in distress. If the caregiver in that moment is present and calm, the child's agitation is met, held, and settled. Across many such moments the child learns the settling itself, takes it inside, and becomes able to soothe its own emotion. If the caregiver is chronically distracted, or is herself agitated, the settling does not happen, and the child does not learn it. The care action, in the narrow sense, may have been performed. The care, in the full sense, was not. The quality of presence within the action is not an ornament on the stage. It is part of what the stage is.

Each Stage Is a Realm

Each of the six stages is treated here briefly, and each is in itself an entire realm of inquiry. Attunement alone contains a great many things worth unpacking. The unpacking of attachment is a different unpacking, a whole realm to itself, and the same holds for nurturing care action. A full treatment of any single stage would take a book of its own. What is offered here is the map, at a level of generality that deliberately does not collapse into the detail of any one realm.

Chapter Three.

The Three Achievements of the Child

I. Trust

The fourth stage is the development of trust. It is the first of the three that belong to the child. The caregiver cannot do it for the child, any more than the child could have performed the attachment, the attunement, or the care. What the caregiver can do, and has done in the healthy case, is supply the conditions: a stream of needs arising and being reliably met. Out of that stream the child builds trust.

The trust is threefold. The child comes to trust other people: human connection is reliable, care will come. The child comes to trust the world: the world is a safe place, a place in which one can rest. And the child comes to trust itself: its own body, its own states, its own being. Self, world, and other, all three together, in this fourth stage. Physiologically the achievement appears as a kind of relaxation in the limbic system, a settling of the deep alarm machinery, which lets the child be comfortable in its own skin. Trust here is not a belief the child holds. It is a state the child's nervous system has been given reason to adopt.

~ ~ ~

II. Autonomy

The fifth stage is the development of autonomy. Trust is its enabling basis. Once the child trusts itself and trusts that the world is safe, it begins to play: to explore, to experiment, to interact with things and with people, and by doing so to become its own separate self.

The characteristic pattern of this stage is hub and spoke. The child is connected to the caregiver, who is the hub, and it ventures out. It walks away, explores, plays, and when it feels a little uncertain it comes back. Then it goes out again, in another direction, a little farther, and comes back again. The pattern is a foraging pattern, and not unlike the foraging of other living things: a home base, an excursion, a return, an excursion in a new direction, a return. Little by little the forages lengthen, the play grows longer, the radius expands. By this method the child is learning how to be in the world: how to navigate things, how to navigate other people, how to be a self among selves. Autonomy is not separation from the hub. It is the growing capacity to range from it, made possible by the reliability of the return.

My teenager fights me about everything. Is autonomy failing?

Usually the opposite. The push against the hub is part of the foraging. Becoming a separate person is noisy, and the noise is not the failure mode. Autonomy fails when separation is prevented, when the child is never permitted to range, or when the return is unsafe: the child comes back uncertain and finds the hub withdrawn, punishing, or gone. A loud adolescence with a reliable hub under it is the stage working. Watch the return, not the volume.

One further mark sets autonomy apart from the other five. Of the six stages, only autonomy can be obtained by oneself. Every other stage requires the agreed participation of another person. Attachment, attunement, and care are given, or they are absent. Trust is built from what another's reliability supplies. Sexuality is integrated into a capacity that cannot be exercised alone. Autonomy alone is the stage whose substance is the child's own doing: the venturing, the play, the accumulating competence. And yet even here the relational ground remains, because the foraging depends on the hub. The one self-obtainable achievement is obtainable only from a base that others hold. Development is relational all the way down, and that holds even at the stage that most looks like independence.

~ ~ ~

III. Sexuality

The sixth and last stage is the development of sexuality. The child has matured. It has learned how to navigate relationships with people and with the world. At some point it is old enough that puberty begins, and the capacity for pair-bonding and for procreation comes into being and asks to be integrated into the self. With that integration the person is functionally an adult: one who could in principle conceive a child, and, what matters more here, one who could perform for that child the three caregiver actions with which the sequence begins. The circle closes, and the process between generations is carried forward.

Puberty happens to everyone. What does “integrating” sexuality actually mean?

Puberty is the onset of the capacity. Integration is the joining of that capacity to the rest of the person, to love, to identity, to relationship, without shame and without splitting. Here is the difference. An adult who can relate from the heart or from desire, but not both toward the same person, has the capacity and lacks the integration. Integration means the new capacity was received, supported, and allowed to become part of the self, rather than arriving as a thing apart.

The sexuality of this sixth stage is not the attachment of the first stage arriving late. The pair-bond between partners and the bond of caregiver to infant are distinct, biologically and neurologically, and the health of an adult life depends in part on their staying distinct. In a healthy partnership the two are related. Partners who bond to each other develop, through that bond, an interest in bonding to the child their partnership produces. But relation is not identity, and the two are kept apart here as a matter of principle.

I do not want children, or cannot have them, or I am asexual. Is this saying I am not a full adult?

No, and the point deserves plain words. The necessity claim is about the process between generations taken as a whole: what the human sequence, running across all of us, must contain for there to be a next generation. It is not a duty laid on each person. An individual life without children is not a broken sequence. The process is carried by many hands, and adults carry it in many roles, as partners and as the other caregivers a child's life contains. The community is itself a caregiver. What the sixth stage asks of an individual is integration: that the capacities of adulthood, whatever their shape and wherever they are directed, be received into the self without shame. An asexual orientation, lived in integrity, is not the wound. The wound is a splitting or a shutdown driven by shame. From inside, the difference is usually not subtle.

On Ages

No ages are attached to the stages here, and the reticence is deliberate. The span in question runs from birth to whatever a culture counts as coming of age, whether that is eighteen, twenty, or twenty-one. By the internal logic of the model, functional adulthood arrives earlier, perhaps at fourteen or sixteen, with the integration of sexuality. What matters is the character of the stages and their order of dependency, not a timetable. The stages overlap in time. Trust is still deepening while autonomy is beginning. And the age at which a disruption happens changes its effects. The sequence is a sequence of enablement, not a calendar.

~ ~ ~

IV. The Chain of Enablement

Set the six stages in a line. Each one rests on all that came before.

Attachment gives the caregiver her orientation toward the child. Without it there is no basis for attunement. Attunement gives her the knowledge of the child's needs. Without it, care action is misdirected. Care action, correctly guided, meets the needs. Without it the child does not thrive, and there is nothing from which trust could be built. Trust settles the child's nervous system. Without it the child cannot leave the hub, and autonomy does not develop. Autonomy teaches the child how to be in the world and how to relate to others. Without it the integration of sexuality has no navigational capacity to integrate into, and partnership fails. And sexuality, integrated, produces the adult whose attachment to a new child begins the sequence again.

Some quantity of one stage is needed for there to be any of the next, and some quantity of that one for any of the one after. That is the shape of the whole model: a strict sequence of enablement, six stages deep, closing into a cycle at the boundary between generations.

Chapter Four.

Necessity and Sufficiency

I. The Removal Test

The central structural claim is that the six stages are individually necessary and jointly sufficient for the process between generations to continue. Test it the simplest way. Remove a stage and watch what happens.

Remove attachment, and in the worst case the child dies, because no one is bonded to it and no one feeds it. Short of that, the child survives into a life organized around the absence.

Remove attunement, and the care that is given answers needs the child does not have, while the needs it does have go unmet.

Remove nurturing care action, and attunement becomes a knowing that does not act. The child's needs are perceived and still not met. That is neglect.

Remove trust, and the child cannot settle. The alarm machinery never stands down, and exploration never begins.

Remove autonomy, and the child remains dependent, unable to navigate the world as a self among selves.

Remove sexuality, and the person may flourish singly, but the process ends with them. There is no next generation for the sequence to continue into.

Each removal breaks the cycle at a different point, and each breaks it in its own way. No stage can be deleted with the process left intact. That is necessity.

Sufficiency is the matching observation. Where all six are present in adequate measure, nothing further is required. The cycle completes. The child becomes an adult capable of raising a child. The process continues. Much that is good can be added, and education, culture, art, and prosperity all have

their place further down. But nothing beyond the six is required for the process itself to go on. Try naming a seventh whose absence breaks the cycle, and the difficulty of the attempt is itself the argument.

Surely six things are not everything a child needs. What about food, shelter, safety, school?

They are inside the six. The stages are headings, and each heading is a realm. Food, warmth, shelter, and protection are the endless particulars of nurturing care action. Safety is what the trust stage is built from. The learning of the world is what autonomy is for. What the sufficiency claim rules out is not detail. It rules out addition at the same level. There is no seventh heading, no further kind of thing passing between the generations, whose absence breaks the cycle. Education, culture, art, and prosperity are goods that ride on the six rather than standing beside them.

~ ~ ~

II. Failure Dynamics in the Family System

The removal test can be run not only on one person's sequence but on a family across generations. A generation raised with a deficient stage does not only suffer individually. It arrives at its own caregiving years with a reduced capacity to perform the caregiver actions in its turn. Dysfunction transmits.

A family may get one generation out of a gravely deficient sequence. But the generation after that is raised by caregivers who were themselves under-resourced, and unless something intervenes the family does not find its way back to health on its own. It degrades, until at the limit the line simply stops producing children. It ends in a generation that raises none. So the six stages are not only necessary for one person's development. They are what a family line must keep going, generation after generation, in order to persist at all.

Where do genes, temperament, siblings, and plain luck fit?

They affect everything, and they are counted nowhere in the six. That is deliberate. The six track what must pass between people for development to complete. Temperament sets how loudly a given child signals and how much of each stage it needs. Siblings and schools are among the hands that carry the stages. Luck decides much of what a family has to work with. None of these is a seventh stage, because none of them is a distinct kind of thing passing between the generations. They are the conditions under which the six are performed. The stages need go right only somewhat more than forty percent of the time for development to proceed adequately, and that tolerance exists precisely because those conditions are never ideal.

~ ~ ~

III. Necessity and Sufficiency as an Indicator of Foundation

This result carries a lesson that reaches beyond psychology. Whenever a set of concepts can be shown to be both necessary and sufficient for some kind of process, that is a sign the concepts sit low down, close to the foundation of their subject, rather than being conveniences of description. Descriptive schemes can be redrawn. Foundations cannot. Tracking necessity and sufficiency is therefore a method. It is how one recognizes, among the many ways a territory might be carved up, the carving the territory itself demands.

The six-stage model passes that test, which is reason to look deeper. The Immanent Metaphysics has a characteristic signature for foundational sets of concepts: they come in threes. The members of each such three are distinct, inseparable, and not interchangeable. The threes also stand to one another in

definite patterns of precedence. A model that survives the removal test, and that presents itself as two threes in strict sequence, is a model worth testing for modal closure.

~ ~ ~

IV. What This Means for You

One consequence of all this should be said in plain words, because for some readers it will matter more than anything else here. The removal test showed that nothing on the list of six is optional. Every stage is necessary. Remove any one and development genuinely breaks.

Now turn that around. If something on the list was missing in your childhood, whether it was the attunement, the provision, or the permitted separation, then what you went without was a real necessity. Not a luxury. Not something a tougher or less sensitive child would have managed without. Your need for it was real. The trouble you have had since is not evidence that something is wrong with you. It is what happens to any child at all when a real need goes unmet. People who were hurt as children almost always carry the suspicion that they needed too much. You needed what every human child needs, no more, and the lack you felt was factual.

Chapter Five.

The Modal Structure

Anything real can be looked at in three ways. There is the inside view: what it is like to be it, the choosing and feeling that only the thing itself has. That one is called the *immanent*. There is the outside view: what can be seen, measured, and pointed to. That one is called the *omniscient*, in the sense of the knowable. And there is the general kind of thing it is, the pattern that holds across every particular case. That one is called the *transcendent*.

The three cannot be reduced to one another. None can be removed. They cannot be swapped. Wherever a set of ideas has exactly that character, the set is *modal*. That is all you need to follow the core of this model. The precise statements come next. If you want only the plain sense, read the section headings, the table, and the figure, and take the rest when you need it.

“Omniscient” sounds like a word about God. Why use it?

The word is used in its root sense, the knowable, and not in the theological one. The omniscient modality names the outside view: whatever can, in principle, be seen, measured, and pointed to. Nothing turns on any other sense of the word. If you silently substitute “the observable,” you will not be led astray.

I. Modalities and Axioms

The Immanent Metaphysics is built on two founding ideas: foundational triplication and type isomorphism. A word about each, and about the two words they are built out of.

A *domain* is any world that some self experiences. A family is a domain. So is a body, a language, a physics.

Foundational triplication is the observation that the foundation of each and every domain is best modeled in terms of at least three essential concepts which, although inseparable, are always mutually distinct.

Type isomorphism is the practice of treating the essential concepts of different domains as having similar patterns of correspondence. *Isomorphism* means, literally, one shape. The core text glosses it as the term for two concepts having a deep sameness because they both belong to the same abstract class or type. A pattern established in one domain can therefore be recognized, and used, in another.

The three universal classes are the modalities: the immanent, the omniscient, and the transcendent. A *modality* is a role. The word names one of a small fixed set of roles that a foundational concept can play with respect to the other two. To ask after the modality of something is to ask which of the three roles it fills.

One caution, and it comes from the core text rather than from me. No closed definition of the three modalities can be given, because there are no more basic concepts available to define them with. Their meaning is carried by the Axioms. Beyond that it has to be shown through metaphor, in the language of whatever domain one happens to be considering. The inside view, the outside view, and the general kind of thing are that metaphor, for this domain. They are not a simplification of some exact definition held in reserve.

The relations between the modalities are given by three Axioms. All of the descriptive power of the metaphysics ultimately descends from them.

Axiom I holds that the immanent is more fundamental than the omniscient and the transcendent, and that those two stand in *conjugate* relationship to one another. Conjugate is worth a moment, because the ordinary English words nearby are all slightly wrong. It does not mean opposed. It does not mean merely complementary. The core text states it as a product: the two vary against one another, so that more of the one goes with less of the other, and neither of them is ever absent. That last part is the point. Conjugation is what rules absence out. The inside view and the outside view stand in that relation.

Axiom II holds that a class of the transcendent will precede an instance of the immanent; a class of the immanent will precede an instance of the omniscient; and a class of the omniscient will precede an instance of the transcendent. Two words there carry weight. A *class* is a general category that many particular things belong to. It has the sense of a context, a general whole. An *instance* is one specific member of such a category. It has the sense of a content, a specific part. So Axiom II says that an established generality comes before, and enables, the particular cases that follow from it, and that this happens in a cycle around the three roles.

Axiom III holds that the classes and instances of the immanent, omniscient, and transcendent are distinct, inseparable, and non-interchangeable.

Two of the Axioms carry the argument here. Axiom III supplies the test that any genuine modal triple must pass. Its members must be distinct, meaning that no member reduces to another. They must be inseparable, meaning that no member can be removed with the others left standing. And they must be non-interchangeable, meaning that the members cannot be swapped around without destroying the sense of the whole.

Axiom II supplies the signature of process: each concept, as a class, is the enabling basis of the next concept's instances. Process flows into process. Stage begets stage.

A set of concepts that passes the Axiom III test and shows the Axiom II dynamic is not merely a list. It is a modal set, an instance of the universal pattern. Everything the metaphysics knows about that pattern then becomes available for the domain in question.

~ ~ ~

II. The Two Triples Under Axiom III

Apply the test to the caregiver triple. Attachment, attunement, and nurturing care action are distinct: bonding is not sensing, sensing is not providing, and no amount of any one substitutes for either of the others. They are

inseparable. The removal test showed that deleting any one collapses the whole caregiving function. Attunement without attachment has no orientation. Care without attunement is misdirected. Attunement without care is neglect that knows better. And they are non-interchangeable: the order cannot be permuted; one cannot provide first and attach afterward, or attune to a child one has not bonded to; each concept occupies a position in the structure that no other could occupy. The caregiver triple passes.

Apply the test to the child triple. Trust, autonomy, and sexuality are distinct: the settling of the nervous system, the capacity to range and return, and the integration of the pair-bonding capacity are three achievements, not one. They are inseparable as a developmental set: autonomy without trust is flight, not foraging; sexuality without autonomy is capacity without the selfhood to integrate it; remove any one and the achievement of adulthood fails. And they are non-interchangeable: their sequence is a strict enablement, and no permutation of it describes a possible development. The child triple passes.

Now write the two triples one above the other, and read downward. Each caregiver action stands above the child achievement that answers it. The three pairings so formed are the vertical correspondences. Take them one at a time.

Attachment stands above trust. The caregiver enacts a bond. A stage-triple later, the child arrives at trust. The bond is the seed of the trust. Relation given, then relation taken up.

Attunement stands above autonomy. The caregiver senses and tracks the child. Later the child senses and tracks the world. It is the same capacity turned outward. Perception has become navigation.

Nurturing care action stands above sexuality. The caregiver provides for the child. Later the grown child can bond with a partner and provide for a child of its own. Care received has become care that can be given.

These three pairings are themselves distinct, inseparable, and non-interchangeable. Each caregiver action answers exactly one child achievement. The pairing cannot be redrawn. That correspondence is part of what makes the six a structure rather than a list.

In tabular form:

	first column	second column	third column
the caregiver's action	attachment	attunement	nurturing care action
the child's achievement	trust	autonomy	sexuality
what the column is	relation given, then taken up	sensing turned outward	care received, then given

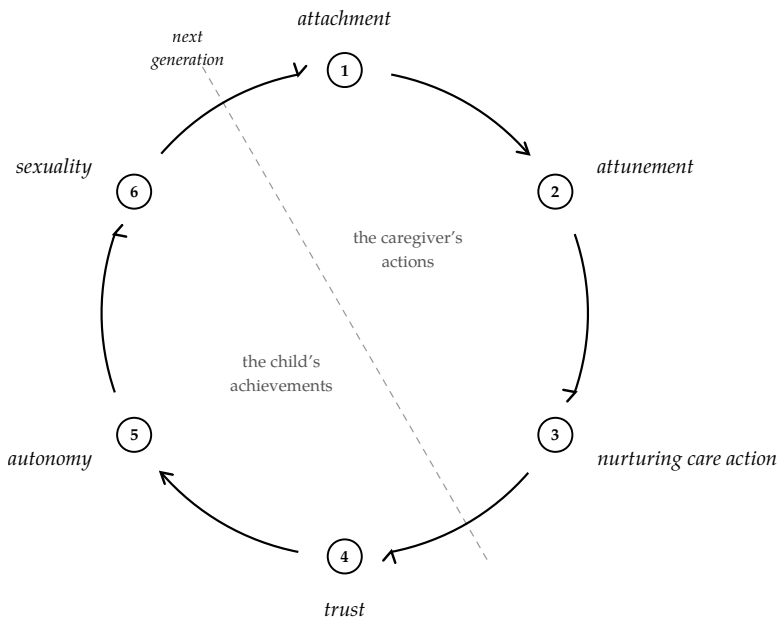
~ ~ ~

III. The Sequence Under Axiom II

Axiom II describes a dynamic in which a class of one modality precedes an instance of the next: an established generality at one position is the enabling basis for a particular arising at the following position, around a cycle. The developmental sequence exhibits exactly this signature. At each stage, what enables the next is not a single event of the stage before. It is the stage before as an accumulated, established generality. Take it stage by stage. A *class* of attunements, meaning the standing, reliable pattern of being sensed, precedes and enables each *instance* of correct care. A class of met needs precedes and enables each instance of trusting. A class of trusted returns to the hub precedes and enables each instance of venturing out. And so on through the six. The child does not build trust from one meal; it builds trust from the class of meals. It does not build autonomy from one successful return; it builds it from the class of returns. Stage begets stage in exactly the class-precedes-instance form that Axiom II states.

And the cycle closes. The sixth stage does not end the pattern. It delivers the sequence into its own beginning, one generation on. The class of the whole completed development, which is to say an adult, formed, precedes the instance of a new attachment to a new child. A sequence of six that closes into

a cycle at the boundary between generations, whose every internal transition has the class-precedes-instance form: this is the Axiom II signature, written across twenty years of a human life and across the whole of the intergenerational process.



The six stages as a cycle. Each stage, as an accumulated class, precedes and enables the instances of the next; the closure carries the sequence into the next generation.

~ ~ ~

IV. The Assignment of Modalities

In stage order, the modalities of the six are: attachment, transcendent; attunement, immanent; nurturing care action, omniscient; trust, transcendent; autonomy, immanent; sexuality, omniscient. So the six stages are two aligned turns of the single Axiom II cycle, which runs transcendent, immanent, omniscient. The caregiver carries the first turn. The child achieves the second. The closure of the second turn delivers the cycle into the next generation's first.

The cyclic form alone does not fix the assignment, for any rotation of it would satisfy the sequence equally. What pins the phase is the meaning of the stages, anchored in the core metaphysics. Attunement is immanent because attunement is perception, and perception has the nature of the immanent modality: it is the living relation between the one who senses and the one sensed, more basic than either. Autonomy is immanent for the parallel reason at the second turn: autonomy is the coming-into-being of a chooser, and choice has the nature of the immanent modality. Attachment is transcendent because the bond is a class: a standing generality that precedes and enables every particular act of relating. Here the axiom applies word for word. A class of the transcendent will precede an instance of the immanent. Trust is transcendent at the second turn likewise: it is the settled ground of knowing the other, and the essence of knowing is similarity, which has the nature of the transcendent. Nurturing care action is omniscient because provision is form delivered in the world: the blanket, the food, the quiet room. The realized and the perceivable. And sexuality is omniscient at the second turn: embodiment itself, the generative form in the world from which the next turn of the cycle arises.

Three checks follow from the assignment.

First, each triple contains exactly one modality of each kind. So the Axiom III requirement, that the members be distinct and inseparable and non-interchangeable, is met by a well-formed modal set on both sides of the generational divide.

Second, every transition of the sequence is a forward step of the cycle: transcendent to immanent, immanent to omniscient, omniscient to transcendent, twice through. The closure is a step of the same kind. Sexuality to the next generation's attachment runs omniscient to transcendent, like any other step.

Third, the column pairings now get their sharpest statement. Each column is a single modality. Attachment and trust are the transcendent column. Attunement and autonomy are the immanent column. Nurturing care action and sexuality are the omniscient column. The caregiver's action, and the child's achievement that answers it, fill the same role at successive turns of the cycle. That is what an answering is.

