

★ AWARD - WINNING ★

# THIS IS HOW WE HEAL FROM PAINFUL CHILDHOODS:

A Practical Guide for Healing Past  
Intergenerational Stress and Trauma



- Supplemental resources -

ERNEST ELLENDER, PHD

...ever been a victim of  
...gem that this book is." – eBookFairs



**"...like a conversation with a trusted friend or a therapy session... I cannot overstate the importance of this book."**

**– Literary Titan**

**"...hard-boiled, hands-on advice for how to mitigate the lasting effects of child abuse."**

**– BlueInk Reviews**



**"...an uplifting self-help guide to thriving."**

**– Clarion Reviews**

## **Did your childhood feel like something you survived instead of enjoyed?**

A painful childhood naturally results in many sticky obstacles to adult success, ranging from distrust in others to self-sabotaging thoughts and behaviors.

## **So how do we catch up and acquire the skills and education that our childhoods neglected to teach us?**

Delivered in an encouraging, manageable, step-by-step fashion, **This Is How We Heal from Painful Childhoods** breaks down this monumental task into 20 rules for thriving, each explained through the lens of intergenerational trauma and supported by skill-building exercises.

## **1ST PLACE WINNER OF SIX BOOK CONTESTS:**





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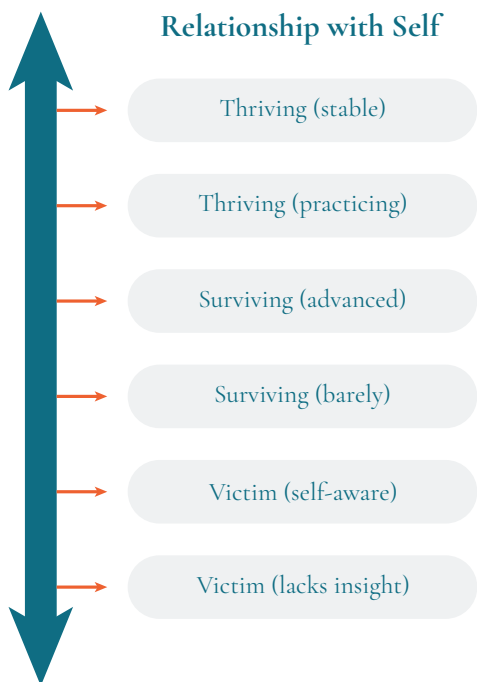
## **Rule #1**

**Thrive or survive: You decide.**

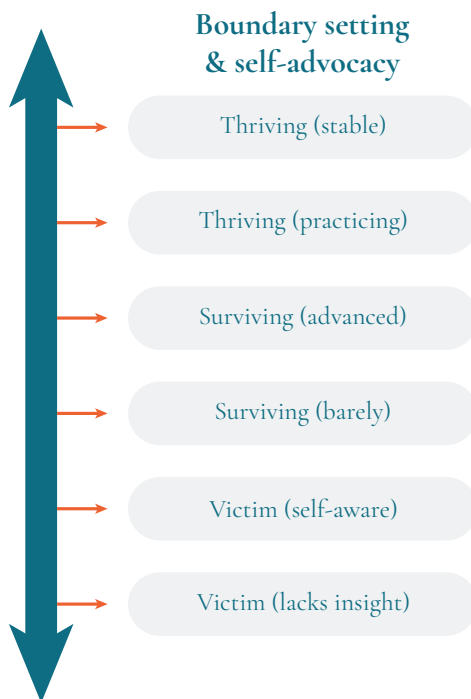


# Survivor to Thriver Scales

## Major realms of focus



## Specific skill sets



## Other realms of focus

- Self care
- Family relationships
- Romantic relationships
- Friend relationships
- Financial stability
- Career
- Physical health
- Hobbies and leisure
- Personal development

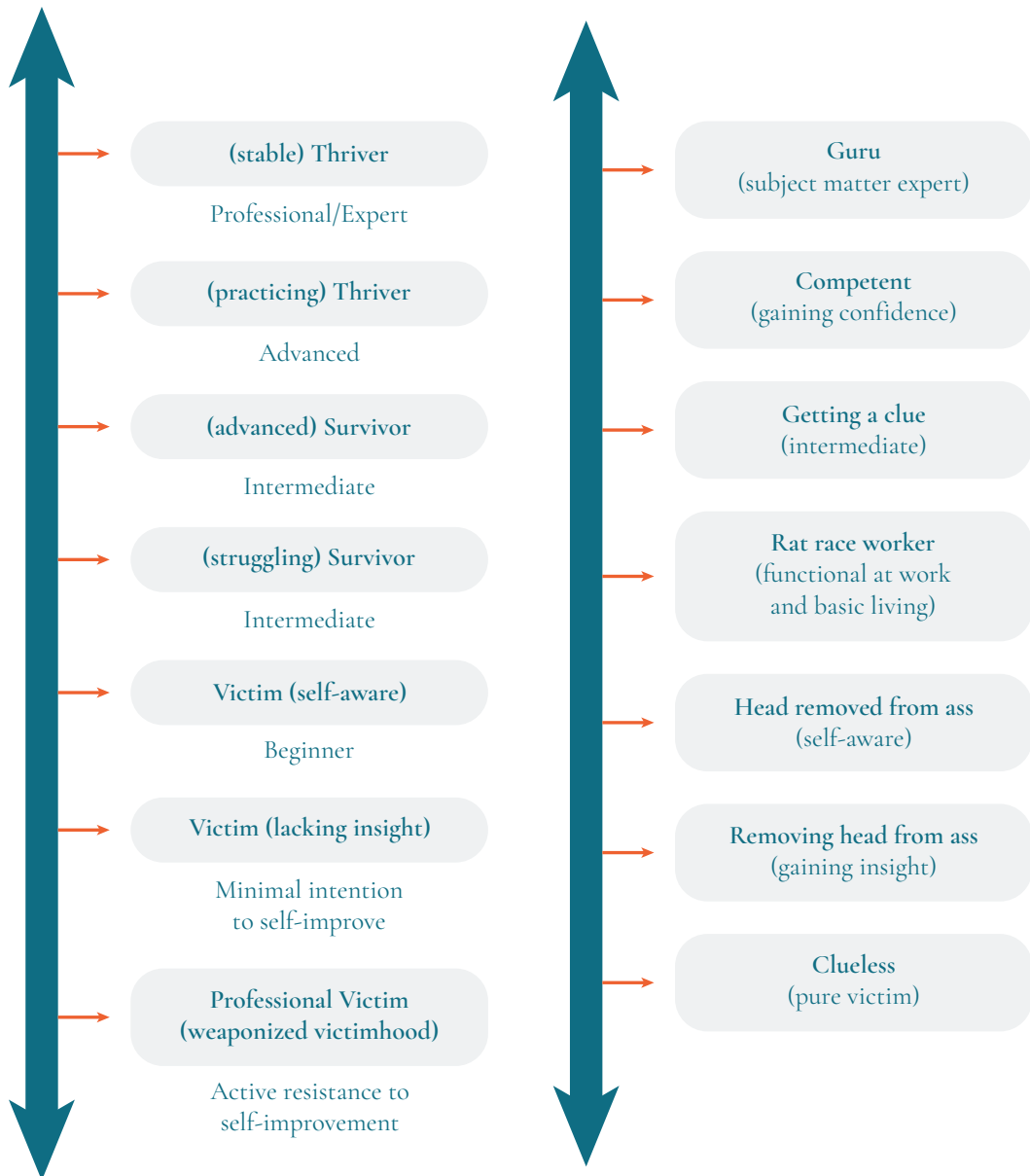
## Other skills & habits to track

- Communication skills
- Thought correction (self-talk) skills
- Behavioral/Mentor parenting
- Nutrition knowledge & habits
- Controlled breathing & muscle relaxation
- Grounding skills
- Healthy technology habits (social media, news media, online dating, pornography)
- Healthy substance use (weekly moderation or abstinence regarding alcohol & drugs)

# Survivor to Thriver Scales

## Trauma Recovery Terminology

## Humor Based Terminology



# Survivor to Thriver Scales: Romantic Relationships

Thriving (stable) = 1) Past resentments largely a thing of the past'. Forgiveness skills are collaboratively practiced forever. 2) Relationships include normalized, collaborative, respectful, and abundant communication. Healthy boundaries (family structure, fidelity) feel easy. Extended family conflict does not impair functioning of couple. Sexual connectivity is mutually satisfying in frequency, quality, and intimacy.

Professional/Expert

Surviving (advanced) = 1) Relationships can include stable commitment to one another in addition to experiencing turbulent emotions. impoverished communication, low intimacy, unsatisfying sex life, or the maintenance of various addictions. 2) Purposefully living single while working on self care and recovery.

Intermediate

Victim = Repeatedly victimized in series of abusive, manipulative, oppressive relationships. Financial dependence. Children used as control or manipulation of partner. Affairs, cheating. Unemployment. Legal issues. Active addictions.