Context and the Assignment

Frequently, modality assignments are context-relative. The same concept, considered in a different context, may take a different association of aspect and modality. A shift of context can introduce a shift in modal associations. The assignment given here is the assignment of the stages within the developmental sequence itself, which is the vertical decomposition, the one that runs between generations. Other decompositions can be explored to identify other further insights. The specific associations do not change the cycle or the model.

~ ~ ~

V. What Reification Means

Reify is not a word from the core metaphysics. It is used here, and it needs saying plainly. To reify a model is to establish that it is an instance of the universal modal pattern, and not merely an empirical summary that happens to be useful. What that buys is a claim about the model that reaches past psychology.

An empirical model is descriptive: many observers watched many families, their observations were compared by some variation of the scientific method, and a pattern was drawn. Such a model is more than one person's opinion, which is worth a great deal. But its warrant is observational, and observation is always, in principle, revisable and incomplete. Now add the second warrant. The model closes under the axioms: its triples pass the Axiom III test, and its sequence shows the Axiom II dynamic. That moves the model from describing to prescribing. One is no longer saying: this is what healthy families have been observed to do. One is saying: these six are the specification of what any family must supply, in adequate measure, for the word *functional* to apply to it at all. Where a family falls substantially short in one of them, it is dysfunctional in exactly that respect and to exactly that degree. The range of choice it can hand forward is narrowed, and narrowed in a place that can be named. Any family, any community design, any therapeutic programme can be measured against the six, and the standard is grounded rather than guessed at. It rests neither on one person's opinion nor only on the agreement of many observations. It rests on structure.

I am a clinician. Does a metaphysical argument replace scientific evidence?

No, and the claim should be taken at its actual size. The clinical content here stands on the clinical sources cited, and remains open to empirical challenge exactly as those sources are. That covers the descriptions of the stages, the clusters of symptoms that follow failure, the threshold, and the healing counsel. What the reification adds is a different kind of statement: that the six, so corrected, form a closed structure of the kind found at the foundation of any domain, and so that the carving is not arbitrary. Structure of that kind is evidence about the shape of the model, not a substitute for evidence about families. Where observation and the structural argument ever genuinely conflicted, observation would be telling us the model was mis-specified, and the correction would be owed. The two warrants are allies, not competitors; the book's claim is that here, unusually, both are present.

~ ~ ~

VI. The Rarity of the Result

This situation is unusual. The metaphysics connects, through the modal pattern, to physics, to mathematics, to ethics, to aesthetics; but psychology has been resistant, because psychological models are typically either too empirical to have structural form or too abstract to be about the psyche in particular. Within psychology, one model has long stood fully reified under the metaphysics: the theory of emotion. It is the triple of emotion, thought, and feeling, with feeling transcendent, emotion immanent, and thought omniscient, cycling under Axiom II. The developmental sequence is the second.

What is gained by joining a model of developmental psychology to a metaphysical epistemology, grounded in necessity and sufficiency, is this. A healthy family, and by extension a healthy community, can now be spoken of without ambiguity, at a level that reaches down to the root of the process

between generations. Which is to say, to the root of evolution itself. In the terms of the metaphysics, evolution is describable as a perfected transformation.

So the six stages are not one author's list, assembled by taste. They fit the structure this framework finds at the foundation of any domain, and they fit it exactly: two matched threes, each stage enabling the next, the whole closing into the next generation. That is your permission to trust the map. When you locate a difficulty in one column rather than another, you are navigating by something solid.

Chapter Six.

Horizontal and Vertical

I. Two Kinds of Relationship

The one correction this book makes to its clinical source was to pull attachment and sexuality apart: the bond of a caregiver to an infant is not the pair-bond of two partners arriving late. That correction rested on a distinction which now needs developing in full, because it organizes everything this account has to say about adult life. The distinction is between the *vertical* relationship, which runs across generations, and the *horizontal* relationship, which runs between peers.

The vertical relationship, caregiver and child, is marked by a strong asymmetry of capacity. One party can attune, provide, and protect. The other can, at first, only receive. The three caregiver actions and the three child achievements are divided between the parties for exactly that reason. There are things only the resourced party can do, and things only the developing party can do.

The horizontal relationship, partner and partner, peer and peer, is marked by effectively equal capacity. Neither party is the other's caregiver. Both are adults. And whatever passes between them can pass in both directions.

These are different relations, not the same relation at different ages, and the bonding proper to each is a different phenomenon. The parent-child bond and the partner pair-bond are neurologically and biologically distinct. An account that runs them together will misread adult life as a continuation of childhood, or childhood as a rehearsal of adult love. Both misreadings have

done real damage, in the clinic and in the culture alike. Keeping the vertical and the horizontal distinct is what makes it possible to say anything precise about either.

~ ~ ~

II. The Six Recur in Partnership

Once the distinction is made cleanly, the six stages reappear, in horizontal form, inside adult partnership itself.

Between partners there is attachment: the pair-bond, the mutual recognition and commitment of each to the other.

Between partners there is attunement: each tuning in to the other's states and needs, nervous system to nervous system. The same coupling described earlier between mother and child now runs in both directions.

Between partners there are nurturing care actions: each providing for the other, in the endless humble particulars of a shared life.

Between partners there is trust: the settled confidence of each in the other, and of each in the partnership.

Between partners there is autonomy: the capacity of each to operate independently, and of the two to operate as a unit. It is a togetherness that does not abolish the selves inside it.

And between partners there is sexuality, present from the beginning of the horizontal relation. It is the very capacity whose integration, in the sixth stage, made partnership possible at all.

What differs between the vertical and horizontal appearances of the six is the symmetry. In the vertical form, three belong to one party and three to the other, because capacity is asymmetric. In the horizontal form, all six belong to both parties at once, because capacity is symmetric. Each partner attaches, attunes, and cares. Each partner trusts, maintains autonomy within union, and takes part in the sexual bond.

So the six stages are more than a childhood sequence. They are the complete inventory of what passes between human beings in any relation of care, distributed according to the capacities of the parties to the relation.

Is it unhealthy to want my partner to take care of me the way a parent would?

Wanting care from a partner is not the problem. The six recur in partnership precisely because adults go on needing all of them. The health question is symmetry over time. In a sound partnership, each partner is sometimes the resourced one and sometimes the depleted one, and the caregiving flows both ways across the years. The vertical form colonizes the horizontal when the roles freeze, when one partner is permanently the parent and the other permanently the child. A frozen asymmetry between peers is a different relation wearing partnership's name. The healthy version of that asymmetry is temporary: real in the moment, met with care, and released. Chapter Ten calls the person in that temporary state the grown-up child.

~ ~ ~

III. The Six Recur in Friendship

Partnership is not the only horizontal relation. The other great horizontal form is friendship: peers bonded to one another without the sexual tie and without the generational asymmetry. If the six are truly the complete inventory of what passes between human beings in any relation of care, then friendship must contain them also. It does. And it does so in a form that was described independently.

A structural account of friendship, given in the author's *The Third Mastery* and set out in the essay "The Six Aspects of Friendship," identifies six aspects in three pairs: sharing and celebration, support and encouragement, and learning and values. Sharing is the mutual exchange of experience. Celebra-

tion is the delight in each other's presence and accomplishments. Support is care in difficulty. Encouragement is confidence in the other's growth. Learning is mutual development through the relationship. Values is alignment on what matters, which does not mean identical opinions but mutual respect for the things each person holds important.

That account was derived from the phenomenology of friendship itself, by asking what a relationship must contain to be a friendship and not something else wearing the name. It was built without reference to the developmental model. And yet the six aspects correspond, one for one, to the developmental six.

The account is customarily diagrammed as a table of two columns and three rows:

	self-action oriented	other-action oriented
overarching direction	learning	values
central warmth	sharing	celebration
foundation depth	support	encouragement

Here is the correspondence, in stage order, taken one at a time.

Celebration is the friendship form of attachment. It is the bond itself, warmly held. Delight in someone's presence is what loving interconnection feels like from inside.

Sharing is the friendship form of attunement. Among adults, attunement runs largely through what is told, so the mutual exchange of experience, what happened and what one is thinking and what one noticed, is the channel of mutual discernment.

Support is nurturing care action, almost word for word: presence in struggle, practical help, a steady ground.

Encouragement is the friendship form of trust. To communicate trust in another's capacity to develop and to overcome is to enact, and so to enable, their trust in themselves.

Learning is the friendship form of autonomy. The friendship is a hub from which each ranges out into growth and to which each returns, both becoming wiser and more capable through the foraging.

And values is the friendship form of the sixth column. Friendship is a peer relation without the sexual bond, so the sixth column appears here not as sexuality but as the reception of the person entire: acceptance of their values, of their worthiness, and of their full expression.

The six columns, with the friendship correspondences added:

	first column	second column	third column
the caregiver’s action	attachment	attunement	nurturing care action
in friendship	celebration	sharing	support
the child’s achievement	trust	autonomy	sexuality
in friendship	encouragement	learning	values

The pairing structure of the friendship account adds an observation of its own. Read in stage order, the three pairs divide the six into neighbouring couples. A couple of this kind is called a *dyad*, which means simply a pair taken as one unit. Celebration and sharing are stages one and two, the pair the account calls warmth. Support and encouragement are stages three and four, the pair it calls depth. Learning and values are stages five and six, the pair it calls direction.

The developmental account pairs the same six differently, as columns: one with four, two with five, three with six. So one six-element structure carries two pairings that cut across each other. Cutting across in this way is what *orthogonal* means: neither pairing interferes with the other, and neither can be

derived from it. Both are meaningful. The columns pair an action given with the achievement that answers it. The dyads group the six by relational dimension.

It is worth noticing where depth falls. The pair that lets a friendship weather adversity is made of the last caregiver action and the first child achievement, which is to say care and trust, the two stages at the handover point of the vertical sequence. The seam of the six is the load-bearing middle of friendship.

Independent Derivation

The friendship account was not built from the developmental model, and the developmental model was not built from friendship. A one-for-one correspondence between two structures derived from independent starting points is a strong indication that the structure noticed is real.

The convergence extends to the diagnostics. The friendship account holds that support without learning is a dependency. Approached from the developmental side, a failure of autonomy shows up as dependency. And learning is the friendship form of autonomy. It is the same result, reached by two routes.

The two accounts also share a method. Neither passes judgment. Where only some of the six are present, the friendship account does not say the friendship is defective; it says this is a different kind of relation, a fair-weather friendship or a professional alliance. The same move recurs later when the six questions are turned on institutions. Under type isomorphism, convergences of this kind are what the model predicts, and their turning up is evidence that the pattern is structural.

~ ~ ~

IV. The Spiral Into the Next Generation

The two forms are joined at a precise seam. The sixth vertical stage, the integration of sexuality, is the gateway into the horizontal relation. And the horizontal relation, in its turn, is the ground on which the next vertical relation is founded. Partners bond to each other. Through that bond, a child may come. And the partners' bond to each other becomes the context within which each of them attaches to the child, which is the first stage of a new vertical sequence. The pattern is not a circle, returning to the same point. It is a spiral. Each turn of the six delivers the process into a new turn at a new level, with a new person at its centre.

The seam also explains a clinical observation that this account inherits and endorses: trouble in the horizontal relation propagates into the vertical one. When the partners are in enough difficulty with each other, the attunement to the child suffers, the reliability of care suffers, and with them the child's trust and eventually its autonomy. The child is learning about the world and about human relationship at the same time as it develops trust and autonomy, and the partnership in front of it is its primary text. Where there is a solid bond with at least one trustworthy caregiver, things tend to go better. But the general principle stands. The horizontal health of the parents is a load-bearing element in the vertical development of the child. The two forms of the six are one system.

Chapter Seven.

When Development Fails

I. The Nature of Developmental Wounding

A developmental wound differs in kind from the trauma of a discrete event. In developmental trauma there is commonly no single traumatizing event at all. There is an ongoing condition: chronic experiences of neglect, misattunement, and mistreatment, whose effects accumulate.

The epidemiology agrees. The large-scale study of adverse childhood experiences finds early adversity propagating through disrupted development into impairment, risk, disease, and shortened life. It is a pyramid with childhood at its base.

The clinical literature adds three findings. Trauma of a relational nature is more damaging than trauma from an inanimate or non-human source. Severe relational trauma can be powerful enough to overwhelm every part of a person's capacity to cope. And the standard diagnostic categories, built around discrete events, were not designed for developmental wounding, which is a gap the field itself has been working to close.

Is “developmental wounding” the same as “complex trauma” or CPTSD?

Near enough that if you arrived with those words, you are in the right place. Complex PTSD, recognized in the eleventh revision of the International Classification of Diseases, names the adult syndrome: the post-traumatic symptoms together with what that framework calls disturbances of self-organization, meaning dysregulated emotion, negative self-belief, and troubled relationships. Developmental Trauma Disorder is the childhood formulation, proposed for the diagnostic manuals and supported by a growing body of study. Both frameworks describe the same terrain. The map here is offered as their companion. What it adds is the location of the wound by stage, which gives healing work its aim and direction.

The reason for the difference in kind lies in the structure of the vertical relation itself. For an infant, a threat is inescapable. There is no safety available apart from the caregivers. The infant is completely dependent. It can neither fight nor flee, so it can only constrict, withdraw, and freeze. When the caregivers cannot provide safety, or are themselves the source of threat, the infant experiences the only home it has as unsafe, and that lays down the pattern for a lifelong sense that the world is unsafe. The earlier the wound, the more global its impact. What is disrupted in the first year is disrupted in the foundation on which everything later is built.

The clinical literature names the cost with a useful term: the *range of resiliency*. It means a person's overall capacity to cope, to self-regulate and self-soothe, and their access to their own energy and basic life force. High arousal, freeze, or dissociation, held chronically in the body, shuts off that access and narrows the range drastically.

A narrowed range then compounds. Later developmental tasks become much more difficult. Healthy assertion is less available. The capacity for social engagement is impaired. The person is left more vulnerable and less able to cope with later challenge and later trauma. This is the mechanism by which a wound at one stage propagates down the chain of enablement. Each stage inherits not only what the prior stages built, but what they failed to build.

The wound comes into sharper focus when trauma is treated not as a category apart from learning but as a kind of learning. Learning has two great routes to deep encoding: repeated exposure, spaced in time, and single exposure at high intensity with strong emotion. Trauma is the second route run past its limit. The intensity reaches the point of felt threat to survival, and the emotion overloads to the point where the choice process is itself overwhelmed. A cascade of neurological and physiological process then imprints the person in one exposure, with a shift in behaviour, in imagination, and in how all future choices are made.

Three conditions at the moment of encoding mark the traumatic case. There is overwhelm of high intensity. There is forced, involuntary participation. And there is the absence of choice, sovereignty, and boundary. The first of the three belongs to the general theory of learning. The second and third are added here, and they matter, because they change what learning is: what is encoded under compulsion, and under choicelessness, is encoded differently, and against the encoded person's own agency.

What trauma teaches is adaptively adverse. Something was learned, sometimes from a single event and sometimes from chronic, repeated adversity, such that in later situations the more adaptive response is eclipsed from being noticed by the prior learning.

Trauma is a change in the field of imagination: in the range of scenarios a nervous system can generate as its predictions of what is occurring. Two people hear the same sudden retort in the street. One imagines a backfire, a slammed door, something heavy fallen. The other is already under the table, because the field from which their interpretations are drawn was reshaped on the front line of some battlefield. The choices made differ because the ranges they are selected from differ.

The earliest encodings run deepest. What was laid down first sits at the bottom layer and conditions everything built on top of it. Which is why preventing a harmful first encoding matters more than any later correction.

Read against the metaphysics, the three conditions say one thing. Development is the coming-into-being of a chooser. Trauma is learning that occurred where choosing was taken away. And its signature, exactly, is a narrowing of the field from which all future choices are selected. The wound of choicelessness is a wound in choice.

~ ~ ~

II. Failure Has a Location

Because the six stages are distinct, failures are distinct. Things can go wrong at each stage, and how a failure shows up in the later life of the person depends on where in the sequence it happened. That is the diagnostic power of the map. The symptom pattern points backward to the stage of origin.

A failure of attachment, meaning no bond or a gravely broken one, is the deepest failure. It is laid down at the level of the earliest developing nervous system, a depth the neurobiology of maltreatment confirms in the measurable structure of the developing brain. It shows up as its own series of psychological manifestations that run through a whole life if not addressed.

A failure of attunement, a caregiver bonded but not tuned in, produces a different cluster. The child was attended to but not sensed, cared for but not known, and it carries that particular confusion forward.

There is a sharper version of the attunement failure, and it has a mechanism worth naming, because the outcome is otherwise mysterious to the person living it. A parent may not merely fail to sense the child. A parent may systematically define the child's experience backwards: you are not tired, you are not hurt, you do not feel that way, that did not happen. What the child learns from this is to distrust its own inner signals.

The adult that results has a particular difficulty. Their perception of their own body, their own feelings, and their own needs is routed through other people's definitions. Asked what they want, they consult the room. Asked whether they are in pain, they genuinely do not know, and will often answer

by watching the face of whoever asked. This is not evasiveness and it is not a lack of introspection. The instrument that would report was trained to defer. Appendix A records this in the attunement column as not knowing one's own needs.

A failure of nurturing care action, needs sensed or sensible but not met, is neglect, with neglect's own signature.

A failure of trust leaves the alarm machinery running: a person never quite comfortable in their own skin, never quite persuaded that the world will hold.

A failure of autonomy, where the child was never permitted to forage and return, shows up as dependency carried through the rest of a life. The helicopter parent, the tiger mother, and the family or legal structure in which separation is never allowed all produce it.

And disruption at the stage of sexuality leaves the integration incomplete, with consequences for the capacity to form and sustain the horizontal bond.

This map is mostly about things that were absent. Where does active abuse fit?

On the same map, entering by force what neglect enters by absence. Active mistreatment typically wounds the trust column above all. The trust wound forms where a child's dependency was attacked, manipulated, or used against them. Severe or early abuse floods the attachment and attunement channels as well, because the source of threat and the only source of safety are the same people. Overwhelm, forced participation, and choicelessness are the three conditions under which a wound gets encoded, and they are the common signature of both act and absence. The map does not sort wounds by whether something was done or withheld. It sorts them by which stage they broke, and both kinds break stages.

The clinical literature adds a dynamic account of how these located failures become lifelong patterns. The child adapts. Around each stage-deficiency there forms an adaptive survival style, a way of coping that was genuinely protective at the time and that persists long past its usefulness.

Trauma dysregulates the nervous system. The child feels bad. And children who feel bad conclude that they are bad. Shame-based identifications form, of not belonging, of being unwelcome, unlovable, wrong. Later these are joined by pride-based counter-identifications that turn the deficiency into a virtue. The person wounded at attunement, for instance, becomes the caretaker: exquisitely attuned to the needs of others and shut off from their own, proud of how little they need, covertly longing, an expert at making do with the minimum.

Each stage has its signatures. The attachment-wounded live against a background of dread, outsiders to themselves and others, managing so much fallout that little energy remains for joy. The trust-wounded, whose dependency was used against them, associate trusting with betrayal, and want to be strong, in control, the user and never the used. The autonomy-wounded oscillate between rebellion against all authority and an overly nice compliance that fears disappointing anyone. And the wounded of the sixth stage split heart from sexuality, relating from one or the other but finding their integration difficult and frightening.

These styles also transmit. A mother who never received care and nourishment in her own development lacks the resources to give her baby what she never had. That, in the particular, is the mechanism of transmission between generations.

Does this work result in my blaming my parents? Or me, as a parent?

No, and the model gives a reason rather than merely a reassurance. Deficiency transmits. Caregivers give short where they themselves were given short. So the parent who failed a stage was, almost always, a child whose own same stage had failed earlier. Parents are people working without resources that no one supplied them either. Locating a deficiency is not convicting a person. The map exists so that what was missing can finally be supplied. This is not about assigning fault for the absence of a gift.

The threshold works in your favour here too. The stages need go right only somewhat more than forty percent of the time. Imperfect is the ordinary condition of every family, including yours, and including the one you may be raising now. A parent who reads these pages and recognizes their own shortfalls has already done the first act of repair, and in doing it is changing two sequences at once.

Beneath all the styles lies one clinical finding worth preserving whole. The degree to which we feel received, loved, and welcomed into the world makes up the cornerstone of our identity. Where the capacity for connection is in place, a person experiences a *right to be*, and that right is the foundation on which a healthy self, and a vital relationship to life, is built. In this sense the first column of the developmental sequence is the deepest. What attachment gives, and only attachment, is the settled fact of being welcome.

Why do I feel years behind my peers, in work, in relationships, in ordinary functioning?

Because in a specific sense you are, and it is not a verdict on you. The sequence is a chain of enablement. Each stage is built on what the prior stages supplied, and a stage that went unsupplied does not vanish from the curriculum. It waits. An adult whose trust or autonomy was shorted is still carrying coursework their peers completed at five, or nine, or fifteen, while also carrying an adult life. Which is why ordinary milestones can cost them double. The feeling of having missed the handbook is accurate perception, not deficiency of character. This map is the handbook, and the missing stages can be supplied late. That late supply is the subject of Chapter Eight, and the person receiving it is what Chapter Ten calls the grown-up child. The comparison with peers measures what was given to each of you, not what each of you is.

Timing matters as well as location. An attachment disrupted between birth and the first year has very different effects from an attachment disrupted at eight or nine. The same stage, wounded at different ages, yields different manifestations.

The surrounding circumstances matter as well. A war, a death, a long grief in a caregiver each bend the sequence in their own way. There are healthy and unhealthy ways for a family to carry such things, and in truth there are many unhealthy ways and not so many healthy ones. The map does not replace the particularity of any life. It organizes the inquiry into it.

~ ~ ~

III. The Pain Sequence

There is a common sequence by which an undigested hurt grows, over years, into a whole way of being. It is worth going slowly here, because most readers will recognize some part of their own history in it. The sequence has six stations: pain, fear, anger, control, depression, and shame.

It begins from natural good feeling. A child is simply alive and well, and then some event causes pain. Pain by itself is not the problem. Pain that is met, held, and digested passes through and is done. The sequence begins when the pain is *not* digested, when no one helps the child feel it through to the end.

Undigested pain becomes fear. The child now watches the future for the place where that pain might come again. If the painful condition keeps occurring, fear ripens into anger. The child is now enraged at that specific treatment, and the anger is healthy. It is the self, objecting.

Here the family and the culture enter the sequence. In most families, a child's expression of anger is not allowed. The child is reprimanded or punished for having it and for showing it. So the anger, blocked, goes underground, and the child does the only thing left. It tries to gain *control*: control of situations, of others, of itself, as a method for preventing pain it is no longer allowed to protest.

That fourth station is worth naming precisely, because it is a switch from one kind of relation to another. Anger, in a household that could receive it, is a move inside the care frame. It says: something here is not right for me, and I am telling you because you are the one who would want to know. Forbid that move, and the child is left needing a different instrument. Control is the instrument the power frame supplies. The child is not choosing badly. It is choosing the only frame still open to it.

Something else is learned at this station, and it lasts. When a child's honest mistake or authentic feeling is met with condemnation rather than teaching, the child does not only learn that the feeling was wrong. It learns that the expressive channel itself is unsafe. What comes out of that is an adult whose

default is concealment: not lying exactly, but not saying, as a settled policy about what happens to things that get said. Many people who cannot name any single event that taught them to hide were taught it here.

And control has a cost. Control, along with the whole family of control's instruments, which is to say power-seeking, systems, transaction, and technique, is inherently diminishing of life. It squeezes the aliveness out of the one who wields it as surely as out of those it is wielded on. The child, squeezed, responds by going quieter, flatter, more suppressed. Carried long enough, that is depression.

The last station is the cruelest, and it follows from how a child's mind works. A child who feels that something is not right cannot conclude that the wrongness is out in the world, in the being of its circumstances. A child, lacking any power over its world, has only one place to put the wrongness: itself. Something is not right *with me*.

That conclusion, settled in, is shame: the sense of being a broken or defective person. Most people carry some measure of it constantly, where it colours every choice they make in life. Children who feel bad tend to conclude that they are bad, whatever the actual truth of their goodness.

The pain sequence is the road by which children arrive at shame, and each station of the road is visible in an adult life: the vigilance, the buried anger, the controlling habits, the flatness, and the quiet conviction of being defective. Healing can enter the sequence at any station. But its natural target is the first one: the original pain, finally digested, in company.

~ ~ ~

IV. The Threshold of Resilience

One empirical note here is unexpectedly hopeful. Human physiology is resilient, and the stages do not need to go right all of the time. The clinical observation is that things need to go right only somewhat more than forty percent of the time, which is well over a third, for development to proceed

adequately. As long as there is at least that much attachment, that much attunement, and that much nurturing care action, people more or less grow up and turn out fine.

Perfection is not the standard. Nothing here is an indictment of every imperfect family, which is to say of every family. The problems become apparent, and without address lifelong, in the edge cases: where a stage falls substantially below the threshold.

Where does the forty-percent figure come from?

It is a clinical rule of thumb, and it should be held as one. The research tradition on caregiver–infant interaction has long observed that even well-matched pairs are in coordination only a minority of the time, and that development runs on the cycle of mismatch and repair rather than on constant success. The figure carried here summarizes that finding at the level of the stages, from the clinical sources. No precision is claimed for the number itself. What to carry away is the shape of the finding, which is robust: the requirement is reliability, not perfection, and the margin is wide.

~ ~ ~

V. Emotional Neglect

One class of failure deserves particular attention, because the culture has been slow to recognize it. Emotional neglect is the chronic absence of attunement and of emotionally present care, in a household that may be materially adequate. Until quite recently it was barely classified as abuse at all.

The finding of the last several decades is that emotional neglect and abuse is at least as damaging as physical and sexual abuse, and in some cases more so. There are no discrete events to point to, so the injury is harder to name. It

is pervasive and systemic rather than episodic. And precisely because it did not happen at a physical level, it is harder to reach with therapies that work through the body.

A wound of absence is still a wound, and the map of the six stages is one of the few instruments that can locate it. Emotional neglect is exactly a deficiency in the attunement column, visible as such once the columns exist to be read.

It helps to say plainly what an emotionally neglectful household actually looks like, because most of them do not look like neglect. The educational literature describes three broad kinds of emotionally neglectful parent.

The largest kind by far is the well-meaning parent who was neglected themselves. There is the achievement-focused parent, so caught up in the child's talents and grades that the emotional life is simply skipped. There is the workaholic parent, providing hard and absent long. There is the parent who loves, and provides, and never learned that feelings needed answering, because no one answered theirs.

A smaller kind is struggling, with illness, poverty, grief, or addiction, and has too little left over. A third kind is self-centred, and the child's inner life is simply not of interest.

A second literature, coming at the same territory from the side of communication, sorts the same three under different names, and it is worth having both sets because each name catches something the other does not. That literature speaks of the *laissez-faire* parent, the *ignoring* parent, and the *contemptuous* parent, set against emotion-coaching as the competent alternative.

The correspondence runs one for one. The well-meaning parent who was neglected themselves is the *laissez-faire* parent: feelings are not opposed, they are simply left alone. The struggling parent is the *ignoring* parent: the attention is elsewhere because it has to be. And the self-centred parent is the *contemptuous* parent, where the child's inner life is not merely uninteresting but faintly ridiculous. The first pair of names describes the parent's situation. The second describes what the child meets. Hold both.

In all three, what the child fails to receive is the same triple: emotional awareness, emotional attunement, and emotional validation.

And the child-level experience has recognizable textures. A cold or indifferent tone. Emotions that draw no response. Little time and little interest. Consistent fault-finding with scarce encouragement. A parent aloof, shut down, or angry and unapproachable. Guilt offered in place of comfort: “you think *you* had it hard.” None of these is an event. All of them are absences and tones.

There is a structural reason why neglect is so easily overlooked, and a separate study, *The Grammar of Crime*, supplies it. That study begins from a claim worth having here in full, because the rest of the argument rests on it. Every relation between human beings runs in one of three orientations: *care*, *transaction*, or *power*.

Three tests tell you which one is operating, and they agree.

The first is the question the relation is actually settling. Care asks: what do you need? Transaction asks: what is it worth? Power asks: who decides? A family argument about money may be governed by any of the three. The surface topic is the same. The frame is whichever question is doing the settling.

The second is the standing toward keeping score. In care, keeping score is forbidden. A mother who tallies favours against her infant, or a friend who invoices a friend, has by that act corrupted the relation, and everyone involved feels the corruption at once. In transaction, keeping score is obligatory: the ledger is the substance of the relation, and to refuse to account is to refuse the relation. In power, keeping score is irrelevant. The outcome is settled by capacity, and no accumulation of credits obligates the stronger party to anything. Forbidden, obligatory, irrelevant. Each orientation takes exactly one.

The third is the direction in which value flows. In care it flows toward need, and the asymmetry of the relation tracks the asymmetry of the needs inside it, which is felt as right. In transaction it flows in balance, and any lasting asymmetry is felt as debt. In power it flows toward strength, and the asymmetry of the relation tracks the asymmetry of capacity.

Hold those three tests and the rest follows quickly. The common grasp of wrongdoing is built on the physical and embodied side of human interaction, the side of matter moved, force applied, structure altered. On that side it recognizes exactly two weapons of imposition. There is force, which is causation weaponized, and fraud, which is change weaponized. Both are acts: things done that can be pointed to, dated, and shown.

But there is a third family of wrong, and it is not an act at all. It is the owed give withheld where a relation of care obligated it. That is neglect.

The law confirms the analysis in its own inventory. Its offences of omission, which are child neglect, abandonment, and the caretaker's criminal breach, exist precisely and only where an insider duty of care is recognized. There is no general duty to rescue at common law. And the reason positive obligations live in care specifically is the second and third tests. Where score-keeping is forbidden and value is owed toward need, a give withheld is a wrong. Where score-keeping is obligatory, a give withheld is simply a trade not made. Where score-keeping is irrelevant, nothing was owed in the first place. So only the care frame generates an obligation that can be violated by absence, and the law can barely police care's interior. So the third family remains a ghost column in the statute books while standing fully live in the care-framed relation.

Neglect is overlooked, in short, because a grammar of wrongdoing built on acts passes over absence by construction. The same construction explains why the extortion of belongingness is so rarely recognized as the co-equal violation it is. The wounds of absence run as deep as the wounds of act. That is the measure of what the grammar leaves out.

The same blindness has now been found twice, in two different domains, by two different routes, and the agreement is worth recording. The account just given concerns the embodied side of things: bodies, property, force applied. There the wrong of absence is invisible because the law is built on acts.

A parallel study of communication reaches the same result about the spoken side. Of the three things one person can grant another in a conversation, the third is to show that one has understood. And that third one turns

out to be invisible by its nature, because its whole content is a signal that might not be sent. From the speaker's side, a listener who has understood and not shown it cannot be told apart from a listener who never understood at all.

A survey of the communication literature found what that predicts. Roughly half of everything written is about the speaker's craft. The giving side is thin, and the third grant is thinnest of all, not because it matters least but because nothing happens when it fails.

So the finding is general, and it is not about law or about conversation in particular. Wherever a wrong consists in something not happening, the instruments built to see wrongs will miss it. Emotional neglect is that case in the developmental domain. It is the wrong that leaves no evidence because it is made of non-events, and it has been missed for exactly the reason the other two domains missed theirs.

My trauma came from a single event outside my family, an accident, an assault. Does this book apply to me?

Partly, and it is worth saying which part. The subject here is developmental wounding, the cumulative kind. Event trauma is its own literature, with its own well-developed treatments. But the two meet in every actual life. The sequence you brought to the event decided much of what the event could do to you. That is the range of resiliency: how much capacity to cope the six stages had built in you before the event arrived. And the event's damage lands somewhere on the map, most often in the trust column, where the world's reliability was broken. The counsel on register, depth, container, and accompaniment applies to both kinds. Use the map for what it locates, and use the event-trauma literature, and its clinicians, for what it does not.

Chapter Eight.

The Work of Healing

I. Healing as Additional Learning

One distinction belongs at the head of this chapter, because it explains why healing needs its own account and cannot be handled by better behaviour in the moment.

A parallel study of communication draws a line between two kinds of thing. There are the acts inside an exchange: what each party does, which can be done differently the next time. And there are the conditions the parties bring with them, which were laid down by relations that are already over, and which shape every exchange without being reachable by anything done inside one.

A developmental wound is a condition of the second kind. The attachment template is set early, out of how attentively a caregiver synchronized with the child's needs, and the adult then brings it to every encounter. It governs which emotional ranges stay available, how repair is expected to go, and whether a broken relationship is felt to be fixable at all. It shows up during an act, but it is not an act. No change in what someone does in the moment removes it.

That is the whole reason this chapter is needed. Skill, goodwill, and better conduct are worth a great deal, and they do not reach what was laid down before. Something else does, and the rest of the chapter is about what.

~ ~ ~

If trauma is adverse learning, then healing is not erasure but additional learning. Nothing removes the encoded pattern. What heals is the gradual accumulation of experiences that differ from the traumatic one. Adjacent

possibilities are added back into the field of imagination, one step at a time, each step adjacent to what the person can currently imagine, and each in the direction of health. This goes on until the nervous system registers that the old signals do not always lead to the same outcome. The depressed person who cannot imagine being happy in a field is not refusing. Their imagination is constrained, and the proximal work is the next adjacent step, not the far one. The vehicle of transformation is an increase in the flexibility of imagination itself.

The additional learning is relational by requirement. Most traumatic experience occurred in relational context, and a relational wound wants relational healing: desensitization held in a container of mindfulness, with a trusted guide who has traversed such territory before and can lend scaffolding. And the lending is literal. The infant borrows regulation from the nervous system that holds it. The same channel also operates between adults. The healer's centered calm, carried with genuine care and positive regard, is felt. People are not naive. And the other's nervous system can attune to that calmness and come into its own, as one tuning fork sounds another. Agitation mirrors as agitation, which is how contests escalate. Regulation lends regulation, which is how healing begins. From mutual calm, both can feel into what is genuinely alive at the deeper levels, standing side by side, looking into the world together.

The learning framing also sharpens the counsel on intensity. Deep patterns need proportionate energy to change: activate the old encoding at the right intensity in a safe container, and it changes. Too little does nothing, because the depth where the pattern lives was never reached. And the right intensity in an unsafe place makes the pattern stronger. The same arousal becomes challenge or threat according to whether the person feels they have the resources to meet it. And the reliability of the container decides whether deep work integrates or fragments. This is the healing appendix of the core metaphysics, arrived at from the learning side: intensity matched to the wound, safety and sacredness in the container, one change at a time.

~ ~ ~

II. The Work of the Therapist

The key work of a therapist is accompaniment. Everything else hangs on this. The therapist goes *with* the person into the space where the trauma is. Not sending them in alone. Not describing it from outside. And, once there, helping them see something they could not see at the time: the option they could have chosen, had circumstances been better, and what they would have learned instead, but for their circumstance. In one phrase: the therapist shows what health would have looked like, there, then.

Why does that heal? Recall what trauma is: adverse learning, laid down when the person was alone, without good counsel, at the moment of the event. They learned what they had to learn. The field of what they could imagine narrowed to the one outcome they experienced, and every later situation that resembles the old one presents itself as having only that one path. From the inside that feels like an obligation rather than a choice. For a great many people, healing is simply this: to know, in the re-creation of the events, what a healthy choice would have looked like. And to learn it from someone else, not from themselves. Because a trusted reference of what a non-traumatized life looks like is exactly the thing they never had.

The picture to hold is a person walking through a maze. The client is in the maze. They have walked it for years. They know its dead ends by heart, and they take the same turnings because, from inside, no other turnings are visible. The therapist walks beside them, not carrying them and not redrawing the maze, and occasionally points out a branching path that the client had missed: there was a turning here. And when the client takes it, things get noticeably easier. Life improves. And the improvement itself teaches the next thing: that there are turnings, that the felt obligation was a narrowed field and not the world, and that optionality, originally unavailable, is now present and restored. It is both presence and insight. Presence, because the accompanied nervous system can go where the alone one cannot. Insight, because the missed branch must actually be seen and named. A relational wound, healed in a relational way. Everything else, the registers and the targeting, the matrix and the exercises, is in service of that role.

Can I do this work alone?

Some of it, yes. The effort is to mark which. The exercises “for the reader alone” in Appendix B are chosen because they locate and notice rather than excavate. Noticing is real work, and safe work. But the deepest material wants accompaniment, for the reason this section just gave: the wound was laid down alone, and the accompanied nervous system can go where the alone one cannot. The rule of thumb is the one Appendix B states: if an exercise stirs more than you can settle within the day, that material is asking for company, and taking it to a professional is the exercise working.

~ ~ ~

III. The Three Aspects of Mind, and the Three Classes of Therapy

If failure has a location, healing has a target. Finding the target takes one more distinction, and it has to be set out plainly here because everything after it depends on it, including the register column of the instrument at the back of this book.

Mind has three aspects: thought, feeling, and emotion. They are three, not two, and ordinary English gets in the way, because ordinary English uses *feeling* and *emotion* as though they meant the same thing. They do not. Keeping them apart is the whole of what follows.

An *emotion* is a strength, a direction, and a flow of energy. To speak of emotion is to speak only of the intensity and the direction of what moves in a person. Emotions are mostly energy and carry little structure. They are dynamic. They are the energy that moves the self, moves through the self, or moves from the self.

A *feeling* is a quality of energy, regardless of its direction, its form, or how intensely it flows. To speak of feeling is to speak only of the quality, the timbre, the colour of what moves. Feelings are rich to the degree that they have colour and quality.

A *thought* is a form, a structure, or a pattern, whether of something perceived or of something expressed. To speak of thought is to speak only of the form, the pattern, and the structure of what moves. Thoughts are mostly structure and carry little energy. They are static.

The core metaphysics offers a metaphor for the distinction that matters most, and it is worth having. Consider a beam of light. To describe its direction and its brightness is not to describe its colour. Direction and intensity are emotion. Colour is feeling. You can change one without touching the other, and no amount of talk about the one tells you anything about the other.

A second metaphor covers how the three work on one another. Emotion is like a river. Its course is shaped by its banks, which is thought shaping emotion. And the river slowly moves those banks, which is emotion reshaping thought. Neither is doing nothing.

Two consequences matter clinically, and both are worth saying before anything about therapy.

The first is that none of the three ever occurs alone. You cannot have feelings without thoughts and emotions. You cannot have thoughts without emotions and feelings. You cannot have emotions without thoughts and feelings. Nor can you have none of them. Feelings simply are. So no wound, and no healing, is ever purely one of the three. What the distinction buys is knowing which one leads.

The second is that feelings cannot be controlled. Not by anything inside a person, and not by anything outside them. The feelings someone has are never merely the result of causal, logical, or reasonable process, and nothing in the world can compel a particular one. A person's feelings are their own, in the strictest sense there is. This is worth reading twice if you have spent years being told that you should not have felt what you felt. No one, including you, was ever in a position to issue that instruction.

These three are a modal set in the sense Chapter Five set out. They are distinct, inseparable, and non-interchangeable, and they cycle under Axiom II: a class of feeling precedes an instance of emotion, a class of emotion precedes an instance of thought, and a class of thoughts precedes an instance of feeling. Feeling is transcendent, emotion is immanent, and thought is omniscient. This account of mind is the one prior psychological model to close under the axioms. It is the reified theory of emotion, and it is set out at greater length in the core text. Nothing below needs that length. The three definitions above are enough.

~ ~ ~

The three classes of therapy

The therapeutic traditions that address developmental wounding are many, but on examination they sort into three broad classes, according to which aspect of mind they work through.

There are therapies of thought, which work through the patterns and structures of cognition. Schema therapy is the clear example.

There are therapies of feeling, which work through the body, through sensation and physiology. These are the somatic therapies. A technique like EMDR, whatever its official taxonomy, operates at this level and belongs here functionally.

And there are therapies of emotion, which work through the energetic and relational core of experience. These are the emotionally focused approaches.

So the three classes of therapy are addressed to the three aspects of mind, one each. That sorting is not ad hoc. It follows from the account of mind just given, and it predicts what the clinical literature observes: that no single class of therapy is universal, because no single aspect of mind is the whole of mind.

~ ~ ~

IV. Matching the Therapy to the Wound

The practical consequence of the three-class sorting is a principle of matching: the therapy must work in the register in which the wound was laid down. Things that did not start physically are probably not going to resolve physically.

A wound of emotional neglect, inflicted through chronic absence in the emotional register, may prove stubbornly unresponsive to years of sincere somatic work. Not because somatic therapy is weak, but because the injury is not primarily in the body's register.

The reverse holds equally. A wounding laid down physically and pre-verbally will not be reached by cognitive restructuring, because it does not live in the cognitive register. It will not show up as a belief pattern at all, but as a deep habit or a deep cycle in the nervous system: in the amygdala, the hypothalamus, the cerebellum, parts of the brain not usually associated with rational conscious thought.

The map of stages locates the wound in time and kind. The three aspects of mind locate it in register. The two together tell the healer where to work.

Practically, how do I choose a therapist with this map in hand?

Ask about register and about accompaniment. From Chapter Seven and Appendix A you will have a first guess at your column and its register: somatic for the earliest and wordless material, emotionally focused for the attunement and care wounds, cognitive where the pattern lives in belief. Ask a prospective therapist what register their approach works in, and listen for whether the answer matches the guess. Then ask the key question: will you go with me into it, or send me in and interpret from outside? Credentials vary. The accompaniment question sorts helpers quickly. And hold your guess loosely. A good therapist will refine the diagnosis with you, and the diagnostic matrix is a tuning instrument, not a verdict.

~ ~ ~

V. The Targeting Problem

Healing at depth is a targeting problem. One wants to be sure of addressing the right thing, and, just as important, of not changing things that are already working. The work must be calibrated to the right depth.

Go too deep, and the change is too comprehensive. The baby goes out with the bathwater, and structures that were sound, even load-bearing, are disabled along with the wound. Stay too shallow, and one is only treating symptoms. The pattern re-forms as fast as it is trimmed, because its root was never touched.

The right depth is the depth at which the disruption occurred. So the diagnostic work, the locating of the stage at which things went wrong, is not preliminary to the healing. It is the first act of it. Asking the right questions is what puts the later work at the right depth.

For the earliest wounds, the diagnosis must be indirect. Things that happened prenatally or in the first year are the hardest to work with, because there is no narrative memory to consult and no verbal channel into the process. One is left reading symptom patterns and deducing origins from them, like looking at the ripples on a pond to figure out where the fish are. It can be done. It is not trivial.

And the work has natural allies. Because the person developed language around two, and a working coherence of reason by five or so, the integrated later self, the self that can speak, reason, and reflect, is available as an asset: a collaborator in addressing what the earliest self underwent without words.

The clinical literature adds a caution about aim that the targeting principle should absorb. Attention builds capacity in whatever it rests on. Focus on dysregulation, and one risks rehearsing dysregulation. Focus on deficiency and pain, and one gets better at feeling deficiency and pain. Focus on the past, and the past grows more important than present experience.

The corrective is to aim the work, wherever possible, at the capacity rather than the deficit. That means supporting the person's present ability for connection and aliveness, tracking here-and-now experience in the body and

the nervous system, and strengthening agency, rather than excavating the history for its own sake. The history matters for diagnosis, which is the mapping work above. The healing itself is done in the present tense.

A final warning belongs here. Any system of self-exploration that does not take trauma and attachment into account risks dysregulating and re-traumatizing its practitioners. It is the same point made from the other side: intensity without a container of safety and sacredness does harm rather than good.

Therapy has hurt me before. Why would it go differently now?

Because this names, specifically, the ways help goes wrong, and each of them is avoidable once named. Work at the wrong depth disturbs what was sound, or trims symptoms whose root was never reached. Work in the wrong register cannot touch the wound at all, years of sincere effort notwithstanding. The right intensity in an unsafe container strengthens the very pattern it meant to change. A bad experience of help is very often one of these three, and none of them is evidence that you cannot be helped. Only that the targeting was off. The map in your hands now is precisely the instrument for choosing differently: column, register, depth, container, accompaniment. You are permitted to interview helpers against it.