Novice: Minimal intention  
to self-improve

Thriving (practice) = Relationships include the active experimentation and adaptation required while practicing new skills (communication, healthy boundaries, parenting, etc.). Both partners are actively collaborating on therapeutic changes to the family dynamics. Often there is resentment over the past (infidelities, addiction behaviors, abuse, etc.) that requires active work to address. Sexual connectivity may require significant focus.

Advanced/Competent

Surviving (barely) = 1) Living in the 'safety' of isolation. 2) Relationships, when tolerated, include turbulent emotions, instability, frequent 'break-up and make-up, low ability to support one another, focus on one person. Various addictions (alcohol, drugs, porn, etc.) are often in the picture.

Advanced beginner

Professional Victim / Abuser = Persistent, aggressive use of manipulative (bad control) dynamics to feel 'safe' by controlling others. 1) Victim = Giving up role of Victim feels like loss of power/control. 2) Abuser = Giving up oppressive control of others feels like loss of power/control.

Novice: Active resistance  
to self-improvement

# Survivor to Thriver Scales: Student of Life

Thriving (stable) = 1) Self-soothing skills are mastered and normalized such that anxiety symptoms no longer prevent life activities. 2) Relationships actively support and mutually engage in self-enhancing activities. 3) Self-enhancing pursuits are actively sought out because they are experienced as challenging, confirming, exciting, 4) Goal is to learn and challenge self until death. "S/he who dies with the most knowledge, skills, contributions, and friends wins!"

Professional/Expert

Surviving (advanced) = 1) More functional and stable at work in spite of panic, anxiety, and depression symptoms. 2) Personal relationships marked with reactionary and survivalistic functioning due to 'dangerous' emotional vulnerability of relationship. 3) Hobbies are often isolated from other people. 4) Awareness of there being 'more out there' to learn and experience, but frustrated with inability to achieve / enjoy such pursuits.

Intermediate

Victim=1) Chronic Fight-Flight-Freeze of Sympathetic Nervous System leads to fear based isolation. 2) React emotionally (defensive-offensive) to interactions with people. 3) Focus on survival. 4) Little to no focus on learning, personal growth, upward mobility, personal goals, or therapeutic pursuits.

Novice: Minimal intention to self-improve

Thriving (practice) = 1) Actively maintain daily calm through effective self-soothing skills. 2) Relationships are sufficiently harmonious to encourage self-advancement. 3) Active engagement in several structured therapeutic/educational/experiential pursuits (psychotherapy, Yoga, classes, self-help books, private lessons, etc.). 4) Pursuits often experienced as painful, difficult, stressful. 5) Goal is to finish the pursuit so that you can be done, fixed, happy, complete.

Advanced/Competent

Surviving (barely) = 1) Life activities and progress often interrupted or prevented by panic attacks, fear of people, depression, etc. 2) React emotionally (defensive-offensive) to interactions with people. 3) Stable work is difficult due to constancy of reactionary and Survivalistic thinking.

Advanced beginner



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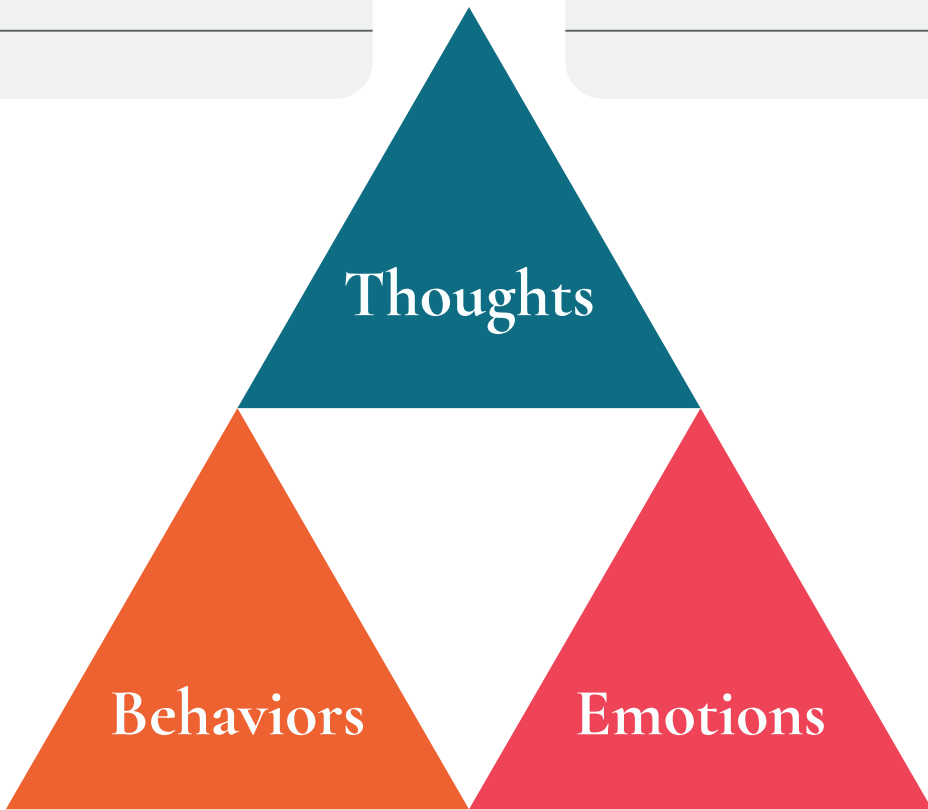
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### Drills & Skills: The CBT Triangle

On a sheet of paper, create your own CBT triangle like the one below. Begin your personal list of trauma triggers by recording in the appropriate realm (cognitive, behavioral, emotional) anything that sets you off into a tailspin.

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**Cognitive triggers**

**Thoughts**

**Behaviors**

**Emotions**

**Emotional triggers**

**Behavioral triggers**

## Rule #2

**Who you are in sympathetic is not who you are in parasympathetic.**

Victim/Survivor (Monster-self)	Thrivers Lifestyle (Natural self)
Sympathetic nervous system dominant	Parasympathetic nervous system dominant
Primal Brain dominant	Learning Brain dominant
Minute-to-minute reactionary behaviors are part of unplanned fear responses	Daily proactive behaviors are planned & goal-driven
Immediate, concrete environment	Big picture, abstract understanding
Short-term game plans for survival	Long-term game plan for thriving
"Me against the world"	"Me as part of harmonious community"
Self- and Other-destructive counter-attacking	Self- and Other-constructive teamwork
Victimized & scared = Isolation and escape prone	Secure & at peace = Engaged comfortably with people
Victimized & angry, rageful = Self-focused and prone to verbal and physical aggression towards others	Safe & confident = Patient, other-focused, & slow-to-anger
Combative self	Collaborative self

# CBT Triangle: Important Concepts

## Direct Voluntary Control

We have decent, immediate voluntary control over our **THOUGHTS** and **BEHAVIORS**.

We do **NOT** have such control over our **EMOTIONS**. Our emotions are simply the combined result of the influences of our thoughts and behaviors.

## Cognitive processes include:

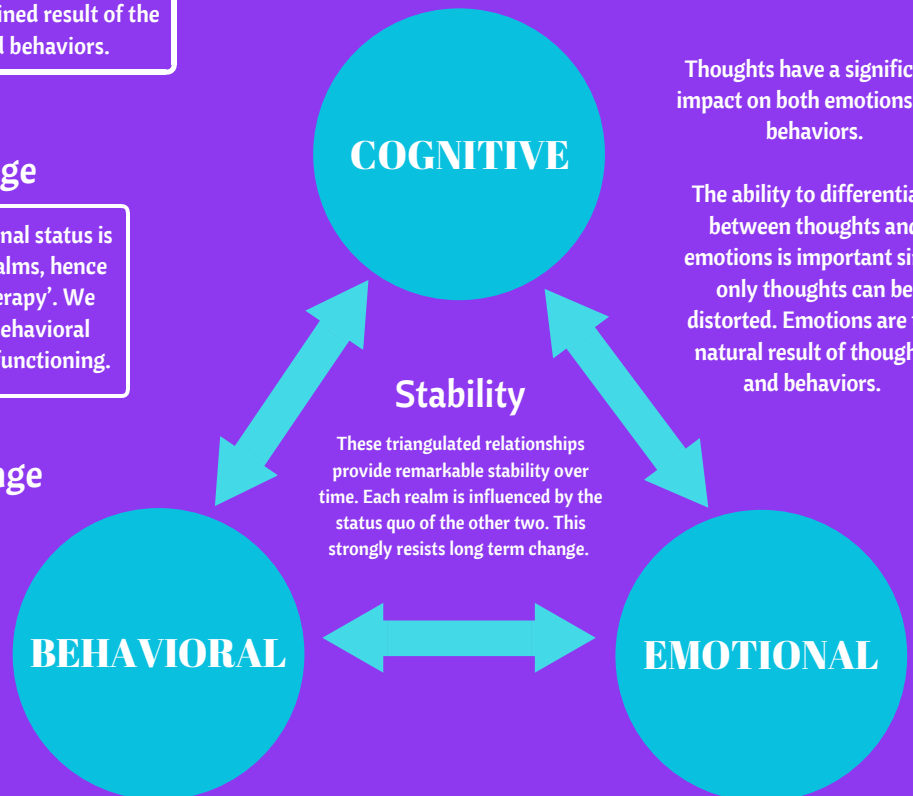
thoughts, memories, intelligence, focus, learning, belief systems, subconscious thoughts, predictions, perspective, schemas, self-image, etc.

## Avenues for Change

The means to improving our emotional status is via our cognitive and behavioral realms, hence the term 'cognitive-behavioral therapy'. We employ cognitive strategies and behavioral strategies to impact our emotional functioning.

## Consistency = Key for Change

Simply expressing thoughts and feelings to a therapist, i.e. the traditional, "Get it out...talk about it and it will all be okay!", is not sufficient for lasting change. Some form of permanent change in cognitive or behavioral processes must occur for lasting emotional change.



Thoughts have a significant impact on both emotions and behaviors.

The ability to differentiate between thoughts and emotions is important since only thoughts can be distorted. Emotions are the natural result of thoughts and behaviors.

The behavioral realm significantly impacts both thoughts and emotions.

The behavioral realm encompasses our actions, biology, genetics, 5 senses, medical issues, injuries, aging, development, physical skills, body memory, addictive behaviors, socialization, etc.

Emotions have significant impact on both thoughts and behaviors.

Emotions consist of one to two word statements of how we are feeling. Examples: Happy, sad, scared, overwhelmed, hopeful, etc.

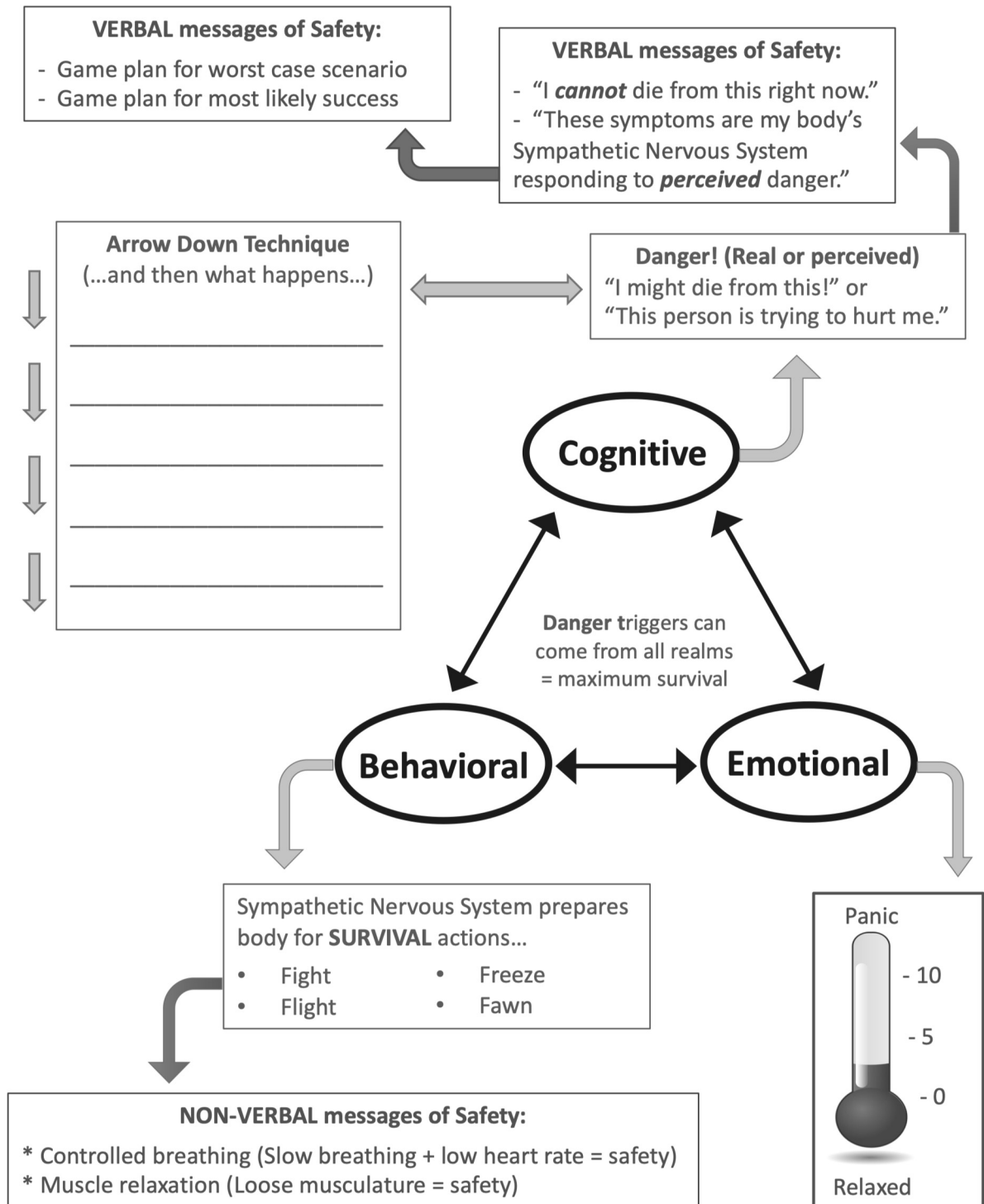
## Behavioral Realm: Gold Standard for Change

The behavioral realm is the most efficient avenue for change. Changing thoughts patterns can eventually lead to behavioral changes, but consistent behavioral changes result in rapidly changing thought patterns. Therapeutically, prompting behavioral changes provides the most rapid advances towards therapy goals.

**"If we continue to think and behave the same way, then we will continue to feel the same way. Expecting otherwise is one definition of crazy."**



# CBT Triangle: How to train for personal “light switch”



# Survivor to Thriver Scales: Self-Soothe Skills

## Non-verbal (behavioral)

1) Self-care, self-soothing, and self-maintenance habits are prioritized over 'rat race' concerns. 2) Self-soothing skills (deep muscular relaxation, rapid relaxation, controlled breathing, grounding) are mastered such that anxiety symptoms no longer prevent life activities. 3) In challenging conversations (with family, intimate partners, friends), defensiveness, body language, and emotional intensity are managed to maintain productive, collaborative conversation. 4) Practices numerous healthy self-soothing options (meditation, aromatherapy, salt baths, health snacks & beverages, gardening).

**Thriver (stable expert)**

1) Aware that personal anxiety and panic is problematic, but ineffective at consistently self-soothing. 2) Can calm self temporarily, but quickly returns to tense muscles, hyper-activity, exaggerated responses. 3) Often uses substances, medications, and unhealthy vices to self-soothe (over-exercising, shopping, avoidance, emotional eating).

**Survivor (struggling intermediate)**

1) Chronic fight-flight-freeze-fawn of sympathetic nervous system causes tense musculature (often causing chronic pain) and hyper-activity (resembling ADHD). 2) Exaggerated defensive-offensive physical reactions to perceived dangers (strong startle response, 'short fuse' anger, fidgeting). 3) Increased digestive tract and immune system medical issues due to lack of 'rest and digest' (parasympathetic mode). 4) Heavy use of substances, vices, and medications to self-soothe.

**Victim (novice with minimal insight)**

## Verbal (cognitive)

1) Stable sense of ultimate safety. 2) Anxiety- and panic-inducing thoughts are quickly identified and addressed. 3) Practiced at managing personal trauma triggers. 4) Positive, empathic relationship with self. 5) Proficient at thought correction and positive self-talk (anti-Inner Critic) skills. 6) Normalized collaborative communications with loved ones. 7) Active daily focus on thriving goals, habits, self-care, family, relationships, productivity, and leisure. 8) Normalized weekly pursuits of self-education and experimentation concerning trauma, empowerment, and thriving concepts.

**Thriver (stable expert)**

1) Aware that anxiety and panic symptoms are in reaction to perceived dangers, and not life-threatening situations. 2) Not yet practiced at directly identifying personal (cognitive, behavioral, and emotional) trauma triggers. 3) Practices thought correction and positive self-talk (anti-Inner Critic) skills. 4) No longer victim mindset, but struggling in combative interactions with loved ones. 5) Mentally "slows down to speed up" when encountering challenges.

**Survivor (struggling intermediate)**

1) Fully believes panicky emotions and fears are true, and that they are in grave danger. 2) Reacts emotionally (defensive-offensive) to interactions with people. 3) Stable work is difficult due to constancy of reactionary, survivalist thinking. 4) Strong victim mindset of world 'against me'. 5) Communications with loved ones are combative, 'win-lose', manipulative.