~ ~ ~

VI. Parts and the Self

One further model of healing deserves its own station on the map, because it is a model of exactly the same kind as the one being built here, and it was arrived at independently from clinical practice. It is Internal Family Systems, the parts-work tradition.

In that model, a person is not a single monolithic self but a natural multiplicity. There are parts: young ones carrying the pain of what happened, and protective ones organized to keep that pain from surfacing. And beneath and

among them there is a Self: calm, curious, compassionate, the one who can turn toward any part and listen. Healing, in that tradition, is the Self coming into relationship with the parts. The protectors are thanked for their long service and reassured. The exiled young ones are finally accompanied, witnessed, and unburdened.

The correspondence is close, and each account strengthens the other. A part carrying pain is a stage that did not complete, still held at the age of its wound and met from the inside. It is the grown-up child seen from within rather than from without. A protector is an adaptive survival style, seen not as a diagnosis but as a loyal worker still doing the job it was given in childhood.

And the Self is the integrated later self, the one who can speak, reason, and reflect, now recognized as something more than an asset for diagnosis. It is the internal caregiver, able to perform, toward the person's own young parts, the same accompaniment one person can offer another: going with them into the place rather than sending them in and interpreting from outside. It is the maze walk run inward. The Self walks beside the part, at the place the trail went cold, and shows the branch.

What the map of the six stages offers the parts account is the same thing it offers everywhere: location. Which stage the part is holding, at which age it was left there, and in which register it speaks, so that the Self's attention, like the therapist's, arrives at the right depth in the right currency. And what the parts account gives in return is a working interior practice of relational healing. It is a relational wound healed relationally, even when the relation is between a person and their own parts.

~ ~ ~

VII. The Diagnostic Matrix

The targeting principle can be given a systematic form. Two variables jointly determine how a developmental deficiency manifests: which stage was missing, and at which developmental age it went missing. The same stage, wounded at different ages, yields different manifestations. Different stages, wounded at the same age, yield different manifestations again.

Stage crossed with age therefore forms a matrix, and each cell of the matrix carries a detectable pattern: a cluster of manifestations that identifies what was missing, and when.

The rows and columns are already in hand. The stages are the six of the model, with the survival-style signatures as their adult manifestations in first approximation. The ages run from the prenatal period through the first year, early childhood, middle childhood, and adolescence, with the gradient already stated: the earlier the deficiency, the more global and more somatic its expression, and the less available it is to narrative and to speech.

Each cell, read off, then points to its healing register. Manifestations laid down before language call for the feeling register, which is the somatic practices. Manifestations carried in the emotional life call for the emotive register, which is the emotionally focused practices. Manifestations structured as belief and pattern of thought call for the thinking register, which is the cognitive and schema practices.

So the matrix is a tuning instrument. What was missing sets the theme of the work. When it went missing sets the register and the depth. And the modality of healing practice is fine-tuned accordingly.

The adult communicative surface gives the matrix its most accessible read-out. A developmental deficiency does not stay private. It appears in how a person communicates, and two companion volumes document that surface from both sides. *A Catalogue of the Failures of Communication* records what communication looks like when things go badly, whether through absence of skill or through adverse intention, as the failure modes of the six acts. Its patterns are, among other things, diagnostic manifestations: the request that cannot be made overtly, the trust that cannot be extended, the circuit that is

never allowed to close. *Good Communication* records the other side, which is what the presence of skill and beneficent intention look like, principle by principle. And thereby what recovery looks like in practice, since a skill regained is a deficiency repaired at its communicative surface.

One refinement of the matrix must be recorded here. The relation between stage and register is not monotone with age. Every one of the six stages involves all three of thought, feeling, and emotion, and the right picture is of the three flows overlaid on the whole of the developmental process. Sexuality, though late, is a deeply physical process. The maximum of the cognitive sits nearer the middle, around nurturing care action and trust. So the age axis sets depth and accessibility, with the earlier being more somatic and less verbal, while each cell carries its own mixture of the three registers, to be read in the cell and not assumed from the row.

It is worth marking where the live frontier lies. Of the three registers, the emotionally focused work, worked through attunement, is the most promising and the least developed: attunement as a gateway to discernment and to wisdom, and as the practice that supports both attachment and nurturing care action from within a relationship. The diagnostics of the schema tradition remain valuable even where its therapeutics are mind-oriented. The somatic traditions hold the pre-verbal depths. And the attunement-centred emotional work is where the most remains to be built.

Appendix A gives a first working orientation for the matrix: the marker clusters of each column, the foreclosed and striving poles of each, the timing rule the sources supply, and the register indications. Finer age-banding within the cells, and enrichment from the wider patterns literature, remain open work, and the appendix says so plainly.

~ ~ ~

VIII. Transformative Process

For wounds laid down beneath the reach of cognition, there is a further class of approach: the transformative or transcendental experience, including, in appropriately held contexts, certain kinds of substance-assisted work. The testimony of practice is that such experiences can genuinely reach and resolve material that the ordinary registers cannot, precisely because they operate below the belief level, in the deep circuitry where the earliest patterns live.

But everything said above about targeting applies here with redoubled force. The stronger the tool, the more the calibration matters. A transformative process aimed at the wrong depth can disturb what was sound. The approach must be subtle, calibrated to the right process, and held with care. And where such work involves substances at all, it belongs only within the law of the place one lives, and only under qualified clinical supervision.

Are you recommending psychedelics?

No. Transformative processes using these tools do exist, and real practice has testified to their reach. But the strongest cautions apply to any such practice. For real and reasonable reasons, substance-assisted work belongs within the law and under supervision, held inside a container of safety, sacredness, and calibration. Outside those conditions a stronger tool is simply a greater danger, and cannot be recommended. Nothing in the healing process described here requires any such technique. The ordinary registers, well matched and well accompanied, are the main way forward.

Some Further Notes on Healing

To be effective, the intensity of the intervention sometimes needs to be matched to that of the wound. The intensity required in healing a traumatic experience will often need to be of a similar magnitude to the traumatic event itself. But absent skilful and effective care, the healing of a psychic wound can be as traumatic to the self as the acquiring of it was. The difference between effective healing and an event of further pain is found in the context and shape of safety, sacredness, knowledge, and awareness in the environment of the healing action. That is the safety and sacredness of the container.

Also, healings that are infrequent and singular, directed toward one change only, are more effective than multiple efforts toward multiple symptoms. Implement one change at a time, and keep a buffer between workings.

~ ~ ~

IX. The Healing of Systems

Finally, the unit of healing, like the unit of development, is not always the individual. Dysfunction transmits across generations, and so healing can be intergenerational too. A caregiver who addresses her own developmental wounds is changing not one sequence but two, because she is re-resourcing the caregiver actions her children receive.

The horizontal relation is also load-bearing for the vertical one. Partners who heal the attunement and trust between themselves are, by that work, repairing the ground on which their child's sequence stands.

So the map of the six stages is a map for the healer at every scale: the person, the partnership, the family across its generations, and the community.

How long does healing take?

There is no schedule. Healing is additional learning, and its unit is the adjacent step: the next imaginable move in the direction of health, taken one at a time, with a buffer between deep workings. The result is not a date but a dynamic. Each step taken makes the next one imaginable, and the improvement itself teaches that improvement is possible. It is the restoration of optionality. Progress is measured in widened range, not in the distance to a finish line. There is no finish line. And this is true of everyone, wounded or not.

Chapter Nine.

The Six Questions of Community

I. The Question Behind the Questions

Stand at any roadside historical marker, at any battlefield memorial, and you can very nearly recite the plaque unread. People were awful to one another here. The date is whatever the date is. Everything else is details.

That this summary fits so much of recorded history is itself a fact worth stopping on, and perhaps the central one. It forces a question. What does it actually mean that people are awful to one another? And what would the opposite be? Not as a slogan. The opposite of awfulness is not a mood of niceness. The question is concrete and structural: what would it look like, in the actual practice of people relating to people, for excellence to be present rather than absent?

The developmental theory gives that question something no slogan can, which is a complete answer. If the six stages, in their horizontal form, are the full inventory of what passes between human beings in any relation of care, then awfulness is the absence of the six and excellence is their presence. So the health of any relationship, any conversation, any community can be assessed by asking six questions.

~ ~ ~

II. The Six Questions

The questions, as developed in the source dialogues, are these.

First: is there actual loving interconnection from each participant to each other participant? Actual and specific care for the other, such that what is spoken is spoken for the sake of *us* and not merely for the sake of the speaker.

Second: is each person actively and continually seeking attunement with the other, and its adult refinement, discernment, which is the reading of state, need, and meaning across the gap between persons?

Third: is each person engaged in actual nurturing care actions for the other? Nobody wants to be in conversation with someone who does not care whether they flourish.

Fourth: is each person actually attempting to build trust-enabling safety for each other participant? Not demanding trust, but enacting the conditions under which the other is *enabled* to trust.

Fifth: is each person actively attempting to create a sense of belongingness and inclusiveness for each other person present? A belongingness robust enough that a bad day does not cast someone out of the group.

Sixth: is each person validating and supporting the personal dignity of the other? Holding the other in positive regard, with genuine and appropriate acceptance of their values and their worthiness for love, enabling the other to be creative and fully expressed in all aspects of self.

To see the six at work, take one ordinary moment twice. A friend mentions, carefully, that they have been struggling at work.

In the first version you glance up, say “that’s rough,” and return to your phone. Nothing terrible happened. And yet no interconnection was enacted. No attunement reached for what “struggling” meant. No care action followed. Nothing made it safer to say more. The friend is left less sure they belong in your attention. And the careful admission, which was their dignity extended toward you, was let fall.

In the second version you put the phone down and turn toward them. That is interconnection. You ask what kind of struggling, and listen for the state under the words. That is attunement. You do one concrete thing, make the tea, take the walk, send the message they were dreading to write. That is care. You make it plain that nothing said will be used or repeated. That is

safety. You make it plain that a hard season does not cost them their place with you. That is belongingness. And you receive what they said as the act of trust it was, without judging them for struggling. That is dignity.

Same friend, same minute, all six questions answered no, then yes. Excellence between people is not a mood. It is these, done in the particulars.

The claim made for this list is strong. Any person in healthy mind, genuinely asking what kinds of experience they want to have with other human beings, will find that they want exactly these six things, in every circumstance, from all people to all people. There is no circumstance in which any of the six is inappropriate to desire. And the absence of skill in sharing, enabling, and enacting exactly these gifts is a principal reason that humanity is suffering. Excellence to one another is these six things happening, in their full depth. Awfulness is their absence.

All six, from all people to all people, in every circumstance. Is that realistic with strangers, coworkers, people who have harmed me?

Read the claim carefully. It is about what is appropriate to desire, not about a duty of intimacy owed to everyone. The six scale to their circumstance. With a stranger, attunement may be a moment's real attention, and belongingness a courtesy that leaves room. The full depth belongs to the relations that can hold it. Nor do the six ever require the abandonment of yourself. The fourth and fifth questions build safety and belonging, and a person who is being harmed builds neither by staying in reach of the harm. Care includes care for the one caring. The six describe what excellence between willing people is. They are not an instrument by which anyone can oblige your presence. Extorted belongingness remains a misuse.

~ ~ ~

III. The One-for-One Mapping

The six questions did not arrive as a deduction. They were assembled, at first, as a provisional list: intuitions calibrated by a lifetime of first-hand experience, with clarifying terms added where the list seemed to want them. The decisive step came after. It was the discovery that the provisional list maps, one for one, onto the developmental model, and that the mapping removes the provisionality.

Here is the mapping, taken one at a time.

Loving interconnection is the horizontal form of attachment: the bond, mutually enacted among peers.

Attunement and discernment is the horizontal form of attunement, under the same name, now flowing in all directions.

Nurturing care actions is the horizontal form of nurturing care action, likewise under the same name.

Trust-enabling safety is the horizontal form of trust. What the caregiver's reliability built in the child, peers must build for one another, each enabling the other's trust.

Belongingness and inclusiveness is the horizontal form of autonomy. That pairing looks surprising until you recall the hub and spoke. Autonomy in the child was never separation. It was the capacity to range from a hub whose reliability was beyond question. Belongingness is that hub, held among adults. And a belongingness so fragile that any step off the map means expulsion is precisely a hub that forbids foraging. Which is why autonomy and belongingness are reciprocal and connected, two faces of one column.

And the validation of personal dignity is the horizontal form of the sixth stage. It means acceptance, positive regard, and the enabling of the other to be creative and fully expressed in all aspects of self, without taboo and inclusive of sexuality. It is the full flowering of the person, received and supported by peers.

Four of the six assignments are direct, under the same names. Two carry a result of their own: the reciprocity of belongingness with autonomy, and the linkage of dignity to full expression, inclusive of sexuality.

Two further triples qualify how the questions are to be read, and each one lands on a different side of the six.

The first is willingness, availability, and skill, and it distributes over the three questions that answer to the caregiver actions. Loving interconnection asks willingness: do you actually want this person to flourish? Attunement and discernment ask availability: are you present enough, often enough, to sense what is arising? And nurturing care actions ask skill: do you know how to do the thing that is needed? One must want to care, be present enough to care, and know how to care. The three are distinct, and a question answered yes on willingness alone has not been answered yes.

The second is consciousness, sustainability, and evolution, and it distributes over the three questions that answer to the child achievements. Trust-enabling safety asks consciousness: is the condition of the other actually being held in awareness? Belongingness asks sustainability: will this hold, over time, through a bad season? And the validation of dignity asks evolution: is the other enabled to become more than they now are? Both are established triples of the wider metaphysics, which carries conscientiousness throughout.

The symmetry is worth noticing. What is asked of the giving side is willingness, availability, and skill. What is asked of the receiving side is that the receiving be conscious, sustainable, and developmental. The two triples divide exactly as the six divide, three and three, along the same seam.

~ ~ ~

IV. What the Reification Buys

Because the six questions map one for one onto a model that has itself been reified under the axioms, the list inherits the reification. It is no longer provisional. The six questions follow the developmental and evolutionary psychology of all intergenerational process, and their grounding is no longer intuition, however well calibrated, but structure.

Nor does the mapping stand alone. The horizontal form of the model has now been reached from four directions. From the developmental theory itself. From the phenomenology of friendship, by way of the six aspects of friendship, which correspond to the same six columns by an independent derivation. From the question, asked directly, of what excellence between persons would consist in. And from the rights-closure of the theory of communication. Four routes, one structure.

With that grounding, a claim becomes available that no list of values could otherwise make. These qualities are *sufficient* for community process. If the six are present in full depth, community is happening. If they are absent, no procedural apparatus, no mission statement, and no governance design will substitute. Absent these things, there is no community.

So the question of what it means to be excellent to one another has an answer, and the answer has a ground. A person could spend an entire lifetime bringing this about in communities and organizations, and it would be a lifetime well spent.

Chapter Ten.

Belongingness and the Three Instincts

I. The Three S's

The fifth question, belongingness, deserves a chapter of its own, because it sits at the junction of the developmental theory and the theory of ethics. Begin with an observation about the instinctual endowment of the human being. The instincts sort into three great classes: survival, sociality, and sex, the three S's. Survival: the drives that keep the organism alive. Sex: the drives of procreation and pair-bonding. And sociality: the drives of belonging, of membership, of being included in the group. Belongingness is not a pleasant accessory to human life; it is fully a third of our instincts.

The ethical consequence is immediate and under-recognized. Everyone understands that to threaten a person's survival is extortion, an ethical violation of the first order. Most understand that to coerce or constrain a person's sexuality, their creativity and procreativity, their free expression and association, is a violation of the same order. But the culture habitually treats the conditioning of belongingness, membership dangled and withdrawn, inclusion made contingent on compliance, as a lesser matter, mere social friction, as if the third instinct-class were somehow junior to the other two. It is not. These are co-equal classes. To extort value from a person by conditionalizing their belongingness is of the same ethical kind as extorting them through survival or through sexuality, and a theory of community that does not treat it so has misplaced a third of the human being.

There is a further observation, from the clinical side, that presses the same point: the earnest suggestion, advanced by some practitioners, that all trauma issues are belonging issues. The theory does not need so strong a claim, and does not assert it. However, it is notable that, on reflection, counterexamples are hard to produce. And the six-stage model explains why they would be:

every one of the six stages is, from the child's side, a mode of being held in relation, and every developmental wound is therefore, among other things, a wound in belonging. It is for this reason that belongingness wants to be layer zero of any governance process or any community process: not one design consideration among many, but the ground on which the others stand.

Each of the three classes has, correspondingly, a characteristic weaponization, and the weaponizations have names: extortion, against survival; excommunication, against sociality; exploitation, against sexuality. Much of this has operated at the level of collective action. Whole institutions and cultures have conditioned the three instincts at scale. The result is a world with many traumatized people in it, and a notable number of them respond by pursuing wealth and position sufficient to need no one: separation as safety. But separation eliminates the possibility of joy. Needs cannot be bought. Love cannot be bought. And the flight into isolation re-creates, for others, the very conditions that produced the flight. This is the spiral that a wider culture now names as its crisis of meaning. The antidote is not further separation but the deliberate creation, in relational process, of genuine safety, belongingness, and dignity. That triad is worth a closer look, because there is a further result about it that bears directly on why conditionalized belongingness is so widely tolerated.

The three needs of the child, which do not expire with childhood but run through a whole life, are dignity, safety, and belongingness. Each one is mediated by one of the three orientations set out in Chapter Seven: care, transaction, and power.

Whether a person attains dignity is decided by the care they receive and give. Dignity can be neither purchased nor compelled, and every attempt to obtain it through transaction or through power produces only its counterfeit.

Whether a person attains safety is decided by the soundness of their transactions: livelihood, provision, the web of reliable exchange by which survival is secured among strangers.

And whether a person attains belongingness is decided by their position in the field of power. Inclusion and exclusion are, in the end, decided. Membership in a group is a yes or a no, and some person or some process settles which.

That correspondence is descriptive, not a recommendation. Whether belongingness *ought* to be mediated by power, whether the deciding of membership ought to be an act of command rather than an expression of care, is a separate question, and a live one. But the descriptive claim comes first. One cannot pose the design question until one can see which orientation is in fact doing the mediating.

And here is why this matters for the argument just made. If belongingness is mediated by power, and power's own test is *who decides*, then conditionalizing someone's membership is not an incidental unkindness inside some other relation. It is the direct exercise of the very instrument that governs that need. Which is exactly why it is so effective, so common, and so rarely named for what it is.

One thing must be kept clear here, because the distinction gets abused in both directions. Withdrawing from someone is not always extortion. People are entitled to decline, to go quiet, to leave a relation, and to need time. There is a test that separates a boundary from a ransom, and it is a price test. A boundary asks nothing in exchange for its revision. A ransom makes the grant conditional on compliance that serves the one withholding it. A withdrawal that asks only for time is a term, not a tariff.

The test is worth carrying, in both directions. Someone who was raised inside conditionalized belonging often cannot tell an ordinary boundary from a threat, and reads every silence as a price. Someone raised to withhold often cannot tell their own tariffs from boundaries, and believes in good faith that they are simply taking the space they need. Ask what is being asked for. If nothing is being asked for, it is a boundary.

~ ~ ~

II. The Three Rights of Communication

The author's theory of communication, developed in *What Passes Between Us*, derives the interior of every communication event from three rights, each granted by one party and used by the other. There is the right to speak, which is room granted in the exchange. There is the right to be understood, which is understanding honestly worked at. And there is the right to know that one has been understood, which is the understanding shown back, so that the circuit closes. Three rights, each given and each used, make six acts, and those six exhaust the participant-structure of communication. The grants are choices: my choice to grant, your choice to take, for each of the three, without exception.

Held open across many exchanges, the three grants acquire the names by which relational life knows them. The standing grantedness of the right to speak is *belonging*: there is room for you here, reliably, and not merely today. The standing grantedness of the right to be understood is *dignity*: you will be received as you are, worked at, not dismissed. And the standing grantedness of the right to know one has been understood is *safety*: what you send comes back verified; the circuit reliably closes. Dignity, safety, and belonging are, in that theory, the condition-triad of the care footing, and they are exhaustive over the rights: three rights, three standing grants, three names, nothing left over and nothing missing.

Two results about the same three needs have now been given, and they are worth setting side by side so that neither is mistaken for the other. The result just above says which grant, inside a caring exchange, establishes each of the three. The result before it says which of the three orientations decides, across a whole society, whether a person gets each of them. The first is about how care delivers all three from the inside. The second is about what does the delivering when care is not on offer. Safety then falls to transaction. Belongingness falls to power. And dignity falls to the person themselves.

That last case is different in kind from the other two, and the difference is worth dwelling on. Dignity cannot be purchased, and it cannot be compelled. Every attempt to obtain it through transaction or through power produces

only its counterfeit. What remains, where care does not supply it, is that each person must assert and uphold their own. This is not a consolation prize. It is a self-responsibility, and it has always had names. Honour. Keeping one's word. Being a decent person: kind and good, strong, compassionate, reliable. Kant arrived at the same place by way of the categorical imperative, and named the same set of duties. Dignity is claimed, not handed over.

So the two results do not compete. Read together they say something sharper than either alone. A care footing supplies all three needs at once, which is what makes it worth building deliberately. Where it is absent, two of the three needs pass into the hands of others, and the third passes into your own.

In plain terms, and in one exchange: you tell me something that was hard to say. Granting the first right, I give you the room. I do not interrupt, hurry you, or take the floor. Granting the second, I actually work at understanding. I ask what you meant where I am not sure, instead of assuming. Granting the third, I show my understanding back, saying "so what you are saying is..." and let you correct me until you can see that what you sent is what arrived. Do this once and a conversation went well. Do it reliably, both ways, for months, and something larger has come into being between us: you know there is room for you here (belonging), that you will be received as you are (dignity), and that what you send comes back verified (safety). That is all the technical language of this section is talking about.