**Victim (novice with minimal insight)**

# Rule #3

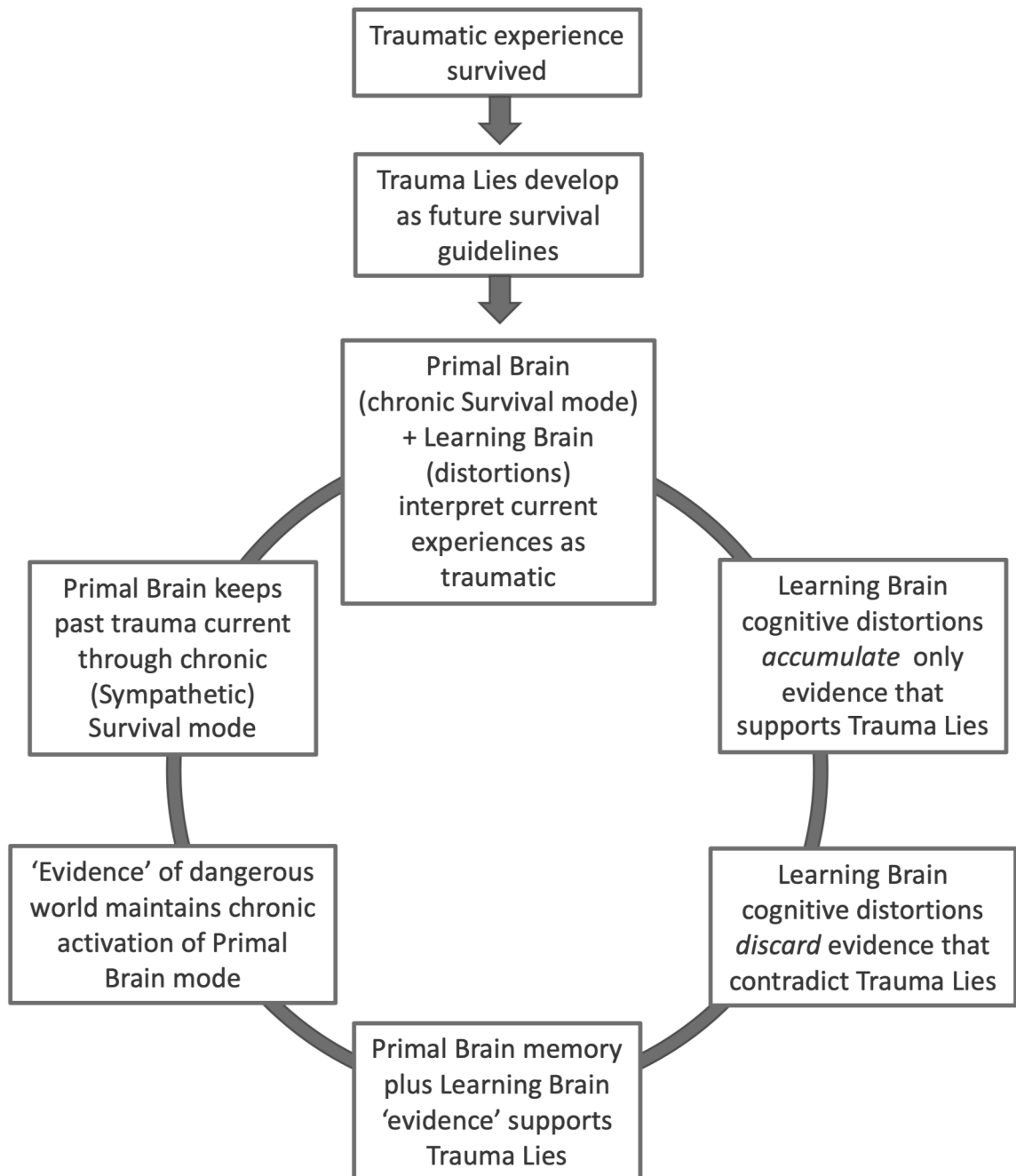
## Trauma Lies are just that... LIES!

### Trauma Lies, Cognitive Distortions, and Life Truths

Trauma memory: At 9 years of age, father died of overdose

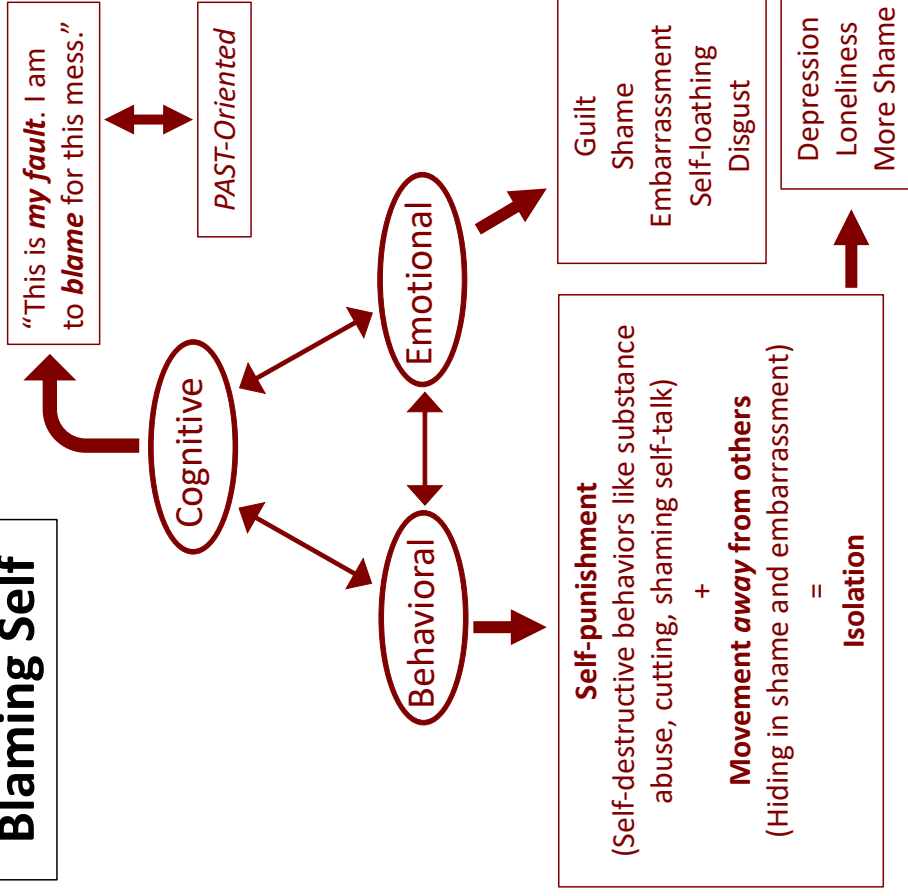
Trauma Lie category	Trauma Lie	Cognitive distortions supporting Trauma Lie	Life Truth
Manner in which the trauma occurred.	"Important people can be ripped away at any moment."	Fortune Telling Mental Filter Emotional Reasoning	"A stable, healthy (enough) lifestyle will likely lead to a long life before succumbing to death as part of nature."
Nature of the abuser (or perpetrator of traumatic experience).	"Dad chose drugs over me."	Mind Reading Mental Filter All-or-Nothing Thinking	"Addictions hijack the human brain and impair decision-making. Dad loved me, but was lost in his addiction."
Behaviors learned to survive.	"I must save others from themselves to keep loved ones in my life."	Mental Filter Fortune Telling "Should" Statements Blame Game (Personalization)	"In order to survive, I can hold myself accountable for my responsibilities, and choose others who do the same."
Failure of those who are supposed to love and protect.	"Those who are supposed to love and protect me will eventually abandon me."	Fortune Telling Mental Filter Overgeneralizing	"Some people are unstable and unhealthy, yet others are healthy (enough) to enjoy stable, intimate relationships with."
Nature of Self in relation to Others and the world.	"I am not enough to keep important others in my life."	Labeling Emotional Reasoning Disqualifying the Positive	"I am ultimately lovable, and can bring an abundance of net positive contributions to intimate relationships."

# Trauma Lies Feedback Loop

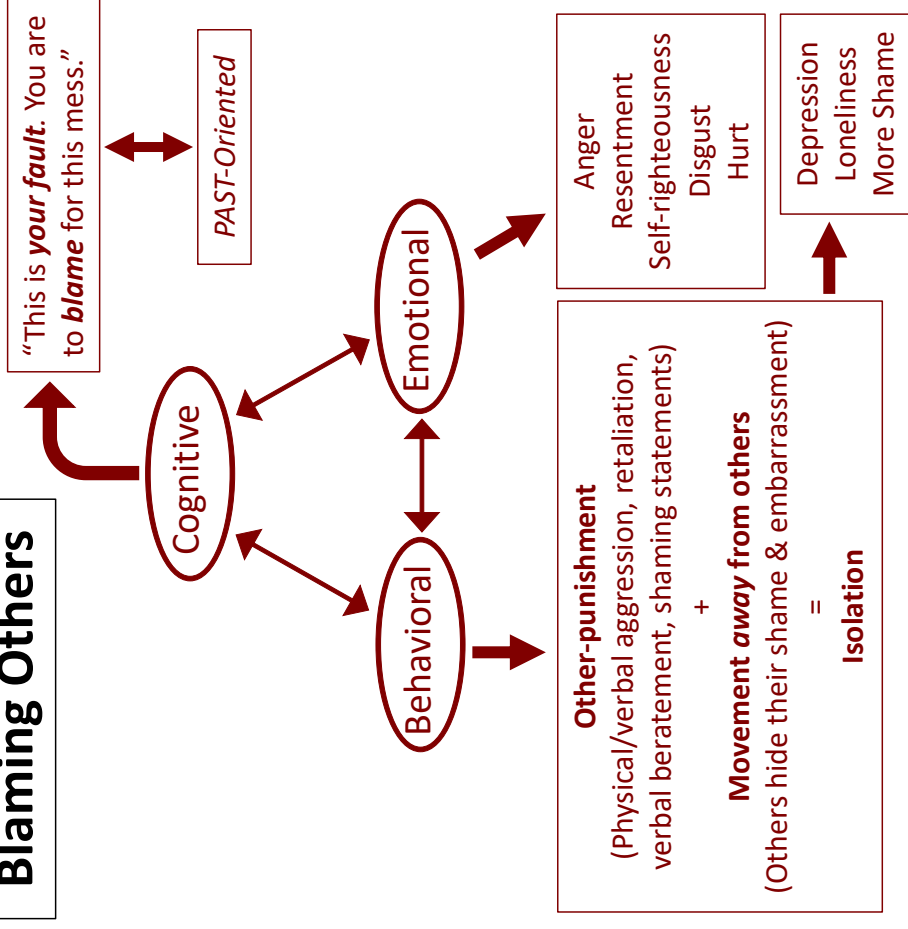


# Cognitive Distortion: Personalization (The Blame Game)

## Blaming Self



## Blaming Others



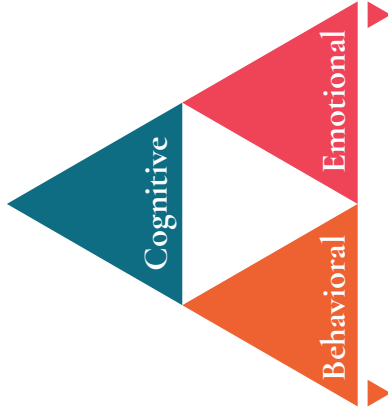
# Cognitive Distortion: Blame versus Responsibility

## Blame Game

PAST-Oriented



"This is my/your fault."



### Self-punishment

(Self-destructive behaviors like substance abuse, cutting, shaming, self-talk)

+

### Movement away from others

(Hiding in shame and embarrassment)

=

Isolation

Guilt

Shame

Disgust

Self-loathing

Embarrassment

Loneliness

Depression

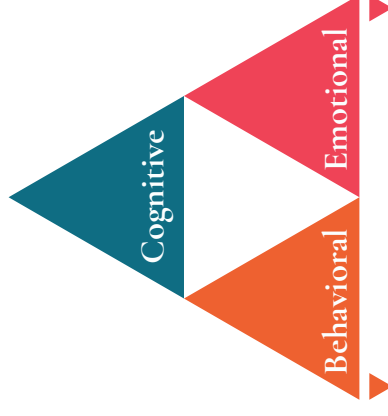
More Shame

## Personal Responsibility

PRESENT & FUTURE-Oriented



"This is my/your responsibility. Let us each tend to our responsibilities"



### Action Oriented

("Get 'er done", task-completion, work on personal responsibilities)

+

### Movement towards others

(I tend to mine. You tend to yours.)

=


Collaboration & Problem-Solving

Motivation  
Urgency  
Pressure  
Diligence

Satisfaction  
Relief  
Unity


## Memory timeline

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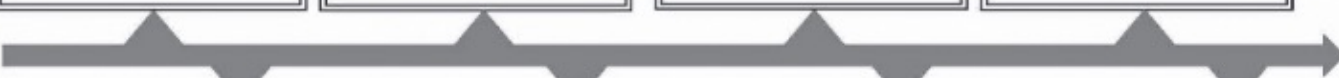
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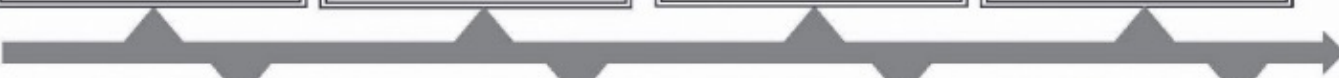
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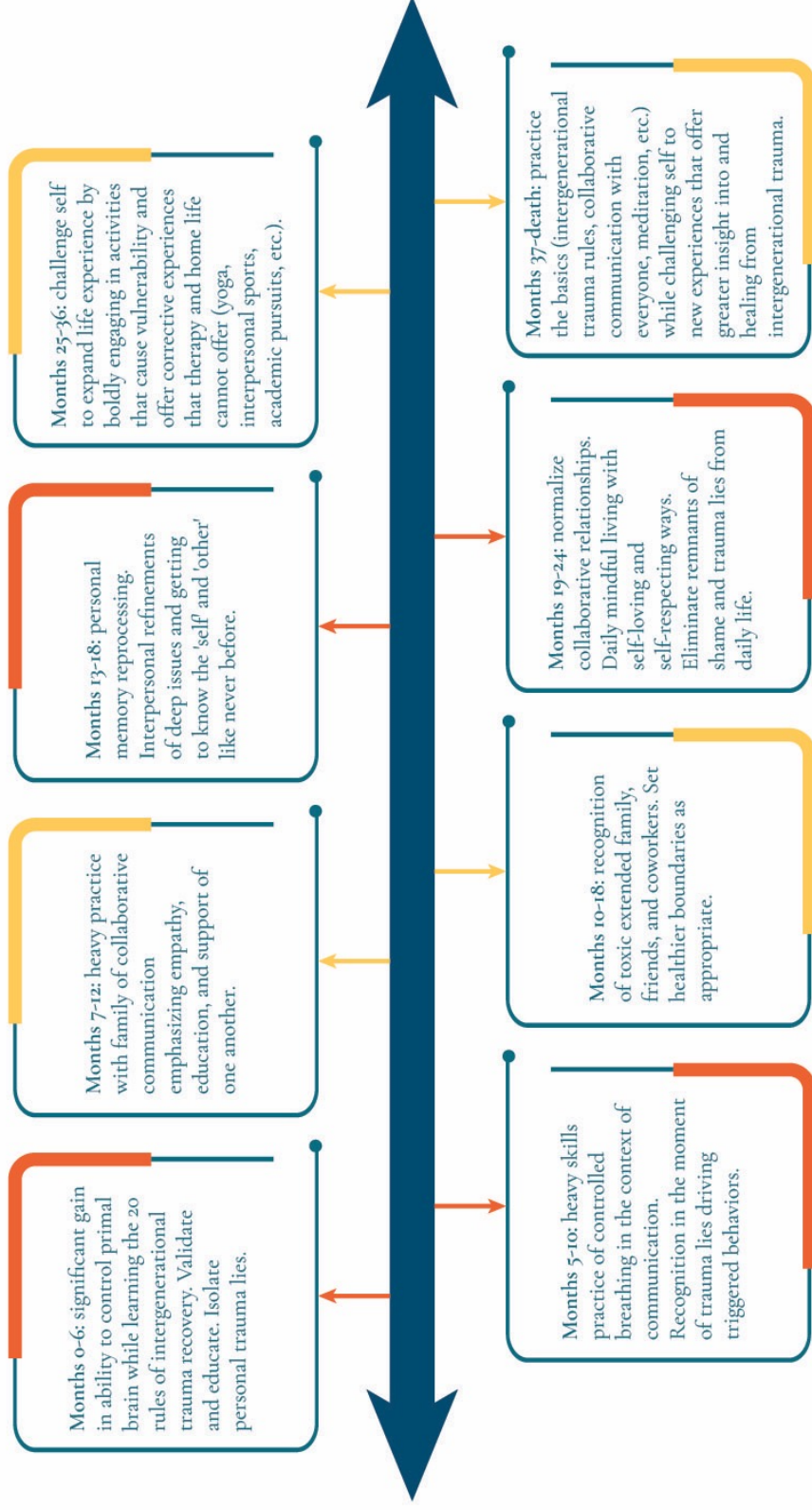
# Rule #4

**We must slow down to speed up.**





# Timeline for Intergenerational Trauma Recovery



## Breathe – Plan – Do! Formula

**1 – Breathe** until your parasympathetic nervous system is thoroughly activated. While focusing on achieving and maintaining parasympathetic mode, declare the following:

“I will not react to this situation. Instead, I will act according to my personal principles and goals. I acknowledge that my thoughts are distorted, likely in support of underlying Trauma Lies that will misguide any reactive thinking. I will slow down to make my thoughts more accurate and to integrate my Life Truths purposefully into my thinking and decisions.”