The correspondence with the developmental sequence is exact. Safety is the standing, communicative form of the trust column: what the caregiver's reliability built in the child, the closing circuit builds between adults. Belonging is the standing form of the autonomy column: the hub, held open in conversation: room to speak, range to differ, and a place to return to. And dignity is the standing form of the sixth column: the reception of the person entire, their expression worked at rather than judged. The three rights of communication are the three child achievements, translated into the medium of speech and granted, each to each, among peers; and through the columns they inherit the modalities of Chapter Five: safety transcendent, belonging immanent, dignity omniscient. Three of the six questions, trust-enabling

safety, belongingness, and the validation of dignity, are thereby recognized as the same triad, reached along a fourth and independent route. A further resonance with the previous section is noted as an observation: belonging answers to sociality, dignity to expression and procreativity, safety to survival. The three grants stand guard, the three grants standing guard, one each, over the three classes of instinct.

These are the needs of a child, and they are necessary for any child to live and thrive in the healthy family context. They do not diminish later in life. What changes is the mode of provision. The developmental process is to receive them first, from the caregivers, who grant what the child cannot grant itself; and then, in maturity, to provide them for oneself, in the only way they can be self-provided: by providing them to others, and hoping for reciprocity. For the deep fact about the triad is that none of its members can be created for oneself. One cannot grant oneself belonging; one can only create it for others, and thereby hope that they might choose to do the same in return. The listener is the grantor: in every crossing, the standing conditions of my speech are in your gift, and yours in mine. The vertical relation resolves this mutual dependence by asymmetry, the resourced party grants, the developing party receives. The and the horizontal relation resolves it by reciprocity. Note the precision of the earlier result: autonomy, alone among the achievements, is obtainable by oneself; yet belonging, its standing ground, is the very paradigm of what cannot be self-granted. The achievement is one's own; the ground on which it stands is always, and permanently, in the gift of others. This is the deepest sense in which development is relational all the way down, and all the way up.

A Note on Sources

The three rights, the six acts, and their closure over participant-act failures are derived in Parts II and III of *What Passes Between Us*. The identification of belonging, dignity, and safety as the deposit-side names of the three standing grants is carried there with explicit grounding in the core metaphysics' account of care as the enablement of another's choice, and of safety as a potentiality to act. The correspondence to the developmental columns stated in this section is the author's identification, offered as such; its wider working-out continues across the volumes.

~ ~ ~

III. Institutions and Communities

The distinction between a community and an institution can be given as a pair of definitions, grounded in the triple of care, transaction, and power. That is the triple within which the author's study *The Grammar of Crime* organizes the whole of human imposition and exchange. An institution is any human group whose internal relations are primarily defined by some form of power dynamic, usually hierarchy, reinforced through transaction: employment contracts, compensation, the terms of continued membership. A community is any human group whose internal relations are primarily defined by care relations: friendship groups, mutually supporting interdependent families, and their kin. These are definitions, not accusations. Most actual groups are mixtures, and the definitions identify which relation-type is primary: which one defines the group, and which merely occur within it.

Two things follow, and both are worth having before the exercise.

The first is that both parties to a relation must be in the same frame for their acts to carry the meanings intended. The classic private griefs are mismatches of this kind. One party understands a courtship as care while the other understands it as transaction. One party understands a mentorship as care while the other understands it as power. One party understands a favour

as a gift while the other quietly books it as a debt. The acts may be identical. What differs is the frame they are read in, and the injury, when it surfaces, is the injury of discovering that one has been in a different relation than the one one thought one was in.

The second is the anatomy of manipulation. Most of what is rightly called manipulation is a deliberate mismatch between the frame that is claimed and the frame that is operating. The employer who says *we are a family here* claims care while running transaction, and will demonstrate which frame was operating on the day of the layoffs. The paternalist authority claims care while running power. The technique works by inducing the other person to apply the norms of the claimed frame, to suspend the ledger, to extend trust, to make themselves responsive, while the one doing it applies the norms of the frame that is actually running. This is worth knowing in its own right, and it is worth knowing because a person whose childhood trained them to accept whatever frame they were told they were in is unusually easy to do it to.

The six questions furnish the working instrument for detecting which relation-type is primary in a given group. Run the six questions against the institutional form, the corporation, the bureaucracy, the hierarchical organization, and observe the results. Loving interconnection? Forbidden, more or less explicitly: loving relationships in a business setting are a conflict of interest. Attunement? Not a function of the role. Trust-enabling safety? Work is not safe; one can lose one's position for failing to behave in a certain way. Belongingness? Conditional by design. Membership is precisely what the institution holds in its gift, and what it may withdraw. Dignity and full expression? The members are set in competition with one another, and taboos abound. Nurturing care between members? Where it occurs, it occurs despite the form, not through it.

The point of this exercise is not that institutions are villains; it is that institutions and communities are different kinds of thing, and that the difference is exactly the presence or absence of the six. Hierarchical relationships, as such, do not allow these things to happen; institutions do not have care. The persons within an institution may care, and often deeply; real friendships and real care relations grow inside workplaces every day. But they grow

within the form rather than being what the form is made of, and so the form itself cannot be relied on to supply them. A community is a body of relations in which the six questions are answered yes; an institution is a structure of roles in which they are largely answered no, whatever its mission statement says. Much confusion in governance, and much grief in organizational life, comes from expecting the one kind of thing to deliver what only the other can.

So is my job bad for me? Should I quit?

The passage above is a pair of definitions, not a verdict on your Tuesday. The practical counsel is smaller and more useful than “quit.” Know which kind of thing you are in. Expect from it only what its defining relation can deliver. And see to it that your community needs are met somewhere, in a place where they can actually be met, whether that is inside the workplace’s genuine friendships or well beyond it. Clear sight of the difference sometimes changes jobs, and more often changes expectations. Either way it ends the particular grief of waiting for a structure of roles to give what only relations of care can give.

~ ~ ~

IV. Care as a Skill; the Grown-Up Child

The six qualities are not only dispositions; they are skills. Understanding is a skill. Showing respect is a skill. Having love, in the enacted sense, is a skill. Ethical choice is a skill. And nurturing care action is very much a skill. A skill is effective only in relation to a willingness and a presence. This is the triple of willingness, availability, and skill: one must want to care, be present enough to care, and know how to care. The three are distinct.

The skill of care among adults has a particular refinement that the developmental theory makes visible. Sometimes what looks like an adult is, in the moment, a grown-up child: a person responding from an early developmental age, because something in the present has touched a stage that did not complete. The skilled response is not judgment, meaning the demand that the person behave as the adult they appear to be. It is discernment followed by care. Be attuned enough to notice from what age the person is responding. Then take, for that moment, the complementary position: provide the nurturing care action appropriate to that age, and create belongingness for the child who is present. This is the vertical form of the six appearing, temporarily and consensually, inside a horizontal relation. The asymmetry of capacity is real in the moment, and it is met the way asymmetries of capacity are rightly met: the resourced party performs the caregiver actions. Done with acceptance and without condescension, it is among the most healing things one adult can do for another.

I have done "inner child work." Where does that fit on this map?

The grown-up child of this section is the same thing under another name. What the inner-child literature calls the wounded child is, in this book's terms, a stage that did not complete, still live in the person, and still responsive. What it calls re-parenting is the late supply of the caregiver actions: attunement, care, the granted conditions of trust, whether supplied by a therapist, a community, a partner in a held moment, or the person's own adult self acting toward their younger one. The map adds what that literature often leaves general: which stage, at which age, in which register, so that the re-parenting is aimed rather than approximate.

~ ~ ~

V. The Transmission of Culture

Beneath all of this lies a fact about what kind of being the human being is. Consider the gut: a substantial mass of every human body is not human at all: bacteria, flora, a resident colony without which digestion fails. And the colony is not grown from the infant's own resources; it is *added* to the infant, received from the mother and from the world, the first kiss, the first taste of dirt. However skillful the body, it needs the help of what can only be given from outside. The metaphor states the theory's deepest anthropological claim: some things are literally learned from one another, received rather than grown, and this is part of what makes humans human. Our niche as a species is partially our capacity to transmit culture and code from one generation to the next; not everything is pre-programmed; and the six-stage sequence is precisely the channel through which the transmission runs. The betweenness comes first, and we discover our identity after. Relation precedes selfhood, in the development of every person, exactly as, in the metaphysics, relation precedes both self and world.

This is also why the window matters. The child is coded as a child: wide open, without defenses, maximally able to receive. Defenses are learned with age, and rightly so. An adult who cannot vet the motives of those who offer wisdom is an adult easily exploited. But the same defenses that protect the adult make late transmission and late repair genuinely hard. The received imprint must now pass gates that childhood did not have. Hard is not impossible. Chapter Eight is about exactly the disciplines by which the gates are respectfully passed. But the asymmetry explains, without romanticizing childhood or despairing of adulthood, why the six stages, done well the first time, are worth nearly any cost.

~ ~ ~

VI. The Margins as Vanguard

One further observation, sociological in character. The communities most likely to implement the six qualities are not, in general, the comfortable ones. They are the margins: the communities of the hypersensitive, the neurodivergent, and the otherwise marginalized, for whom the prepackaged social forms do not work, and who therefore cannot rely on anything but one another. Where capacities are uneven, some things done extremely well, others not at all, there is forced interdependence, and interdependence, unlike independence, requires the six qualities daily and in first person. Hypersensitivity, likewise, drives the perfection of attunement, of discernment, of care, because the cost of their absence is felt immediately and severely. The margins are thus not objects of charity for this theory but its vanguard: the places where belongingness, dignity, and safety have real foundations, because they are built from necessity rather than decorum. A world made for one kind of nervous system will call every other kind disabled; the theory suggests, instead, that the other kinds may be where the species is learning its next lesson in how to be excellent to one another.

Chapter Eleven.

The Developmental Spiral

I. Development Does Not End

The six-stage sequence carries a person to functional adulthood. It does not carry them to the end of development, because development does not end. The research tradition on hierarchical complexity in adults maps continued cognitive development through approximately fourteen to sixteen levels, each a reorganization of the way the person constructs meaning, perspective, and world. This account takes that tradition on board, and adds one observation that gives it structure. At each transition between levels, a recurring pattern of three appears: thesis, antithesis, synthesis. And that pattern corresponds to the modal sequence of immanent, omniscient, transcendent. The synthesis of one level becomes the thesis of the next, and the pattern repeats: not a circle but a spiral, the same dynamic traced through all the developmental layers of an adult life. It is the same cycle assigned earlier to the six stages, which ran transcendent, immanent, omniscient, considered here in a different phase. A shift of context permits that.

The spiral is the same shape you have already met. The six stages of the model close into the next generation rather than into themselves. The vertical sequence delivers into a horizontal relation and the horizontal founds a new vertical. Development at every scale is a spiral: a cycle whose completion is not a return but an arrival at a new level, carrying everything gained. That the same signature appears in infancy, in family, in partnership, and in adult cognition is exactly what type isomorphism would predict, and its appearance is further evidence that this account is about real structure, and not just another just-so story.

~ ~ ~

II. Community as Caregiver

If development continues through adulthood, then adults, too, have developmental needs, and the question arises: who performs the caregiver actions for a developing adult? The answer here is the community, acting horizontally and mutually, by the six questions of Chapter Nine. A community in which the six are answered yes is a community functioning as a developmental context. Attachment appears as loving interconnection. Attunement appears as mutual discernment. Care appears as care. Trust-enabling safety is the settled ground. Belongingness is the hub from which members forage into growth and change. And dignity is the reception of each person's fullest expression. The community is the hub and spoke writ large, and adult development is the foraging.

This gives a principled foundation to the design of communal practice: to what a community does together, and to why those practices are chosen. The practices a community holds should accomplish three things: make it more likely that things go right; notice when things go wrong, and begin the healing process; and create restoration, for the resilience of the community. And beyond these, a second order: learning how to make things go right; learning how to notice and do the healing work; and learning how to restore resilience to a state more thriving than before. The first order maintains the community; the second order develops it. The community learns as its members learn, which is the same spiral at the collective scale.

~ ~ ~

III. Re-Humanizing and Re-Naturalizing

By what measure does a community know whether its practices are working? The answer is a pair of terms: re-humanizing and re-naturalizing. Re-humanizing is the restoration of people's connection to their own emotional reality and embodied experience. Which is to say, the repair and completion of the six stages wherever they were left deficient: attunement re-learned,

trust re-grounded, the full expression of the person re-permitted. Re-naturalizing is the restoration of people's connection to the natural world and to their own wild nature. It is the widening of the hub-and-spoke beyond the human circle, so that the world itself becomes again a place one can trust, range through, and return from. The overall measure of a community's success is how much re-humanizing and re-naturalizing has been done: in individual lives, in the community's relationships, and in its members' connection to their own wild nature. This is not primarily a matter of governance; it is a matter of culture, and it is measurable, person by person, against the six.

Teaching the Sequence

Because the six stages and their horizontal forms are concrete and nameable, they can be taught, and taught early. A collection of the metaphysics' foundational triples has been identified as appropriate for young people, concepts for emotional health and relational process accessible to someone as young as ten; and practices of attunement and discernment can be trained in adults through structured relational exercise. A community that teaches its members the map of the six is teaching them what they are owed as developing beings, and what they owe as caregiving ones. Such a community equips each generation to run the sequence better than the one before. It is the process between generations, made conscious of itself.

Chapter Twelve.

Conclusion

This account began with a question of almost embarrassing plainness: what must happen for a baby to become an adult who can raise a baby? It ends having answered, along the way, a series of questions that did not look related. What a healthy family is. What partnership contains. Why emotional neglect wounds as deeply as blows. Where a therapy should aim. What distinguishes a community from an institution. Why belongingness is an ethical matter of the first order. And what it would mean, concretely and completely, for people to be excellent to one another. That one small map answers so many questions is not a coincidence of authorship; it is what it looks like when a model has hold of a foundation.

The six stages are the form of the process between generations: attachment, attunement, and nurturing care action; then trust, autonomy, and sexuality. Three actions of the resourced party, three achievements of the developing one, a chain of enablement closing into a spiral at the boundary of the generations, recurring horizontally between peers, and continuing, level upon level, through the whole of an adult life. The form passes the tests that foundations must pass: Its members survive the removal test. Its triples are distinct, inseparable, and non-interchangeable. Its sequence bears the class-precedes-instance signature. And it stands in exact correspondence with the modal pattern that the Immanent Metaphysics finds at the base of each and every domain.

And at the center of the form is the thing the form is for. In the language of the metaphysics, love is that which enables choice. It is the quality of enabling and nurturing choice, joy, connectedness, and freedom. And development, seen whole, is nothing other than the coming-into-being of a chooser: a person who, having been attached to, attuned to, and cared for, can trust, can range, can bond, and can therefore choose. And whose first fully resourced choice, made freely and in love, may be to attach, attune, and care for one who cannot yet do any of these things. The developmental sequence is

love taking form across a generation. To know its map is to know what we owe to those we raise, what we may rightly ask of those we love, and what we must build together if the communities we live in are to deserve the name.

Appendix A.

A First Diagnostic Orientation

This appendix sets out a first orientation for the diagnostic matrix: an account, column by column, of the form “these markers point to trouble of this kind, arising at about this time.” It is offered to orient a therapist, or a person examining their own history. It is a map of markers to listen for. It is not a checklist to score. The catalogue is currently under-specified, but it is also the best presently available. An orientation that shows where its own edges are is more useful than no orientation at all.

Two axes organize the reading. The first is the column: which of the six stages was deficient. The second is the timing and severity of the deficiency. Here the notes carry one explicitly stated rule. It is given for the deprivation style, and offered as the orienting conjecture for the other columns. Where the loss is early or severe, the tendency is foreclosure: the capacity is shut down, the need denied, the awareness of it lost. Where the loss is later or milder, the tendency is the striving form: the capacity stays alive but chronically unfulfilled, hungry, demanding, never enough. Each column below is therefore read toward two poles, a foreclosed pole and a striving pole, with a general gradient underneath: the earlier the wound, the more somatic and global its expression, and the less available it is to narrative and speech. The register indications follow the principle that the work meets the wound in the register where it was learned. They are read per cell, not assumed from the row.

The three registers, restated so that this table can be used without turning back. *Thinking* is form, structure, and pattern, which is where belief lives. *Feeling* is the quality or colour of what moves in a person, carried in the body and in sensation. *Emotive* is the intensity and direction of what moves, the energetic and relational core. Feeling and emotion are not the same thing, though ordinary English treats them as though they were, and the distinction is what the column turns on.

column	what was missing	foreclosed pole	striving pole	leading register
attachment	the bond; being received and welcomed	withdrawal, shutdown of aliveness, dissociation	clinging, anxious pursuit of contact	feeling (somatic); transformative process for the earliest band
attunement	being sensed; needs known by another	not knowing one's own needs	covert longing; caretaking offered for hoped reciprocity	emotive (attunement-centered)
nurturing care action	provision; needs met	inhibited: pride in needing little; near-empty cupboards; lack of entitlement	unsatisfied: never enough; overflowing cupboards; unrealistic entitlement	emotive, with feeling beneath
trust	reliability of depending	dependence refused: control, self-reliance, never the used	two forms rather than two poles: the seductive and the overpowering	thinking unusually available; emotive beneath
autonomy	permitted separation; foraging and return	compliance: overly nice, good, the covert no	rebellion: anger, resentment of authority	thinking and emotive
sexuality	integration of love and sexuality, received without shame	asexuality, lack of passion; the split lived from the heart alone	performance, perfectionism; the split lived from sexuality alone	all three; the body strongly present

A note on the sources. The clinical catalogue carries five survival styles. This model carries six columns. Five into six needs explaining.

Four of the five map straight across. The connection style is the attachment column. The trust, autonomy, and love-sexuality styles are the trust, autonomy, and sexuality columns.

The fifth is the one that splits. The source's attunement style carries two different wounds inside a single category. One is the wound of not being sensed. The other is the wound of deprivation, which is needs known and still not met. Those are two different failures, and this model separates them: not being sensed is the attunement column, and needs known but unmet is the nurturing care action column. That split is the author's reading, and it is offered as such.

One further extension is marked. The two poles are drawn, in the sources, only for the deprivation case. Applying them to autonomy and to sexuality goes beyond what the sources state, and those pole assignments are therefore conjecture, marked as conjecture where they appear.

The question sets

The markers of each column below are restated, directly after the column's description, as questions a person can actually answer. First, the rules the questions follow, stated so that a careful, literal reader never has to guess. Each question asks one thing only. Each is answered yes or no. Each states its time window; where a question says "these days," it means the last month or so; where it says "often," it means on more days than not; where it says "ever," it means at any time in your life. If a question assumes something that is not true for you, for example, it asks about your partner and you have none, do not force an answer; mark it "does not apply" and go on. There are no trick questions and no scoring formula. And one rule of care: if any question stirs up more than you can settle, stop for the day, and consider taking these pages to a professional. That is what they are for. And if what rises includes thoughts of harming yourself, do not wait and do not carry it alone: reach out promptly to a professional, or to a crisis line where you live, before going on. At the end of each block, count your yes answers. A high count does not diagnose you; it says: listen more closely to this column, at the pole the questions were circling.

What if I answer yes in both poles of a block? Which one am I?

Possibly both, and the instrument allows it. The poles are tendencies, not compartments; a life can carry the foreclosed form in one area, needs for instance, and the striving form in another, or one pole in one era and the other after a change of circumstance. A double yes says: this column is speaking loudly, from more than one direction. Take it, as the note below says, as a direction for listening; and exercise eleven in Appendix B gives one question for each pole, and nothing prevents keeping both questions open at once.

The attachment column

What was missing is the bond itself: being received, loved, and welcomed into the world. The characteristic band is the earliest, prenatal through the first year, and the etiologies in the notes are correspondingly early. An unwanted pregnancy. Substance use in the womb. Rejection or open hatred by one or both parents, themselves often carrying connection wounds of their own. A child made to feel a burden.

The infant's adaptation is the deepest available: internal withdrawal and collapse, the shutting-down of aliveness, dissociation, or else clinging. Both poles are already visible.

The adult carries a background of dread, conscious or unconscious. The nervous system is held in global high arousal, with the hypervigilance that arousal, threat, and unsafety reinforce in a circle. There is the experience of being an outsider, disconnected from self and others, and diminished joy, expansion, and intimate relationship. And so much energy is consumed in managing the fallout that little remains for enjoying life.

The shame-based identifications are the deepest of any column: not belonging, unwelcome, unlovable, bad, wrong, sometimes alien and not quite human. This is the internalized unwantedness the notes name a worthiness disability. What is compromised is the right to be: the degree to which we feel received, loved, and welcomed is the cornerstone of identity, and this column is its wound.

The orienting questions, carried in the notes for this column: Do you prefer to be alone rather than with other people? Would others describe you as more intellectual than emotional? Do you prefer work that asks theoretical and mechanical skill rather than people skill? Are you troubled by the persistent feeling that you do not belong? Are you always looking for the “why” of things? Does the world seem a dangerous place?

The register is feeling, the somatic depths, for the earliest, wordless band.

The direction of growth: to see how isolating and life-denying the adaptation has become; to acknowledge one’s needs and one’s healthy aggression; to come, gradually, to live in the body. Grief surfacing on the way is the reconnection working, not the work failing.

Block one: the attachment column.

1. These days, do you prefer being alone over being with people?
2. Have you ever had lasting trouble keeping relationships going?
3. Would most people who know you call you more intellectual than emotional?
4. Do you prefer work with things or ideas over work with people?
5. Do you often feel that you do not belong?
6. Do you often find yourself searching for the “why” of things?
7. Are you uncomfortable in groups, on more occasions than not?
8. Does the world feel dangerous to you on more days than not?
9. Do you often feel that life asks more energy than you have?
10. Is there a background unease in you on most days, even when nothing is wrong?
11. Do you often feel like an outsider, even among people who accept you?
12. Do you find joy hard to feel, even in situations that should bring it?

The attunement column

What was missing is being sensed: needs known by another before one could ask.

The adaptation is the caretaker: the child learns to attune to the needs of others and to forgo its own, whose expression has become associated with humiliation, loss, and the fear of rejection. The adult is often superb at reading everyone in the room, and unable to say what they need. Often unable even to know. They give to others what they long to receive, and grow quietly frustrated, then bitter, that the attunement they extend is not returned. The neediness, denied, goes covert. Anger appears only after frustration has become unbearable, and then in a form that alienates and confirms the futility.