\*\*\*If struggling with denial or self-doubt, remind yourself of the following empathic truth:

“No one is capable of perfectly objective and rational thinking; everyone’s thoughts are distorted. My thoughts may be exceptionally distorted as a natural consequence of my past traumas.”

**2 – Plan.** Utilize your Learning Brain to devise actionable game plans based on thriving goals and principles.

“If this Life Truth is indeed true, then it would lead someone to behave in \_\_\_\_\_ fashion.”

Game plan option #1

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Game plan option #2

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**Mentally rehearse your best game plan.** Select which game plan offers the best forward movement. Sit still, breathe, and imagine yourself running through each step of your game plan. Imagine likely obstacles that may surface, and include strategies for overcoming these obstacles. Finish with imagining the successful execution of your game plan.

**3 – Do...**any behavior that offers movement towards thriving goals! Remember that *any* action is vastly better *no* action. It is far more encouraging to say, “I have started this process,” instead of, “I really need to eventually do something.” Do *any* part of your best game plan option to get started.

## **Rule #5**

**Healing requires training,  
education, and empathy... for all.**

## Drills & Skills: The ACE Study

This exercise demonstrates how educational health information can enhance empathy toward both self and others. The Adverse Childhood Experiences (ACE) study is a massive, ongoing research project (involving over 17,000 participants since 1995) that has demonstrated a clear link between psychologically rough childhood experiences and medical and mental health issues in adulthood (Felitti et al. 1998). The ACE Study questionnaire is presented below. You can use it to determine your own ACE score. A quick hint for digesting an ACE score... It is not a contest! The goal here is to gain a better understanding of the medical and mental health risks that one's childhood presents.

Prior to your 18th birthday:

1. Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? Or act in a way that made you afraid that you might be physically hurt? No\_\_\_ If Yes, enter 1 \_\_\_
2. Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? Or ever hit you so hard that you had marks or were injured? No\_\_\_ If Yes, enter 1 \_\_\_
3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? Or attempt or have oral, anal, or vaginal intercourse with you? No\_\_\_ If Yes, enter 1 \_\_\_
4. Did you often or very often feel that... No one in your family loved you or thought you were important or special? Or your family didn't look out for each other, feel close to each other, or support each other? No\_\_\_ If Yes, enter 1 \_\_\_
5. Did you often or very often feel that... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? Or your parents were too drunk or high to take care of you or take you to the doctor if you needed it? No\_\_\_ If Yes, enter 1 \_\_\_
6. Were your parents ever separated or divorced? No\_\_\_ If Yes, enter 1 \_\_\_
7. Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? Or sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? Or ever repeatedly hit lasting least a few minutes or threatened with a gun or knife? No\_\_\_ If Yes, enter 1 \_\_\_
8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs? No\_\_\_ If Yes, enter 1 \_\_\_
9. Was a household member depressed or mentally ill, or did a household member attempt suicide? No\_\_\_ If Yes, enter 1 \_\_\_
10. Did a household member go to prison? No\_\_\_ If Yes, enter 1 \_\_\_

Now add up your "Yes" answers: \_\_\_\_\_ This is your ACE Score

**Note:** The above is the exact questionnaire used in the ACE study. In question #7, I would include all family members (siblings, father, grandparents) in addition to mother/stepmother. A large percentage of my C-PTSD clients struggled tremendously with their memories of witnessing abuse directed at their siblings or other family members.

# The Communication Cheat Sheet

## Listen Actively

- 1 - Try to fully understand what your counterpart is thinking and feeling.
- 2 - Ask questions to clarify.
- 3 - Manage your own defensiveness; be aware of your body language.
- 4 - Do not judge, accuse, or label the other person.

## Summarize

- 1 - Summarize what your counterpart has said, "What I'm hearing you say is..."
- 2 - Avoid putting words in their mouth.
- 3 - Verify that you heard them correctly, "Was my summary correct?" Your counterpart has the final say on whether your summary was correct.
- 4 - Imagine that you are acting solely as a mirror to reflect your counterpart's words back to them.

## Acknowledge

- 1 - Avoid the common mistake, "I am 100% right, and you are 100% wrong," by finding common ground and learning from your counterpart's viewpoints.
- 2 - Agree with something your counterpart said. If you cannot find anything to agree with...try harder!
- 3 - Acknowledge the basic facts of the situation supporting their viewpoint.
- 4 - Validate their emotional experience (even if they got all the facts wrong).
- 5 - Acknowledge changes in your thinking that your counterpart's viewpoint has helped bring about.

Tip for transition from Receptive to Expressive phase...no buts allowed! Avoid, "I agree with you here, but..." This is like saying, "Now let me tell you what I really think..." Instead, use and: "I agree with you on these points... And, now let me share my thoughts with you..."

## Respond

- 1 - Respond with your own feelings, thoughts, perceptions, and requests.
- 2 - Do not preach or recommend behaviors, "You need to...You should be..."
- 3 - Express yourself directly and respectfully in the following order:
  - a) I feel... (One to two word feelings)
  - b) I think... (Thoughts that go with each feeling: "I feel \_\_\_ because I think \_\_\_")
  - c) My long term goal for us is... (For the relationship)
  - d) What I would like from you to help us achieve this long term goal is... (Make direct, measurable, reasonable requests).
  - e) I am willing to offer \_\_\_\_\_ to help us achieve this long term goal.

## Decide

- 1 - Based on the person's response, decide on most appropriate next step:
  - a) Disengage. Leave the situation. Schedule follow-up discussions if appropriate.
  - b) Repeat the above cycle if progress appears possible in the moment.
  - c) Ask for support and assistance from appropriate sources. Schedule follow-up discussions if appropriate.

Receptive phase

Expressive phase

## **Rule #6**

**Control is good...  
especially good control.**



## Drills & Skills: Exercise Routine

When selecting an exercise activity to implement as part of one's trauma therapy, the following table can be useful. Remember that this exercise routine is for the therapeutic purpose of transitioning from bad to good control by offering structured exercise that stabilizes daily emotions and offers increasing psychological and health benefits.

## Healthy Exercise Decision Table

<b>Sport</b>	<b>Intensity</b>	<b>Social level</b>	<b>Expense</b>	<b>Skill complexity</b>
Walk/Jog	Low-Medium	Low	Low	Low-Medium
Martial Arts	Medium-High	High	Medium-High	High
Barbell/ Strength	Medium-High	Low	High initial investment, then low cost	Low-Medium
Yoga	Low-Medium	Medium	Low-Medium	Medium-High
Swim/ Freedive	Low-Medium	Low	Low	Low-Medium

## **Rule #7**

**Remove shame, learn from guilt, show remorse, and build esteem.**

### **Personal Declaration**

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Shame keeps driving me to make excuses, to hide the authentic me, because I cannot tolerate being the unresolvable, unlovable problem. Once I remove shame, then it is simply my behaviors and their natural consequences that remain, without judgment or disgust. Once I can recognize bad consequences, then I can change my behaviors toward better consequences. So you (others and self) can keep your shame, keep your judgments, keep your wagging finger and “should” statements, and fuck off with them. If you intend to help me understand how my behaviors led to bad consequences, then take a seat and help me learn. If appropriate, I will apologize for the negative consequences I have caused. I am no longer sorry for who I am... that is now in my past. As I remove my toxic shame, I am learning to accept and love myself while maintaining personal accountability for my behaviors.

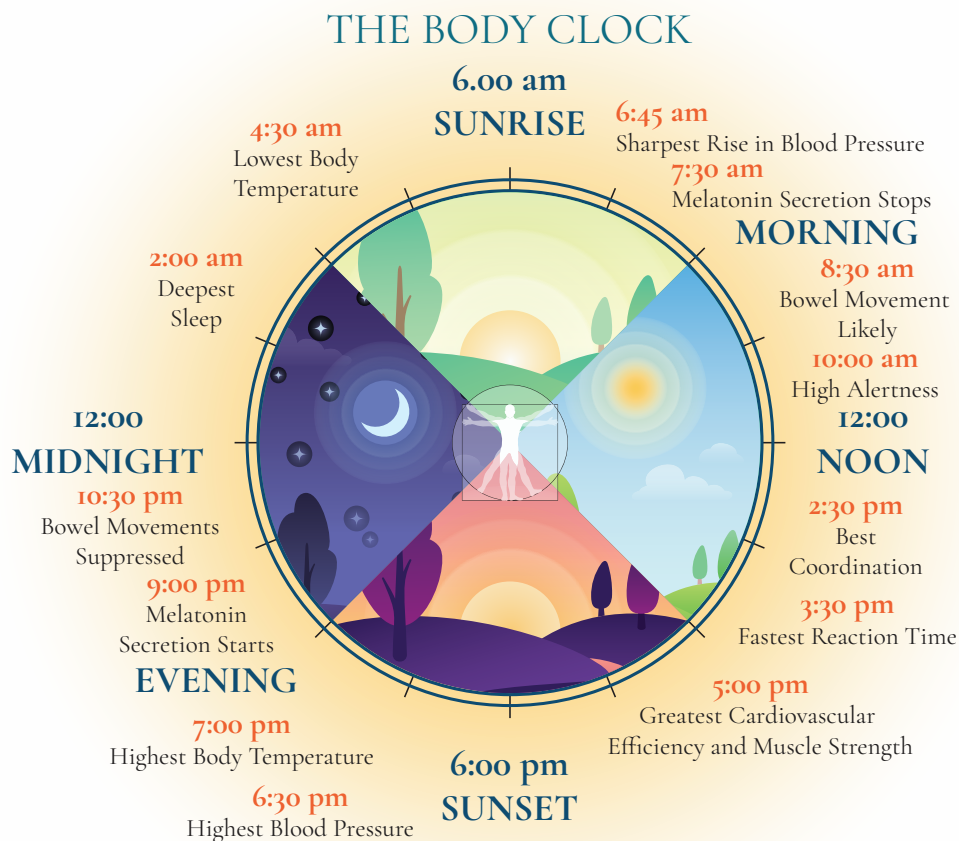
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# Rule #8