The notes record the signature of the love offered from this column: "I love you; I take care of you," therefore, you have to love me. Energy runs low, with short-lived elation at new beginnings and difficulty following through; talk seeks attention, and attention stands in for love.

The identifications: shame as unfulfilled, empty longing, the belief that only the relationship, the recognition, the money, the fame will finally bring happiness. And the pride-based counter: I do not have needs; I am the giver. The reality, the notes observe, is that the rejection and abandonment feared have already happened, and that in always giving, the person abandons themselves.

A question-form of the markers: do you find you cannot say what you need until anger says it for you?

The register is the emotive, worked through attunement itself. This work is the live frontier.

The direction of growth: to learn how one's own needs are denied and rejected; to attune to them, express them directly, and allow their fulfillment; to tolerate fulfillment and expansion rather than reliving scarcity. Becoming attuned to oneself, the notes add, does not make one less attuned to others.

Block two: the attunement column.

1. When you are upset, is it hard for you to say what you need?
2. Is it often hard for you even to know what you need?
3. Do you usually notice what other people need before they say it?
4. Do you regularly give others the kind of care you wish someone gave you?
5. Are you usually the one people lean on?
6. Do you often feel quietly disappointed that your care is not returned?
7. Does your anger usually appear only after a long buildup of frustration?
8. Do you feel a burst of excitement at new beginnings that fades before the follow-through?
9. Is your energy low on more days than not?
10. Have you ever felt that asking for something would humiliate you?
11. When someone does care for you, is it hard to take in?

The nurturing care action column

What was missing is provision: needs met, nourishment given, in sufficiency and on time. The adaptation, under chronic scarcity, is resignation: the baby gives up the demand, a parasympathetically dominant collapse the notes describe as psychobiological depression, and learns to want no more than what is available.

This is the column for which the timing rule is explicitly given, and the two poles are drawn in unusual detail.

The inhibited pole, from early or severe loss: awareness of needs foreclosed; pride in how little one needs and how much one can do without; cupboards kept nearly empty, with anxiety when they are full; eating forgotten under stress; a settled lack of entitlement.

The unsatisfied pole, from later or milder loss: a chronic sense of unfulfillment; great demandingness with the continual feeling that there is never enough, in all areas of life; cupboards overflowing, with anxiety when supply dwindles; overeating under stress; unrealistic entitlement.

Both poles live in emptiness and deprivation, see the world through the prism of scarcity, and share the caretaking coping of the previous column; both are experts, as the notes say, at making do with the minimum.

The direction of growth. To build the capacity for fulfillment and consistent connection. To express needs directly and realistically. To build the capacity to experience charge, meaning strong sensation, emotion, and attachment connection. And to work the distortion of “not deserving” at its cognitive surface, while the deeper registers carry the rest.

Block three: the nurturing care column. This block has two halves; answer both.

First half (the inhibited pole):

1. Are you proud of how little you need?
2. Do you keep your food stores nearly empty?
3. Under stress, do you forget to eat?
4. Do you feel uneasy when you have more than you need?
5. Do you feel, on most days, that you are not entitled to ask for much?
6. Are you an expert at making do with the minimum?

Second half (the unsatisfied pole):

7. Do you often feel there is never enough of money, time, attention, or food?
8. Do you keep supplies stocked well past what you use, and feel anxious when they run low?
9. Under stress, do you eat past the point of hunger?
10. Do you often feel that life owes you more than you have received?
11. When one need is met, does another take its place almost at once?

The trust column

What was missing is the reliability of depending. The etiology in the notes is specific: family situations in which the child's dependency and attachment needs were attacked, manipulated, or used against them, so that trusting and depending became associated with being used and betrayed.

Often the parents presented well. The surface was giving, even devoted, while underneath the child was being used for the parents' own purposes. Love arrived on condition of fulfilling their ambitions, and not in relation to who the child actually was. A role was assigned and rewarded: the confidant, the responsible one, the instrument of somebody's frustrated dream. The child was praised for wearing it, and so was rewarded for setting itself aside.

Beneath, in the adult, is the feeling of being small, powerless, used, and betrayed. Above it is the determination to be strong, in control, successful, larger than life: to be the user and never the used. Help is not asked for. Interdependency is avoided. The superficial yes covers the covert no where compliance cannot be refused outright. And betrayal is expected, which is why it is often committed first: better a disappointment arranged on one's own terms than one that arrives later, when more is at stake.

Here the sources give not two poles but two forms. They are two strategies for holding power, and a person may run either, or move between them. The distinction is worth having, because the two look nothing like each other from outside.

The *seductive* form works by reading people. It acts as if it cares, as if it is present, as if it loves. Its skill is real: an unusual accuracy about what another person needs and what they are vulnerable to, with the ability to be many things to many people. It says, convincingly, that it knows what you need and that it will take care of you, and people believe it, often for a long time, until they find they were being used.

The *overpowering* form works by domination. Where the child's smallness and dependency were used against it, there comes a point of turning the tables, and the decision is roughly: never again. The adult builds strength, position, wealth, connection, whatever makes the case. It competes, and must

be at the top, and it inspires confidence in order to use it. The more extreme the powerlessness that was lived through, the more likely this form, and the harder its edge.

Both forms share their concerns. Image matters greatly, because a good front means nobody sees inside, and not being seen is what safety has come to mean. Closeness is avoided, because closeness stirs dependency, and dependency is where the injury lives. And in both, the energy is displaced upward into the mind, with reason and rationalization standing in for what the body knows. That last is not incidental. Being in the body would mean feeling the dependency, and feeling the dependency would mean knowing the falsehood.

One observation from the sources is worth recording, because it crosses columns. People of this column often partner with people of the attunement column. The attunement wound produces someone glad to serve, and the trust wound produces someone glad to be served, and the fit is exact and durable and costly to both. Two people of this column together make a standing power struggle.

A note for whoever is helping. This column does not ask for help, because asking would be an admission of weakness, and it will often present as seeking help for a cause rather than for itself. When it does ask, it will look for the helper's weak places, so as to stay in the upper position, and it may pick something to do battle over in order to establish dominance. The counsel is not to win. It is to be clear and direct, to hold boundaries plainly, and to decline the game.

The cognitive maximum of the sequence sits near this column, so the thinking register is unusually available here. And the caution about mind-oriented work applies with equal force, for what was learned was learned relationally, and the emotive register carries the depth.

The direction of growth begins with the fact, which is that the betrayal was real and did happen. It is not a distortion to be corrected but an event to be grieved. From there the work is to come back into the body, to be able to ask for help without feeling that the self has been surrendered, and to allow interdependency to become possible again.

And one distinction carries most of the healing. Power and strength are not the same thing. Power requires a false independence in oneself and a false dependence in others. Strength comes from interdependence that is real. A person of this column has spent a life acquiring the first while believing it was the second.

Block four: the trust column. This block has three parts. The first is common ground; the second and third ask after the two forms. Answer all three.

First part (common ground):

1. Is it hard for you to ask for help, even when you need it?
2. Do you feel safest when you are the one in control?
3. Have you ever felt that depending on someone ends in being used?
4. Do you keep a private plan for managing alone, even inside close relationships?
5. Do you work at appearing strong on more days than not?
6. When someone offers you support, do you look first for what they want from you?
7. Have you ever ended a relationship first, so as not to be left?
8. Underneath the strength, do you sometimes feel small or powerless?
9. Do you say yes on the surface while meaning no underneath, in more situations than you would like?

Second part (the seductive form):

10. Are you unusually accurate about what other people need, and about where they are vulnerable?
11. Do you find yourself becoming a somewhat different person with each different person?
12. Have you offered care that you did not actually feel, because it was the thing that would work?
13. Has anyone ever told you they felt used by you, in a way that surprised you at the time?

14. Do you rely on charm more often than on asking plainly?

Third part (the overpowering form):

15. Do you need to be at the top of whatever you are in?

16. Did you at some point decide, in so many words, that you would never again be in the position you were in as a child?

17. Do you build strength, position, or resources beyond what you need, and feel uneasy without them?

18. Do people around you tend to end up feeling small?

19. Do you win arguments that you did not need to have?

A note on the two parts. Answering yes across both is common and is not a contradiction. They are two strategies for the same position, and many people run both, in different rooms.

The autonomy column

What was missing is permitted separation: the foraging and the return. The adult markers come in the two familiar poles, here assigned by the timing conjecture rather than by the sources directly.

The compliant pole: overly nice, sweet, good; the fear of disappointing anyone; agreement given because refusal was never safe. And beneath it, the covert no, the withheld self that compliance protects.

The rebellious pole: anger, resentment of authority as such, the reflexive push against any structure: separation enacted because it was never granted.

Access to healthy assertion is impaired in both: one cannot assert at all, the other cannot stop.

The register is mixed, thinking and emotive together, with the body carrying the held tension.

The direction of growth is the healed state the notes describe: a personal sense of one's own authority, and appropriate limits, set and kept. It is the hub and spoke restored from the inside.

Block five: the autonomy column. Two halves again; answer both.

First half (the compliant pole):

1. Do you agree to things you do not want, more weeks than not?
2. Is disappointing someone among the worst feelings you know?
3. Do people describe you as exceptionally nice or good?
4. Do you carry quiet resistance to plans you agreed to?
5. Is it hard for you to say a plain no, out loud?

Second half (the rebellious pole):

6. Do you feel a push against authority as such, whoever holds it?
7. Do you resent being told what to do, even when the request is fair?
8. Have you ever refused something you actually wanted, because it was asked of you?
9. Is your anger close to the surface around rules and structure?

The sexuality column

What was missing is the integration of love and sexuality, received and supported without shame. Where expressions of love and tenderness went uncommunicated or were rejected, sexuality itself came to carry shame, and the loving feelings and the sexual feelings fell apart from one another.

Where the earlier columns were navigated with relative success, the adult of this column is often high-functioning: energetic, attractive, successful, well regulated, a doer, which is exactly why the wound is missed.

The split shows in intimate life. The person relates from the heart or from sexuality, and finds their integration difficult and anxiety-producing. At one pole there is asexuality and lack of passion. At the other there is performance: self-esteem staked on it, perfection demanded, mistakes not allowed. Beneath either pole are the feelings of being physically flawed, unloved, and unlovable, with a sharp sensitivity to rejection and heartbreak.

A settled asexual orientation, lived without shame, is not this pole; the marker here is a shutdown of passion driven by shame or by the split, and the difference is usually legible from inside.

The register indication is the appendix's clearest case of the non-monotone rule: the column is late, and its cognitive surface is real, but sexuality is a deeply physical process, and the body's register is fully engaged.

The direction of growth, from the notes: to open the heart within a vital sexuality: the two integrated, mistakes permitted, the right to life and pleasure recovered.

Block six: the sexuality column.

1. Is it hard for you to feel love and sexual desire for the same person at the same time?
2. Do you relate mostly from the heart, with desire switched off?
3. Do you relate mostly from desire, with the heart switched off?
4. Does your sense of worth depend on your performance, on more days than not?
5. Are mistakes hard for you to allow yourself?
6. Do you often feel physically flawed?
7. Underneath, do you sometimes feel unlovable?
8. Does rejection hit you harder than it seems to hit others?
9. Has passion gone quiet in you for a year or more at a time?

Three further blocks ask beyond the single columns: about the household you grew up in, about the wider pattern of your adult life, and about the general ground beneath all the columns.

Block seven: the household you grew up in. These ask about a parent or main caregiver, in the past; answer for the one who raised you most.

1. Was their tone toward you cold or indifferent, in most memories you have?
2. When you showed feelings, did they usually go unanswered?
3. Did they spend little time with you, across most of your childhood?
4. Did they show little interest in your inner life, what you liked, feared, or hoped?
5. Did they find fault with you more often than they encouraged you?
6. When you failed at something, were you usually left alone with it?
7. Were they hard to approach, shut down, aloof, or often angry?
8. When you were upset with them, did they answer with their own hardships instead of comfort?
9. Looking back, do you mainly remember what was missing rather than what was done to you?

Block eight: the wider pattern. These ask about your adult life as a whole.

1. Do the same painful patterns repeat across your relationships, with different people?
2. Do you sometimes feel not quite in your body?
3. Is there a harsh critic in your head on more days than not?
4. Do you carry a belief, underneath, that you were unwanted?
5. Do you scan rooms and people for danger, mostly without meaning to?
6. Have you had long stretches of unexplained physical symptoms during stressful periods?

Block nine: general.

1. Do you often feel that something is wrong with you, rather than with your circumstances?
2. When you feel bad, do you conclude that you are bad?
3. Is there a place in your life where you feel you fully belong? (Answer no if you cannot name one.)
4. When belonging is threatened, do you feel it in your body before you can think about it?
5. Can you usually calm yourself when upset, within the hour? (A no here points to the range of resiliency, whatever the column.)

A note for the reader who answered many questions with yes across several blocks, or who recognized the household of block seven: that is common, it is not a verdict, and it usually means the earliest columns deserve the first attention, since their wounds narrow everything after them. Take the counts to a therapist if you have one; take them gently if you do not.

General markers, and the edges of the instrument

Some markers belong to no single column. The distress cycle runs beneath all of them: the wound dysregulates; the child feels bad; children who feel bad conclude that they are bad; shame-based identifications form, pride-based counter-identifications answer them, and the identifications drive further dysregulation. The range of resiliency, the overall capacity to cope, to self-regulate, to reach one's own life force, is narrowed by any column's wound and narrows every later task. One further general marker deserves its own name: the episodic collapse the clinical literature calls abandonment depression. It is not the flat, chronic grey of the pain sequence's fifth station. It arrives like fog coming in over the ocean, slow and insidious, until one looks up and everything is covered: exhaustion without cause, interest and motivation gone, the body heavy or numb, anger surfacing without a visible object. It is set off, usually, by some present echo of the original aloneness, and it passes. That is part of why it so often goes unrecognized as depression at all. A reader who knows this fog should hear it as a marker of the earliest

columns, and bring it to the work by name. And every column's wound is, among other things, a wound in belonging, which is why the general questions, where do you feel you belong, and with whom, and what happens in you when belonging is threatened, open useful doors from any starting point.

The edges, stated plainly. This orientation distributes five source styles over six columns by the author's reading. It extends a timing rule beyond its sourced case, as a marked conjecture. It does not yet band the age axis finely within the cells. And it awaits enrichment from the wider literature of the personality patterns. It is, nonetheless, a working instrument: enough to orient a listener toward which column is speaking, toward which pole, and toward the register in which the work will want to be done.

Can I use these questions to diagnose myself, or someone else?

No, and not because the questions are weak, but because that is not what they are. This appendix is an orientation: it points toward a column, a pole, and a register, so that attention and, where wanted, professional help can be aimed well. It does not map onto the diagnostic manuals, it carries no cutoffs, and a high count is a place to listen, not a name to wear. Above all, do not hand someone else their count. What any person cannot do for another is achieve their achievements for them. And that includes this one.

Appendix B.

Suggested Exercises

These exercises are starting points, not prescriptions. Three rules of safety come first.

One: the container matters more than the content. Do deep work only where you are safe, with time protected, and stop for the day if you become flooded; stopping is not failure, it is calibration.

Two: one change at a time, with room between workings.

Three: the deepest material wants accompaniment. The exercises marked “with a therapist” are marked that way for a reason: a relational wound wants relational healing. The alone nervous system cannot go everywhere the accompanied one can.

If an exercise stirs more than you can settle, take it to a professional; that is the exercise working, not you failing.

For the reader alone

1. The columns, in your own words. Take the six stages, attachment, attunement, nurturing care, trust, autonomy, and sexuality, and write one sentence for each: what this looked like in your childhood, as best you know it. No analysis; one sentence each. The point is only to notice which sentence was easy and which one you did not want to write. That reluctance is data; keep it kindly.

2. The good-mothering review. The clinical literature describes healthy mothering through a set of ten aspects. Mother as source: the welcome one comes from. As place of attachment: "I belong to you, and because I belong to you, I have a place." As first responder: the one whose consistent response taught that help will come. As the modulator who settled you. As nurturer. As mirror: the one in whose face you first learned what you are. As cheerleader. As mentor. As protector. And as home base: the hub of the foraging. For each aspect, ask one question, yes or no: did I receive this? Then the three summary questions: did she adequately care for me as a child? Did she help me grow into an adult? As an adult, do I hold her in positive regard? The word "mother" here means whoever mothered you, whatever their relation or sex. Two cautions. Answering no is information about what was missing, not an accusation, and not a verdict on a woman who may herself have received little. And if you are a parent, the same aspects can be asked in the other direction. Did I provide this? with one further question that keeps the exercise real: would my child agree with my answer? The full catalogue of the aspects, the question protocol, and the question set itself are given in Appendix C.

3. The messages check. A short set of messages every child needs to receive and believe. Read each one slowly, twice: once asking, was this communicated to me, by word or action or both, and did I believe it? and once asking, if I have children, have I communicated it, and do they believe it? The messages:

I am glad you were born.

I am glad you are in my life.

I value you and want you.

I see you as you actually are.

I am paying attention to what you need.

I know what you like and do not like, what interests you, how you feel about things.

Notice, without forcing anything, which message is hardest to read. The adult form of the messages, and the reasons for its differences, are given in Appendix C.

4. The pain-sequence walk-back. Pick one present-day pattern that troubles you: a controlling habit, a flatness, a vigilance. Now walk the sequence of Chapter 7 backward, one station at a time, in writing: what does the control protect? Under the control, where is the anger? Under the anger, what is feared? Under the fear, what was the original pain? Do not force the last step; if the trail goes cold at anger or fear, stop there. That is where the trail goes for now. The walk-back locates; the digesting itself is better done in company.

5. The adjacent step. Choose one area of life that feels closed. Do not try to imagine the healthy far end. Instead, ask: what is one step *adjacent* to what I can already imagine, in the direction of health? One phone call, not a friendship; one walk, not a regimen; one true sentence, not a confession. Take the step. Then, and only then, look for the next one.

6. The settling inventory. Over one ordinary week, notice, and only notice, what actually settles you: which places, people, postures, and paces bring your body down from alarm. Write them down. This list is your range of resiliency, made visible; the exercises above should be done inside its reach.

For client and therapist together

7. The accompanied re-visit. The client recounts one manageable event, not the worst one, at walking pace, in the present tense. The therapist's work is presence first: staying regulated, staying with. At the moments where the story presents only one path, as in "so I had to...", the therapist gently marks the branch: what else could a person there have done, if circumstances had been better? What would a protected child, a defended child, an accompanied child have done, or had done for them? The client is not asked to have chosen differently. They could not have. They are asked only to *see*, now, that the branch exists. Health is being shown, by a trusted reference, at the exact place it was missing. Close every session at a settled point, even a partial one; the ending is part of what gets encoded.

8. The attunement dyad. Ten minutes, two roles, then swap. One person speaks about something that matters at moderate depth. The listener's only task is attunement: to track, and two or three times, to say back not the words but the state. "Something in this is heavy for you." "You brightened just then." The speaker's only task is to mark accuracy: yes, that lands; no, not quite. No advice, no fixing, no questions beyond the tracking. The exercise trains the column, the live frontier, and both roles train it.

9. The co-regulation sit. Side by side, not face to face, as if looking into the world together. The steadier partner does nothing but settle: breath low, pace slow, genuine care held quietly. The other simply stays, and notices, without effort, what their own body does in the neighborhood of a regulated one. Five minutes is plenty. This is the tuning fork, practiced on purpose. It is also, quietly, the repair of the oldest channel: the one through which calm was first meant to be lent.

10. The needs vocabulary. Many readers of the attunement and care columns cannot yet answer “what do you need?” the question is too large. So build the vocabulary small. Together, keep a running list of needs the client has caught in the act, however minor: quiet after noise, warmth, to be asked, to finish a sentence, to eat before deciding. The therapist’s role is to catch and name the needs that surface in session before the client edits them. Over weeks, the list becomes what the childhood did not provide: evidence that needs exist, are nameable, and can be met. Two aids for the list-building. First, the road-sign principle, from the re-parenting literature: the body’s needs announce themselves, as hunger, thirst, tiredness, and each points past itself: there is also emotional hunger, intellectual hunger, relational hunger (which is felt as loneliness), and each has its own version of tiredness too. When a bodily signal arrives, ask once: is this only the body, or is it the road sign? Second, a starter menu for the relational shelf, since that shelf is usually the barest: attachment, authenticity, belonging, being present, communication, trust, commitment, honesty, and intimacy, of mind, of heart, and of spirit. No one needs all of these from one person; the exercise is to notice which ones are fed, and which have gone hungry so long that they stopped announcing.

11. The two poles, located. Using Appendix A, the client and therapist identify together which column spoke loudest and which pole, foreclosed or striving, and then ask the pole’s own question. For the foreclosed pole: what would I want, if wanting were safe? For the striving pole: what have I already received that I have not yet let count? Neither question is answered in one sitting; both are kept open across the work.

12. The grief allowance. When reconnection begins, to needs, to people, and to the body, grief often surfaces, sometimes a great deal of it. Plan for it together, in advance, as a sign the work is working: what was missed is finally being felt by someone strong enough now to feel it, no longer alone. The grief is not a detour on the way to healing; it is one of healing’s forms.

Appendix C.

The Good-Mothering Catalogue

Exercises two and three of Appendix B condense an instrument that deserves its full statement, and this appendix gives it. A word of provenance first, plainly. The starter material is the account of healthy mothering in Jasmin Lee Cori's *The Emotionally Absent Mother*, the ten aspects, and the good-mother messages, and the debt is gratefully owned. Across years of working notes, that material has been reorganized, extended, and transposed, for reasons stated below at each place a change was made, so that the reader can see both the debt and the difference. The word "mother" here means, in full force, whoever mothered you, whatever their relation or sex. And like the diagnostic orientation, this appendix is an orientation and an instrument. It is not a scale, and it is not a verdict.

The ten aspects, under the six columns

The catalogue names ten aspects of healthy mothering. Set against the six columns, they distribute as follows, and the distribution is itself a small confirmation of the map, for an account written with no knowledge of the columns falls into them almost without remainder.

In the attachment column: *Mother as source*: the welcome one comes from; "I am of her, I come from her" as identity's first building block, the ground of the right to be. And *mother as place of attachment*: "I belong to you, and because I belong to you, I have a place." These are the bond itself, from its two sides: origin, and belonging.

In the attunement column: *Mother as mirror*: being seen, and seen accurately; "I see you, and you are real"; with the finer form of the compass, the one who knows you well enough to say, kindly, when a costume is not you. And *mother as modulator*: the standing-in of her nervous system for the child's developing one, the settling of states before they overwhelm: the borrowed calm of the caregiver, under its caregiving name.

In the nurturing care action column: *Mother as nurturer*: nourishment physical and emotional, and genuine, for children know the difference. And *mother as first responder*: needs answered reliably and in time. The first responder sits at the seam of the sequence: the stream of needs met is care action in the giving and the stuff of trust in the receiving.

In the trust column: *Mother as protector*: “I’ll keep you safe”; enclosure first, then the fierce guard, then the rules that fence a wider and wider world. Protection is an aspect whose manner matters as much as its fact, for overprotection communicates mistrust, and the aim of protecting is a child who can one day protect themselves.

The autonomy column takes three of the aspects.

Mother as cheerleader: encouragement, calibrated and real, at the first venturing out. “You can do it; I’m right here.” This one aspect spans two columns, and the overlap is worth noting. Encouragement is what the friendship account named for the trust column, and rightly so: the cheerleader enacts trust in the child’s capacity, in service of the child’s foraging.

Mother as mentor: the life-skills teacher, with help calibrated so that it neither takes over nor abandons. It is autonomy’s curriculum, taught.

And *mother as home base*: the hub itself, named. “I’m here for you.” It is the place of refueling to which the foraging returns.

And the sixth column: here the catalogue is silent, and the silence is worth noticing. Its source’s scope ends before the sixth stage, as the wider literature’s so often does. The aspect of development the culture finds hardest to name is the one most often left unnamed. The sexuality column completes the picture: the integration of love and sexuality, received and supported without shame, is the tenth-plus-one aspect the catalogue implies and does not state.

The three summary questions, and the protocol

The reorganization of the catalogue into an instrument proceeds in two moves. The first move gathers the ten aspects under three summary questions, so that a reader can locate a global answer before descending to the details. *Did she adequately care for me as a child?* asks after nurturer, protector, and

first responder: the provision face of the catalogue. *Did she help me grow into an adult?* asks after mirror, modulator, cheerleader, and mentor: the enablement face, the aspects by which the child's own achievements were made possible. *As an adult, do I hold her in positive regard?* asks after source, attachment, and home base: the standing bond, assessed from the far end of it. Provision, enablement, bond: the three groups echo the deep structure of the model. And the echo was not designed. It emerged in the reworking. This is the way of true structure.

The second move widens the asking positions. The original catalogue is read in one direction: the grown child, looking back. The instrument asks from three positions, and then a fourth. As the child: did I receive this? As the parent: did I provide it, and, the question that keeps the exercise real, would my child agree with my answer? As the partner: would my spouse agree with my assessment of myself? Consider the generational question made personal: is there a connection between how I answer for my own parent and how my child would answer for me? The reasons for this widening are the reasons of healing. A portrait read in one direction is a memory exercise; read from all the positions of the intergenerational process, it becomes a map of that process, and the reader stands in it rather than outside it.

The question set

The questions below are the working instrument itself, sorted under the columns, and calibrated to the rules stated in Appendix A: one thing asked at a time, answered yes or no, with "does not apply" and "cannot remember" always permitted. Four notes before beginning. First, on the mark after each question. Each question carries, in parentheses, the answer that health would give, (*yes*) or (*no*). The marks are varied on purpose, and they sit after the question rather than before it, for a reason worth stating plainly. Some of these you will read and know at once which answer is the well one; the mark will merely confirm you. Others you will read and find that you have no idea: that you have never once considered what the healthy answer would be, and cannot tell until you are told. That second experience is the more important of the two. A variance from what you expected is a finding; having had no ex-

pectation to vary from is a deeper one. Read each question, decide what you think health would answer, and only then look at the mark. Where the mark surprises you, note it. Where you had no expectation at all, note that harder. Second, a few questions are marked (*open*). These are not answered yes or no. They are here because what they ask cannot be reduced without losing it, and they are meant to be sat with rather than scored. Third, each block ends with a few questions marked as the echo: asked in the present tense, about you as you are now. The earliest years are often beyond memory, and the echo is how they are read. How you hold your needs today is evidence of how they were held then; the ripples, read for the fish. Fourth, the rules of care apply here exactly as they do in the diagnostic orientation. If any question stirs up more than you can settle, stop for the day, and consider taking these pages to a professional. If what rises includes thoughts of harming yourself, do not wait and do not carry it alone: reach out promptly to a professional, or to a crisis line where you live, before going on. And the protocol above applies throughout: every block can be re-asked as the parent, as the partner, and across the generations. Answer for whoever mothered you; the default time window is your childhood, as best you know it.

The protocol, stated as in the working instrument:

For each of the question blocks below, and for each child, where there is more than one:

If you are the child: ask yourself each question, yes or no, in relation to your own primary mother or parent.

Did you receive healthy mothering?

If you are the parent, ask yourself, yes or no:

1. Do you feel that you actually provided the named characteristic, for your child or children?

Do you think that you provided healthy mothering?

2. Do you think that your child, or each of your children, would answer that you had provided it?

Would your children agree with your own assessment of your quality and effectiveness as a mother?

3. Is there any connection between how you answered in relation to your own parent, and how your child would answer in relation to you?

If you are partnered, and have children: what do you think your partner's answers would be, for each of these questions?

Would your partner agree with your assessment of yourself as a good mother?

Bear in mind that each of these questions can apply at multiple ages, of child and of mother, in a life.

Source: the attachment column.

1. Did she create a welcoming environment around herself? (*yes*)
2. As a child, did you want to be around her? (*yes*)
3. Were you nourished by her presence, and not only by her provision? (*yes*)
4. Did you believe she was glad you had been born? (*yes*)
5. Did she let you understand, in word or in manner, that she had wanted a different child (a different sex, or none at all)? (*no*)
6. Were you a priority in her life (someone she took plain pleasure in having there) rather than someone attended to when convenient? (*yes*)
7. Did she treat your dignity as already yours, rather than as something to be earned? (*yes*)
8. Did her acceptance of you depend on your compliance? (*no*)
9. Did you have to hide your true self in her presence? (*no*)
10. Did she note, with warmth, the ways you were like her? (*yes*)
11. Did she also give you room to be different from her? (*yes*)
12. Has she been a role model you could be proud of? (*yes*)
13. Was she steady enough in herself to be depended on? (*yes*)
14. Are you glad to be her child? (*yes*)
15. If someone said “you are so like your mother,” would you take it as a compliment? (*yes*)

The echo, answered in the present:

16. Does imagining her presence feel inviting, rather than something you resist? (*yes*)
17. Can you say “I am of my family” without discomfort? (*yes*)
18. Do you feel you must keep earning your place with the people closest to you? (*no*)
19. What would you have liked to hear from her that you never did? (*open*)

Place of attachment: the attachment column.

1. Did she allow easy physical contact (could you climb, cling, and be held)? (*yes*)
2. Was her felt message “come close” rather than “keep out”? (*yes*)
3. As a child, did you clearly feel part of your family? (*yes*)
4. Did you feel bonded rather than adrift? (*yes*)
5. Did you feel emotionally connected to her, and not only housed by her? (*yes*)
6. Did you feel securely held and safe with her? (*yes*)
7. Did she accept you? (*yes*)
8. Was your place in the family unconditional (not contingent on performance or compliance)? (*yes*)
9. Were you treated about the same as your brothers and sisters, in warmth and in attention? (*yes*)
10. Was there someone in the family she did not keep you safe from? (*no*)
11. Did you ever feel, in the middle of your own family, like a child without a mother? (*no*)

The echo, answered in the present:

12. Do you feel you have a place in the world? (*yes*)
13. Are you free of the sense of being untethered or adrift? (*yes*)
14. Do you feel emotionally connected to the people closest to you now? (*yes*)

Mirror: the attunement column.

1. Did she see the real you (did she actually know you)? *(yes)*
2. Did you believe, as a child, that she knew you? *(yes)*
3. Did she know what you liked and disliked, what interested you, and how you felt about things? *(yes)*
4. Did she reflect your feelings back in words (“you’re angry,” “you’re sad”)? *(yes)*
5. Did she help you learn to name your own feelings? *(yes)*
6. Did she help you discover who you were, rather than telling you who you were? *(yes)*
7. Did she see the whole of you, rather than only a favored part (the grades but never the feelings)? *(yes)*
8. Was her mirroring accurate (did the reflection fit who you actually were)? *(yes)*
9. Did she compare you unfavourably with other children, or dwell on what was wrong with you more than on what was right? *(no)*
10. Did you feel invisible in your own home? *(no)*
11. Was the mirror admiring more often than shaming? *(yes)*
12. Did she help you stand tall and feel proud of yourself? *(yes)*
13. Did she know you well enough to say, kindly, when something was not really you? *(yes)*

The echo, answered in the present:

14. Do you feel that anyone really sees you? *(yes)*
15. Can you name your feelings as they arise? *(yes)*
16. Do you work unusually hard at being understood? *(no)*
17. Can you go about your life without constantly seeking reassurance from others? *(yes)*
18. What gave you the impression that she saw the real you (or that she did not know you at all)? *(open)*

Modulator: the attunement column.

1. When you were distressed, did she soothe you (by touch, by word, or by simple presence)? *(yes)*
2. When you were in distress, was she available (rather than shut down, absorbed, or unwell)? *(yes)*
3. Did she help you hold your bigger feelings, rather than requiring you to put them away? *(yes)*
4. Were you punished, or threatened, for crying? *(no)*
5. Did she teach you, over time, how to handle disappointment, frustration, anger, and loss? *(yes)*
6. Did she meet your states early, before you were completely overwhelmed? *(yes)*
7. Could she keep her own emotions in a workable range while still truly feeling them? *(yes)*
8. Did the house have to brace around her moods? *(no)*
9. Did she model the healthy expression of emotion? *(yes)*
10. Did she protect you from adult emotions too strong for a child's system? *(yes)*
11. When you were sad, could she first meet you where you were, and then lead you somewhere brighter? *(yes)*
12. Did she look at you (meet your eyes) in ordinary moments, and not only in trouble? *(yes)*
13. Did she ever tell you, credibly, "it will be all right"? *(yes)*

The echo, answered in the present:

14. When upset, can you usually settle yourself? *(yes)*
15. Do your strong feelings stay within a range you can work with? *(yes)*
16. When triggered, can you usually stay present and think? *(yes)*
17. Have you carried anxiety for most of your life? *(no)*

Nurturer: the nurturing care action column.

1. As a child, did you feel loved by her? (*yes*)
2. Was her love communicated beyond words (in touch, tone, eyes, and attentiveness)? (*yes*)
3. Did her touch communicate caring, rather than only accomplishing a task? (*yes*)
4. Was the nourishment genuine (real contact, not performance)? (*yes*)
5. Did she attend to your body's needs (food, warmth, sleep) reliably and in time? (*yes*)
6. Were your needs usually met before you were overwhelmed, rather than after? (*yes*)
7. Did she seem to nurture others more readily than she nurtured you? (*no*)
8. Did she take adequate care of her own body and needs? (*yes*)
9. Did you feel, through her care, that you mattered (that you were somebody)? (*yes*)
10. Did you feel that your choices were enabled and increased by her choices? (*yes*)
11. Did she make the house a place of real contact and caring? (*yes*)

The echo, answered in the present:

12. Do you take care of your own diet, sleep, and contact with others? (*yes*)
13. Do you carry a working sense of self-worth? (*yes*)
14. Do you find it easier to care for others than to be cared for? (*no*)
15. Where would you place her on a scale of one to ten for nurturing (and what does the number rest on)? (*open*)

First responder: the nurturing care action column.

1. When you called, did someone come? (*yes*)
2. Were your needs met consistently enough that you came to expect help would be there? (*yes*)
3. Did she find out what you actually needed, rather than giving what she assumed? (*yes*)
4. Did she give you things in a manner you had not wanted and could not use? (*no*)
5. Did she respond with grace, without needing to be asked several times? (*yes*)
6. Did she respond to your needs as readily as to the needs of others? (*yes*)
7. Were you told that you were too much (too demanding, too sensitive, too needy)? (*no*)
8. Could you get her attention without being sick, hurt, or in trouble? (*yes*)
9. Was asking for something safe (free of shame)? (*yes*)

The echo, answered in the present:

10. Do you trust that help will be there if you need it? (*yes*)
11. Can you let yourself depend on others, sometimes, without alarm? (*yes*)
12. Are you able to ask before a situation has become urgent? (*yes*)
13. Do you hide your needs because needing feels shameful? (*no*)
14. Are you respectful and attentive toward your own needs? (*yes*)
15. Is there someone in your life now who would come if you called? (*yes*)

Protector: the trust column.

1. Did she protect you, consistently and adequately? (*yes*)
2. Did you feel that she would keep you safe? (*yes*)
3. Did you feel, at times, fiercely protected? (*yes*)
4. Were you protected from harm inside the family, and not only from harm outside it? (*yes*)
5. Were there things you plainly needed protecting from that she did not protect you from? (*no*)
6. Was the enclosure she provided one you could feel safe inside? (*yes*)
7. Was she reachable at the moments that counted? (*yes*)
8. Did she teach you about boundaries and protecting yourself? (*yes*)
9. Were her rules age-appropriate (a fence, not a cage)? (*yes*)
10. Were you still given freedom to roam and explore? (*yes*)
11. Did her protecting feel suffocating? (*no*)
12. Did she mistrust your capacities? (*no*)
13. Did she treat the world as a threat to be braced against? (*no*)
14. Can you name specific occasions on which she did protect you? (*yes*)

The echo, answered in the present:

15. Does the world feel basically navigable to you? (*yes*)
16. Can you protect yourself (say no, leave, set a limit) when it is needed?
(*yes*)
17. What do you wish she had taught you about protecting yourself?
(*open*)

Cheerleader: the autonomy column, enacting trust.

1. Was she warm and supportive as a general climate? (*yes*)
2. Did she share in your curiosity (join your exploring, rather than only permitting it)? (*yes*)
3. Did she make discovery fun (was there laughter in the learning)? (*yes*)
4. Did she praise your successes and applaud your discoveries? (*yes*)
5. Did she celebrate your ordinary successes, not only extraordinary ones? (*yes*)
6. Was her attention reserved for your achievements? (*no*)
7. Did you feel pushed to perform for her sake? (*no*)
8. When you did not do well, was the response free of disappointment aimed at you? (*yes*)
9. Did she take your accomplishments as her own? (*no*)
10. Did she especially back you when a task intimidated you? (*yes*)
11. Was her encouragement realistic (fitted to your actual capacities)? (*yes*)
12. Could you try, and fail, without fear of punishment? (*yes*)
13. Did you believe that she believed in you? (*yes*)

The echo, answered in the present:

14. When a task intimidates you, is there an encouraging inner voice? (*yes*)
15. Can you attempt things without needing them to be extraordinary in order to count? (*yes*)
16. Can you enjoy doing something you are not good at? (*yes*)

Mentor: the autonomy column.

1. Did she actively teach you, rather than hoping you would pick things up? (*yes*)
2. Did she have (or make) the time and patience to teach? (*yes*)
3. Did she break tasks into steps you could manage? (*yes*)
4. Did she teach the life curriculum (getting along with others, making choices, carrying responsibility, handling disappointment)? (*yes*)
5. Did she teach you the practical curriculum too (money, time, health, keeping a household)? (*yes*)
6. Did she teach you to stand up for yourself? (*yes*)
7. Was her help calibrated (neither taking over nor leaving you alone)? (*yes*)
8. Was she critical or punitive when you did not understand? (*no*)
9. Did her guidance feel controlling or invasive? (*no*)
10. Did she expect more of you than you could reach, more often than not? (*no*)
11. Did she lose patience and finish the task herself? (*no*)
12. Could you need help and still be respected? (*yes*)
13. Did she honor your limits without drawing attention to them? (*yes*)
14. Did she teach at your actual level, rather than the level she wished you were at? (*yes*)
15. Did she have the life skills she was teaching? (*yes*)
16. Did she seem to enjoy teaching you? (*yes*)

The echo, answered in the present:

17. Do you feel adequately equipped for ordinary life (as if you were given the handbook)? (*yes*)
18. Where you lack a skill, can you learn it without shame? (*yes*)

Home base: the autonomy column.

1. Was she consistently there (findable, present, and returnable-to)? (*yes*)
2. Was she present in attention, and not only in the room? (*yes*)
3. Was she self-absorbed, or turned toward something else? (*no*)
4. Was she emotionally steady, more days than not? (*yes*)
5. Was she affectionate one day and cold the next, without your knowing why? (*no*)
6. Did she keep the promises she made to you? (*yes*)
7. When you went out and came back uncertain, was the return met warmly? (*yes*)
8. Was returning to her free of a price (no sulk, no lecture, no cost for having gone)? (*yes*)
9. Was comfort available when the world beat you down? (*yes*)
10. Did you believe, "I can always come back here"? (*yes*)

The echo, answered in the present:

11. When you think of going home, which voice speaks ("of course I can turn to her," "I wish I could turn to her," or "fat chance")? (*choose*)
12. Is there any place in your life now that functions as home base? (*yes*)
13. Do you feel you have a home in the world? (*yes*)
14. Have you had difficulty making any place feel like home? (*no*)
15. When something good happens, is there someone you want to tell? (*yes*)

The sixth column: completing the instrument.

1. Did she allow affection to be shown in the body (hugs, closeness) without awkwardness or shame? (*yes*)
2. Was she able to show tenderness toward her partner where you could see it? (*yes*)
3. Did she use affection as a reward, or withdraw it as a punishment? (*no*)
4. Did she respect your privacy (your body, your room, your door)? (*yes*)
5. Did she expose you to adult sexual matters that were not yours to carry? (*no*)
6. When adolescence came, did she receive the changes in you with respect (free of mockery, and free of silence)? (*yes*)
7. Did she remark on your changing body in ways that shamed you? (*no*)
8. Could you ask her questions about your changing body and feelings? (*yes*)
9. Did she treat your early attachments and interests with respect rather than teasing? (*yes*)
10. Did she allow love and desire to belong to the same world, in how she spoke of them? (*yes*)
11. Did she permit you to discover and express your own self, rather than expecting you to live out a plan she had drawn for you? (*yes*)

The echo: the adult form of this column is the set of questions about love and desire held toward the same person, about performance and the fear of mistakes, and about whether passion has gone quiet. Those are asked in the diagnostic orientation, and read there.

The role you carried: across the columns.

1. Did she make you responsible for her feelings, or for another parent's? *(no)*
2. Did she make it your job to keep the peace between the adults? *(no)*
3. Did she confide adult matters in you that were not yours to carry? *(no)*
4. Did she use you as the go-between when she and another adult would not speak to each other? *(no)*
5. Did she expect you to carry care duties (for her, for another parent, or for brothers and sisters) in ways that reached significantly beyond your years? *(no)*
6. Did she cast you in a role (the good one, the difficult one, the invisible one, the funny one) that you were expected to keep playing? *(no)*
7. Did she rely on you to be the one doing well, so that she need not worry? *(no)*
8. Did she set up your household in such a way that you could not have a bad day without it costing her, or someone else, something? *(no)*
9. Did she let her own troubles reliably take precedence over yours? *(no)*
10. Did she allow what happened at home to be spoken about outside it? *(yes)*

The echo, answered in the present:

11. Do you still take responsibility for the emotional weather of rooms you are in? *(no)*
12. Is it hard to know what you want when someone else wants something? *(no)*
13. What was your job in that family (and who gave it to you)? *(open)*

The household you grew up in: circumstances.

1. Did she keep you safe from violence between the adults in the home?
(yes)
2. Did she shield you from the effects of drinking or drug use in the household? (yes)
3. Did she get help for mental illness in the household, rather than leaving you to live with it untreated? (yes)
4. If you lost a parent (by death, by leaving, or by prison) did she help you understand and grieve it, rather than leaving you to make sense of it alone? (yes)
5. If you were separated from the people you were attached to (a placement, a move, a long absence) did she prepare you and stay in reach, rather than leaving it to happen as a rupture? (yes)
6. Did she make sure you had enough (food, clothing, heat) without your having to notice the lack? (yes)
7. Did she let a family member's chronic illness take so much of her attention that yours went missing? (no)
8. When the family went through a loss, did she allow it to be spoken about, rather than requiring everyone to carry on as if nothing had happened? (yes)
9. Did she protect you from humiliation for things a child cannot help (bedwetting, stammering, glasses, size)? (yes)
10. Did she keep the ordinary strain of life from settling into a steady, standing tension in the house? (yes)

The echo, answered in the present:

11. Do you find yourself minimising what happened, as you answer these? (no)
12. Which of these did you grow up assuming was normal? (open)

The rules of the house: what was permitted.

1. Did she allow feelings to be shown, by children as well as by adults?
(yes)
2. Did she allow herself anger or sorrow while requiring the children to be cheerful? (no)
3. Did she permit disagreement with her? (yes)
4. Did she work to actually resolve conflict, rather than bury it or simply win it? (yes)
5. When something went wrong, did she make you feel it was your fault?
(no)
6. Did she blame you for what she, or another adult, was angry about?
(no)
7. Did she treat emotional expression as weakness? (no)
8. Did she treat rest, or care of yourself, as laziness? (no)
9. Did she use religion, or belief, against you (as surveillance, threat, or punishment)? (no)
10. Did she care more about appearance to outsiders than about what actually happened inside the house? (no)
11. Did she require loyalty to the family at the cost of your telling the truth? (no)
12. Did she respect your belongings, your room, and your privacy? (yes)
13. Did she keep your confidences, rather than repeating them or laughing at them? (yes)

The echo, answered in the present:

14. Do you still find it hard to say a thing that would disappoint someone?
(no)
15. Which rule of that house are you still keeping? (open)

The messages, in child form and adult form

Exercise three of Appendix B gives the messages every child needs to receive and believe. The catalogue's messages have an adult form as well, and the adult form presented here is a revision, with the changes and their reasons stated openly. The messages, for any close caring relationship:

I'm glad that you're here.