**Practice treating yourself  
in a self-loving and self-respecting  
fashion.**

## CIRCADIAN RHYTHMS



## **Drills & Skills: 3 Verbal Techniques for Self-Advocacy**

### **Technique #1: “That does not work for me.”**

The barrage of pleading, threats, ultimatums, insinuations, and other emotional manipulations that go along with a tantrum thrown by someone accustomed to getting what they want can all be met with this same phrase: “That does not work for me.” You can offer brief explanations or thoughts and refer to this statement whenever the exchange becomes overly complex or confusing. The simplicity of this phrase can be soothing for those (like me) who are not ‘quick-witted’ in argumentative exchanges.

### **Technique #2: “I would like \_\_\_\_\_ from you.”**

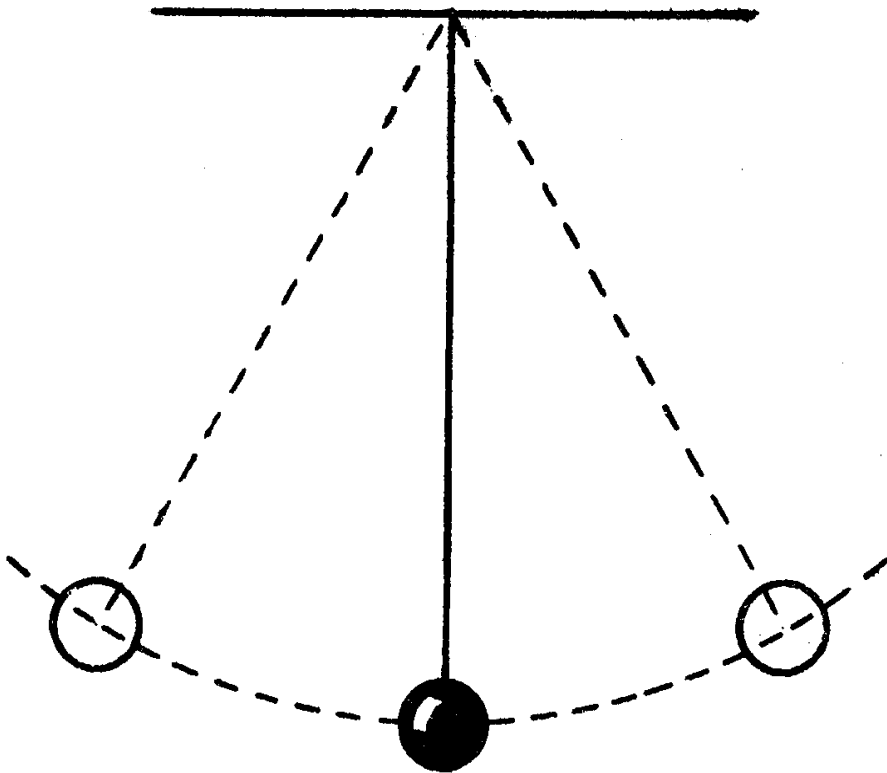
Refrain from including “should” statements when asking for behavioral changes, as in, “You should do the dishes because you should want to make me happy.” “Should” statements attempt to outsource the reason for doing the task (under some general philosophical pressure) to avoid the possibility of personal rejection if the answer comes back as “No.” This indirect communication weakens your request. The stronger and more honest approach would be a direct expression of personal desire: “I would like you to do the dishes today, please.” This is also more factual because it delineates the cause-effect relationship of someone’s behaviors causing pleasure for another.

### **Technique #3: “I am practicing treating myself in a self-loving and self-respecting fashion.”**

This transparent and honest statement reminds you during a challenging argument that you are making reasonable and healthy requests. Another benefit is that it is difficult for your counterpart to argue against this statement when behaving in an honestly self-loving and self-respecting fashion. What will they say? “I think you are being selfish by suddenly trying to treat yourself in a self-loving fashion”? Manipulators typically try to shift the focus to their own situation as a distraction from this effective technique.