I see you.

You are special to me.

I respect you.

I love you.

Your needs are important to me; you can turn to me for help.

I am here for you; I'll make time for you.

I'll keep you safe.

You can rest in me.

I enjoy you; you brighten my heart.

Three changes were made to the source's form, each for a stated reason. First, the messages are transposed from mother-and-child to any caring relation, which is the vertical-to-horizontal move performed on the messages themselves: what the caregiver granted in one direction, peers grant each other in both. Second, two messages carry an added clause: "you can turn to me for help," and "I'll make time for you." Among adults a felt sense must be backed by observable availability. The additions convert a sentiment into a permission and an enactment, naming the availability of the willingness-availability-skill triple. And third, the source's "I delight in you" is recast as "I enjoy you; you brighten my heart": mutualized, because delight between peers flows both ways: it is the celebration of the friendship table, spoken aloud.

The manner of use is the manner of exercise three, turned toward the present. Read the list twice over your closest current relationships: once asking, do I receive this, and did I believe it when it came; once asking, do I give this, and would the other person say that they have received it. Notice,

without forcing anything, which message is hardest to read, in either direction. That difficulty is the same data the rest of this work has taught you to read: a column, speaking.

Key Concepts

- **The developmental sequence** — six stages in two triples: three caregiver actions (attachment, attunement, nurturing care action) and three child achievements (trust, autonomy, sexuality), jointly necessary and sufficient for the intergenerational process.
- **Attachment** — the caregiver's bond to the child, received by the child at the level of the nervous system; the basis of all subsequent stages; distinct from the adult pair-bond.
- **Attunement** — the caregiver's sensing of the child's arising needs through a largely bodily channel; includes nervous-system regulation and entrainment (co-regulation).
- **Nurturing care action** — provision, guided by attunement, meeting needs the child cannot meet itself; the caregiver's state of presence during the action is part of the action.
- **Trust** — the child's threefold settled confidence in self, world, and other; physiologically, a relaxation of the limbic alarm machinery.
- **Autonomy** — the capacity to range and return (hub and spoke); differentiation through play; reciprocal, in adult form, with belongingness.
- **Sexuality** — the integration of the pair-bonding and procreative capacity; the achievement of functional adulthood; the gateway from the vertical to the horizontal relation.
- **Vertical and horizontal relationship** — relation across an asymmetry of capacity (caregiver and child) versus relation between peers of effectively equal capacity; the six stages appear in both forms, divided in the vertical, shared in the horizontal.
- **The removal test** — the method of establishing necessity: delete a stage and observe that the intergenerational cycle breaks; necessity and sufficiency together indicate foundational concepts.
- **Modal closure / reification** — the demonstration that the two triples are distinct, inseparable, and non-interchangeable (Axiom III) and that the

sequence exhibits the class-precedes-instance dynamic (Axiom II); moves the model from descriptive to prescriptive.

- **Column pairings** — the vertical correspondences between the triples: attachment with trust, attunement with autonomy, nurturing care action with sexuality.
- **The modal assignment** — attachment and trust: transcendent; attunement and autonomy: immanent; nurturing care action and sexuality: omniscient; the six stages as two aligned turns of the Axiom II cycle (transcendent → immanent → omniscient), closing into the next generation's attachment.
- **The six questions of community** — loving interconnection; attunement and discernment; nurturing care actions; trust-enabling safety; belongingness and inclusiveness; validation of personal dignity — the horizontal form of the six stages, mapping one for one, and jointly sufficient for community process.
- **The six aspects of friendship** — sharing and celebration, support and encouragement, learning and values; an independently derived structural account (*The Third Mastery*, ch. 22) whose aspects correspond one for one to the developmental six; its three pairs divide the stages into neighbouring couples, or dyads (warmth, depth, direction), a pairing that cuts across the column pairing without interfering with it.
- **Conjugate** — a matched pair, each member of which completes and answers the other, with neither reducible to the other; the relation the omniscient and the transcendent bear to one another under Axiom I.
- **The three S's** — survival, sociality, and sex, the three co-equal classes of instinct; extortion through conditionalized belongingness is ethically co-equal with extortion through survival or sexuality.
- **The resilience threshold** — the clinical observation that the stages need go right only somewhat more than forty percent of the time for development to proceed adequately.
- **The three aspects of mind** — thought, feeling, and emotion, a modal set: thought is form, structure, and pattern; feeling is the quality or colour of what moves, regardless of its intensity; emotion is the strength, direction, and flow of what moves. Feeling is transcendent, emotion immanent, thought omniscient. The three never occur singly, and feelings cannot be controlled from within or without.

- **Register matching** — the healing principle that therapy must work in the aspect of mind in which the wound was laid down, with depth calibrated to the stage of origin.
- **The developmental spiral** — the recurring thesis-antithesis-synthesis pattern of adult development across approximately fourteen to sixteen levels, corresponding to the modal sequence; the synthesis of one level becomes the thesis of the next.
- **Re-humanizing and re-naturalizing** — the restoration of connection to one's own emotional reality and to the natural world; the measure of a community's practices.

Bibliography

- Heller, Laurence, and Aline LaPierre. *Healing Developmental Trauma: How Early Trauma Affects Self-Regulation, Self-Image, and the Capacity for Relationship*. Berkeley: North Atlantic Books, 2012. The proximate clinical source (the NeuroAffective Relational Model, NARM): the five core needs (connection, attunement, trust, autonomy, love-sexuality), the adaptive survival styles, and the range of resiliency.
- Erikson, Erik H. *Childhood and Society*. New York: W. W. Norton, 1950. The psychosocial stage tradition from which the clinical source model descends; the stage names trust and autonomy carry its lineage.
- Bowlby, John. *A Secure Base: Parent-Child Attachment and Healthy Human Development*. New York: Basic Books, 1988. Attachment theory's account of the secure base and exploration — the hub and spoke of exploration, in its original clinical form.
- Ainsworth, Mary D. S., Mary C. Blehar, Everett Waters, and Sally N. Wall. *Patterns of Attachment: A Psychological Study of the Strange Situation*. Hillsdale, NJ: Erlbaum, 1978. The empirical attachment styles a reader may bring to this book: downstream descriptions of how the earliest stages went.
- Winnicott, D. W. *Playing and Reality*. London: Tavistock, 1971. The good-enough mother: the earliest clinical statement that reliability, not perfection, is the developmental standard.
- Tronick, Ed. *The Neurobehavioral and Social-Emotional Development of Infants and Children*. New York: W. W. Norton, 2007. Mismatch and repair in caregiver–infant interaction; coordination found to occupy a minority of even healthy exchange — the empirical neighborhood of the resilience threshold.
- Felitti, Vincent J., Robert F. Anda, et al. "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study." *American Journal of Preventive Medicine* 14, no. 4 (1998). The epidemiology of early adversity: the pyramid from disrupted development to impairment, risk, and disease.
- Stern, Daniel N. *The Interpersonal World of the Infant*. New York: Basic Books, 1985. Affect attunement: the origin of the term in infant research.

- Lewis, Thomas, Fari Amini, and Richard Lannon. *A General Theory of Love*. New York: Random House, 2000. Limbic resonance and regulation: the borrowed calm of Chapter Two and the tuning fork of Chapter Eight.
- Porges, Stephen W. *The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment, Communication, and Self-Regulation*. New York: W. W. Norton, 2011. The social engagement system: the physiology beneath the capacities this book tracks as trust and its impairment.
- Levine, Peter A. *In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness*. Berkeley: North Atlantic Books, 2010. The somatic lineage behind NARM: inescapable threat, immobility and freeze, and the body's route of release.
- van der Kolk, Bessel A. *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. New York: Viking, 2014. The widely read synthesis of the trauma field, read here as a companion volume: its questions are what trauma does in brain and body, and what the full range of therapies can reach — different questions from this book's, and good ones.
- Spinazzola, Joseph, Bessel A. van der Kolk, and Julian D. Ford. "When Nowhere Is Safe: Interpersonal Trauma and Attachment Adversity as Antecedents of Posttraumatic Stress Disorder and Developmental Trauma Disorder." *Journal of Traumatic Stress* 31, no. 5 (2018). The Developmental Trauma Disorder criteria and their evidence: the childhood formulation this book's Chapter Seven walks beside.
- Teicher, Martin H. "Scars That Won't Heal: The Neurobiology of Child Abuse." *Scientific American* 286, no. 3 (2002). The measurable trace of early maltreatment in the developing brain.
- Schwartz, Richard C., and Martha Sweezy. *Internal Family Systems Therapy*. 2nd ed. New York: Guilford Press, 2020. Parts and the Self: the interior form of relational healing taken up in Chapter Eight. The popular statement is Schwartz's *No Bad Parts* (2021).
- Webb, Jonice. *Running on Empty: Overcome Your Childhood Emotional Neglect*. New York: Morgan James, 2012. Childhood emotional neglect and the kinds of emotionally neglectful parent reflected in Chapter Seven.
- LePera, Nicole. *How to Do the Work: Recognize Your Patterns, Heal from Your Past, and Create Your Self*. New York: Harper Wave, 2021. Re-parenting and the archetypes of childhood wounding; a practice surface of self-directed repair, read alongside the exercises of Appendix B.

- Fletcher, Tim. Video teaching series on complex trauma and re-parenting, including “The Twelve Needs.” The twelve needs and their sub-needs; complex trauma as unmet developmental need. The relational-needs menu of Appendix B, exercise ten, follows this teaching, and the reader who wants the full curriculum is warmly directed to it.
- Teahan, Patrick. Video teachings on childhood trauma. The unspoken lies of the traumatized childhood, the developmental delays of survivors, and the textures of the neglectful household, reflected in Chapter Seven and Appendix A.
- Miller, Alice. *The Drama of the Gifted Child: The Search for the True Self*. New York: Basic Books, 1981. The child who, powerless over its circumstances, locates the wrongness in itself: the shame station of the pain sequence, in its classic statement.
- Masterson, James F. *The Search for the Real Self: Unmasking the Personality Disorders of Our Age*. New York: Free Press, 1988. Abandonment depression: the episodic collapse named among the general markers of Appendix A.
- Baumeister, Roy F., and Mark R. Leary. “The Need to Belong: Desire for Interpersonal Attachments as a Fundamental Human Motivation.” *Psychological Bulletin* 117, no. 3 (1995). The empirical case that belongingness is a fundamental need — the finding beneath Chapter Ten’s three co-equal classes of instinct.
- Vervaeke, John. “Awakening from the Meaning Crisis.” Lecture series, University of Toronto, 2019. The contemporary naming and popular articulation of the crisis of meaning touched on in Chapter Ten; the notion itself is older and widely shared, and is cited here for orientation rather than origin.
- Kauffman, Stuart A. *Investigations*. New York: Oxford University Press, 2000. The adjacent possible: the borrowed phrase behind the adjacent step of Chapter Eight.
- Commons, Michael Lamport. “Introduction to the Model of Hierarchical Complexity and Its Relationship to Postformal Action.” *World Futures* 64, no. 5–7 (2008): 305–320. The research tradition of Chapter Eleven: the sixteen orders of hierarchical complexity, with stage transitions that run through thesis, antithesis, and synthesis — the dialectical pattern of the German idealist tradition, met here in empirical form.
- Landry, Forrest. *An Immanent Metaphysics*. Wytheville: UVSM Publications. Chapters drawn on: Foundational Triplication and Type Isomorphism; The Three Modalities; The Three Axioms; The Six Intrinsic; The Nature of Love; Emotions, Thoughts, and Feelings; Desire, Want, and Need; Society and Emotion; The Dynamics of Emotion; and the General Appendix on Healing.
- Landry, Forrest. *The Third Mastery*. Chapter 22: the six aspects of friendship.

Landry, Forrest. "The Six Aspects of Friendship." Companion essay, March 2026. The three pairs, the relational diagnostic of partial presence, and the dimensions of warmth, depth, and direction.

Landry, Forrest. *What Passes Between Us: The Theory of Communication*. UVSM Publications, 2026 (edition 7 draft). The three rights and six acts of the crossing; the register cube; belonging, dignity, and safety as the standing grants of the condition-triad of the care footing.

Landry, Forrest. *A Catalogue of the Failures of Communication*. UVSM Publications, 2026 (edition 6 draft). The six acts and their failure modes, cross-indexed to the named forms of the Grammar of Conversation, with appendices of double standards, standing contradictions, and warning patterns; read here as the adult communicative surface of developmental deficiency.

Landry, Forrest. *Good Communication: Practices for Understanding and Being Understood*. UVSM Publications, 2026 (edition 11 draft). Two hundred thirty-eight principles and four hundred eleven recommendations, organized principle-first; read here as the practice surface of repair and development.

Landry, Forrest. *The Grammar of Crime*. UVSM Publications, 2026 (draft). The grid of crime within the triple of care, transaction, and power; the two weapons, force and fraud; the omission family, which is choice derelicted as neglect, and the care frames that alone make it visible.

Dunlap, Samuel, and Forrest Landry. *How Learning Works: A Unified Architecture of Encounter, Encoding, and Transformation*. UVSM Publications, 2026 (edition 2 draft). Deep encoding by repetition or by intensity; first-encoding depth; graduated intensity, challenge and threat, and the reliability of the container.

Landry, Forrest. *Experience, Design, and Imagination*. UVSM Publications, 2026 (edition 1 draft). Trauma as a phenomenology of learning; the field of imagination and its reshaping; the healing method of the adjacent step.

Landry, Forrest. "The Nature of Desire: Trauma, Depth, and the Practice of Clarity." Essay, February 2026. Trauma as interrupted learning; relational healing and resonance; the weaponized instincts and the isolation spiral; safety, belongingness, and dignity as the relational antidote.

Recorded dialogue, February 2026 (book-club session). Trauma as a learning process located by register; the overlay of thought, feeling, and emotion on the developmental sequence; attunement as the live frontier of emotionally focused practice.

Landry, Forrest. Working notes on *Healing Developmental Trauma* and the developmental sequence. Unpublished, March 21–23, 2022. Four files: restoring connection; the attunement, trust, and love-sexuality survival styles; developmental trauma; the developmental sequence. The disentanglement of love and sexuality, which is the one correction of Chapter One, first appears in these notes, a year before its full exposition. The Appendix draws its marker catalogue from these notes.

Landry, Forrest. Working note: the pain sequence model. Unpublished, March 25, 2023. Pain, fear, anger, control, depression, shame: the six-station sequence of Chapter Seven.

Landry, Forrest. Working-note archive on abandonment, neglect, complex trauma, and mother-child process. Unpublished, 2022–2025. Includes the good-mothering aspects and question sets, the good-parent message directives, and the signs-and-tests collections on which Appendices A and B draw. Also includes notes on the educational video teachings of Tim Fletcher, Patrick Teahan, and others on complex trauma, emotional neglect, and re-parenting (the twelve needs; the signs of the neglectful household; the wider pattern of complex trauma).

Cori, Jasmin Lee. *The Emotionally Absent Mother*. New York: The Experiment, 2010. The aspects of healthy mothering, the good-mother messages, and the ten-aspect review: the starter material for Appendix C, condensed in Appendix B, exercise two.

Recorded dialogue, November 27, 2022. The six relational qualities and their reification; the triples of willingness, availability, and skill and of sustainability, evolution, and consciousness; institutions, belongingness, and marginalized communities.

Recorded dialogue, April 19, 2023. The principal exposition of the six stages; the correction to the source model; the horizontal and vertical distinction; the necessity-and-sufficiency argument; the modal-closure claim; the resilience threshold; the per-stage failure constellations; healing, register matching, and targeting depth.

Recorded dialogue, December 19, 2023 (two renditions). Belongingness as layer zero; the three S's and the ethics of conditionalized belongingness; care as a skill; the grown-up child and age-discernment.

Recorded discourse, May 2, 2025. The six-stage summary and its axiom-two characterization; the three reflections of community practice; re-humanizing and re-naturalizing; the levels of adult cognitive development and the modal spiral.

Special Section for Academics

This section sits after the bibliography and outside the body of the book, deliberately. Nothing in the argument depends on it. The reader who came here for their own history, or for a client's, has already finished, and may stop.

What this book is. This is not a work of academic psychology, and it is not offered as a contribution to any dispute between the partisans of inheritance and the partisans of upbringing. It is an engineering document. Its purpose is to give a working therapist a basis on which to design a particular course of care for a particular person, and to give that person a map of their own history that they can act on. It is judged, accordingly, by whether the resulting designs work. The practices it organizes were proven in clinical use long before this model noticed them, in the way that a lever was a good tool for several thousand years before anyone could state the principle of moments. A correct account of a working practice is welcome. It is not what made the practice work.

On the forty percent. The threshold of Chapter Seven carries no citation, and it should not carry one. It is not a measurement. The clinical observation behind it places the critical minimum somewhere near a third, with variance, and that observation is worth having. Forty percent is a design margin set above it: a round number, easily held in mind, and hard to shade downward in the middle of a hard week. The engineer who expects a bridge to carry a certain load does not build it to carry exactly that load. The margin is not ignorance about the load. It is knowledge about the cost of being wrong.

There is a second reason for the margin, and it is the more important one. A minimum, once stated, is read as a permission. A caregiver disposed to be unskilful or self-interested will not read "a third of the time" as a floor to be cleared. They will read it as an allowance, and act accordingly, and the child will carry the difference. The figure in this book is placed where it is because it will be used by people, under pressure, about their own conduct; and a

number that will be shaved should be set above the point at which shaving does harm. That is a policy decision, taken on purpose, and it is disclosed here so that no one need guess at it. A citation would misrepresent it.

On the question said to be at issue. It is sometimes suggested that a theory built on what caregivers do must answer to the finding that measured family environment accounts for little of the variation between people.

The two claims do not meet. What is described in this book is a threshold structure, not a contest of proportions, and a threshold structure has two regimes.

Where the necessary things are happening, they account for almost nothing in the differences between people — necessarily, because they are not varying. What is left to explain those differences is constitution, temperament, circumstance, and effort; and one would expect a study of such a population to report exactly that. This book expects it too. Where the necessary things are *not* happening, they account for very nearly everything, and the rest is modulation.

Deprive an athlete of air and he dies, whatever his gifts, whatever his training. Give him air, and his performance is settled by his gifts and his training, and the air explains nothing. Both statements are true. Neither is evidence against the other. Oxygen is not thereby a minor contributor to athletics. It is a precondition, and preconditions do not appear in tables of variance except by their absence.

The claims of this book concern the second regime: the edge cases, in Chapter Seven's own words. A method that samples chiefly from the first is not measuring what is under discussion here, and a finding of small effect drawn from such a sample is the result this model predicts, not a result that tells against it. That is the whole of the answer, and it required no citation to give.

A closing word. There is a real dispute in the literature about inheritance, conducted with vigour, and this book is not a party to it. It takes no position on the heritability of anything. It says three things. That certain things must pass between a caregiver and a child for that child to become an adult who can do the same. That where they do not pass, the consequences are severe

and can be located. And that what was missed can be supplied late. Whoever wishes to test that is welcome to it, and Chapter Five states plainly what would oblige a correction. Whoever wishes instead to enlist this book on one side or another of a longer argument should be advised that it declines the commission.

Index

In print, the marks are page numbers; on screen, each mark is a link. Locators point to the first mention within each chapter or appendix.

- abandonment depression 116
- adverse childhood experiences (ACE) 48
- attachment 8, 12, 16, 21, 26, 33, 41, 51, 71, 81, 97, 99, 102, 118, 123
- attachment theory (secure, anxious, avoidant) 14
- attunement 8, 12, 16, 21, 26, 32, 42, 51, 69, 79, 93, 97, 99, 102, 118, 123
- autonomy 8, 12, 21, 26, 33, 42, 52, 81, 88, 99, 102, 118, 124
- Axioms of the metaphysics 31, 68
- belongingness 61, 79, 84, 97, 99
- celebration 43, 142
- co-regulation 18, 64, 121, 123
- community and institution 90
- complex PTSD (CPTSD) 49
- Cori, Jasmin Lee 123
- developmental trauma 8, 13, 48
- Developmental Trauma Disorder 49
- diagnostic matrix 101
- dignity 79, 85, 97
- discernment 44, 74, 79, 93, 97
- emotional neglect 58, 69, 99
- encouragement 43, 60, 124
- field of imagination 50, 64
- foraging (hub and spoke) 22, 33, 45, 81, 97, 102, 119, 124
- friendship, six aspects of 43, 83
- good-mothering, ten aspects of 119, 123
- grief 55, 92, 122
- grown-up child 43, 55, 72, 93
- healing 8, 15, 39, 63, 93, 97, 118
- Heller, Laurence, and Aline LaPierre (NARM) 13
- hierarchical complexity 96
- horizontal relationship 41, 52, 76, 78, 89, 96, 142
- immanent (modality) 30, 68, 88, 96
- inner child, re-parenting 93, 122
- Internal Family Systems (parts and the Self) 71
- messages, the 119, 142
- modal structure, modality 9, 11, 29, 30, 68, 88, 96, 99
- mother (as placeholder term) 10
- necessity and sufficiency 9, 11, 26, 39
- neglect 15, 26, 33, 48, 69, 99
- nurturing care action 8, 12, 19, 26, 32, 42, 52, 74, 79, 92, 99, 102, 124
- omniscient (modality) 30, 68, 88, 96
- pain sequence 57, 116
- pair-bond 12, 23, 33, 41, 84
- range of resiliency 49, 116
- re-humanizing and re-naturalizing 97

reification 9, 14, 37, 68, 83
 removal test 27, 33, 99
 rights of communication, three 87
 safety 27, 49, 64, 79, 85, 97, 118
 sexuality 8, 12, 22, 26, 33, 41, 52, 81, 84,
 99, 102, 118, 124
 shame 23, 56, 102, 124
 spiral, developmental 47, 85, 96, 99
 survival styles 53, 72, 102
 three S's (survival, sociality, sex) 84
 threshold of resilience (forty per-
 cent) 57
 transcendent (modality) 30, 68, 88, 96
 trust 8, 12, 21, 26, 33, 42, 52, 73, 79, 88,
 97, 99, 102, 118, 124
 vertical relationship 33, 41, 49, 76, 89,
 96, 142