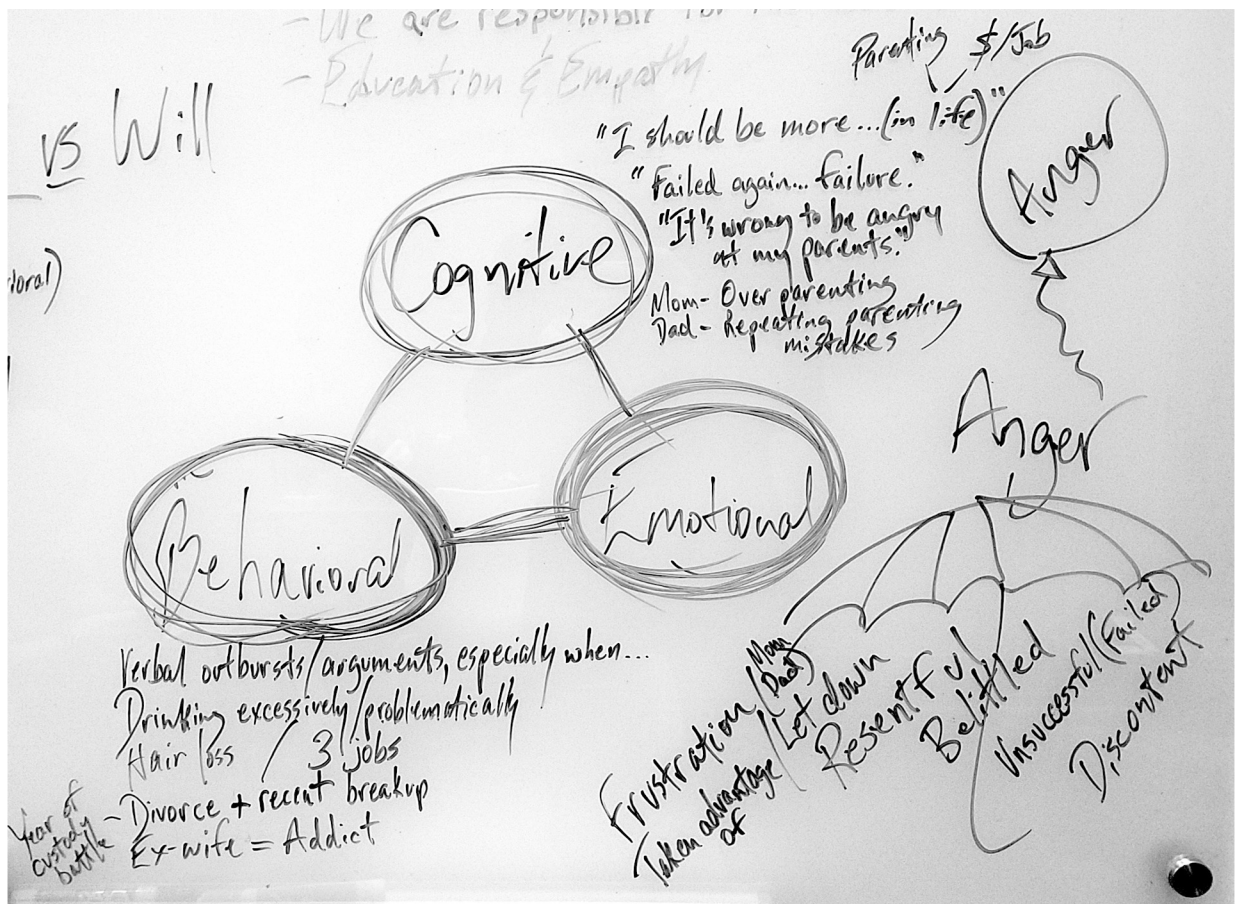
## **Rule #9**

**The pendulum effect  
is a natural response to trauma.**



# Rule #10

**Anger begets anger,  
violence begets violence,  
and love begets love.**



## **Rule #11**

**We are responsible for the decisions that we are aware of.**

### **Personal declaration**

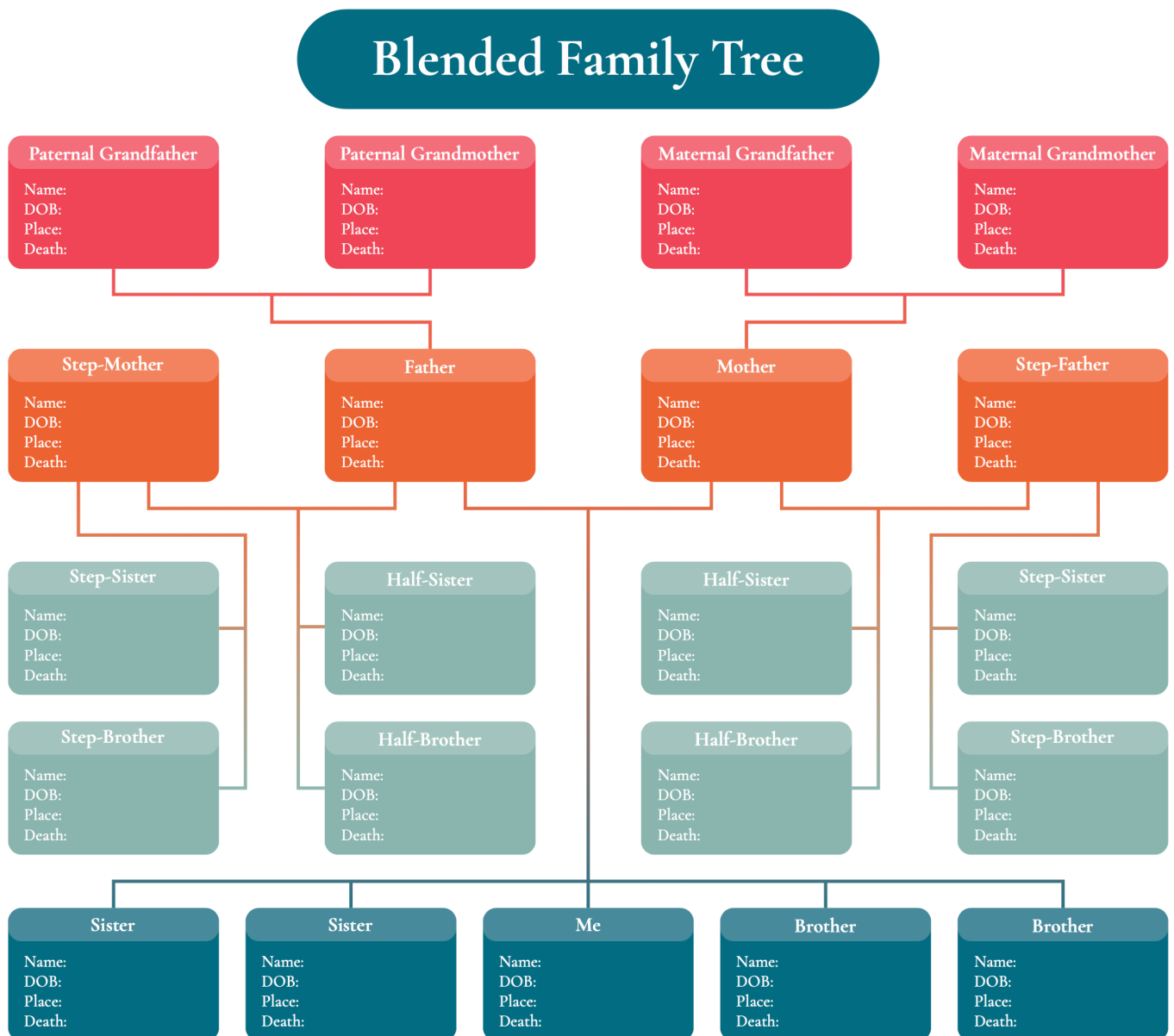
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"I am responsible for my safety, stability, and success. I am responsible for fully nurturing, parenting, and supporting myself. I am responsible for ensuring that I am treated in respectful ways. I am responsible for moving toward each of my thriving goals. I am responsible for articulating to loved ones what I would like from them. I am responsible for disciplining my own therapy, nutrition, exercise, finances, education, and engagement with others."

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# Rule #12

## It's us against trauma world.





# **Rule #13**

## **Secrets destroy!**

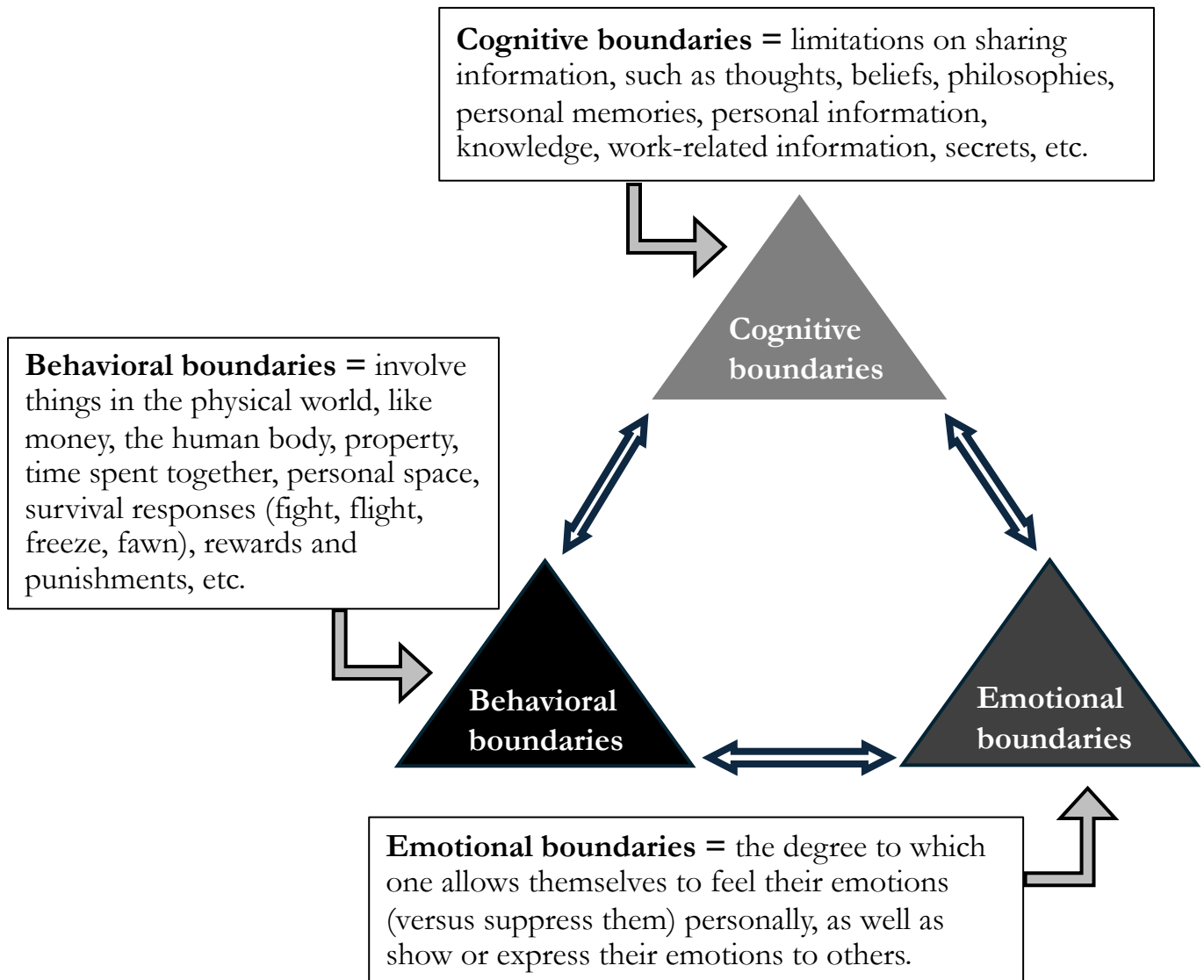
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Secrets = Isolation from others,  
Isolation from feedback that counters Trauma Lies,  
Increasingly distorted thinking,  
Perpetual state of toxic shame,  
Lack of emotional support from loving others,  
Lack of material resources, and  
Unhealthy/Sick alliances within the family.

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## Rule #14

**Boundaries are confusing, so keep practicing better boundaries.**



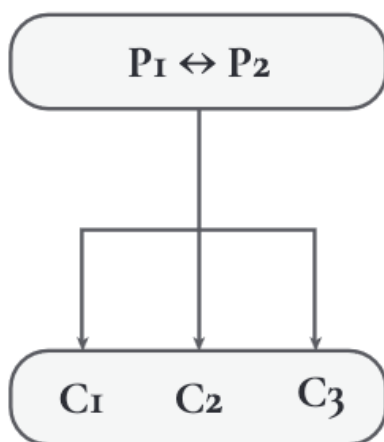


# Rule #15

**Center of the Universe is not a compliment!**

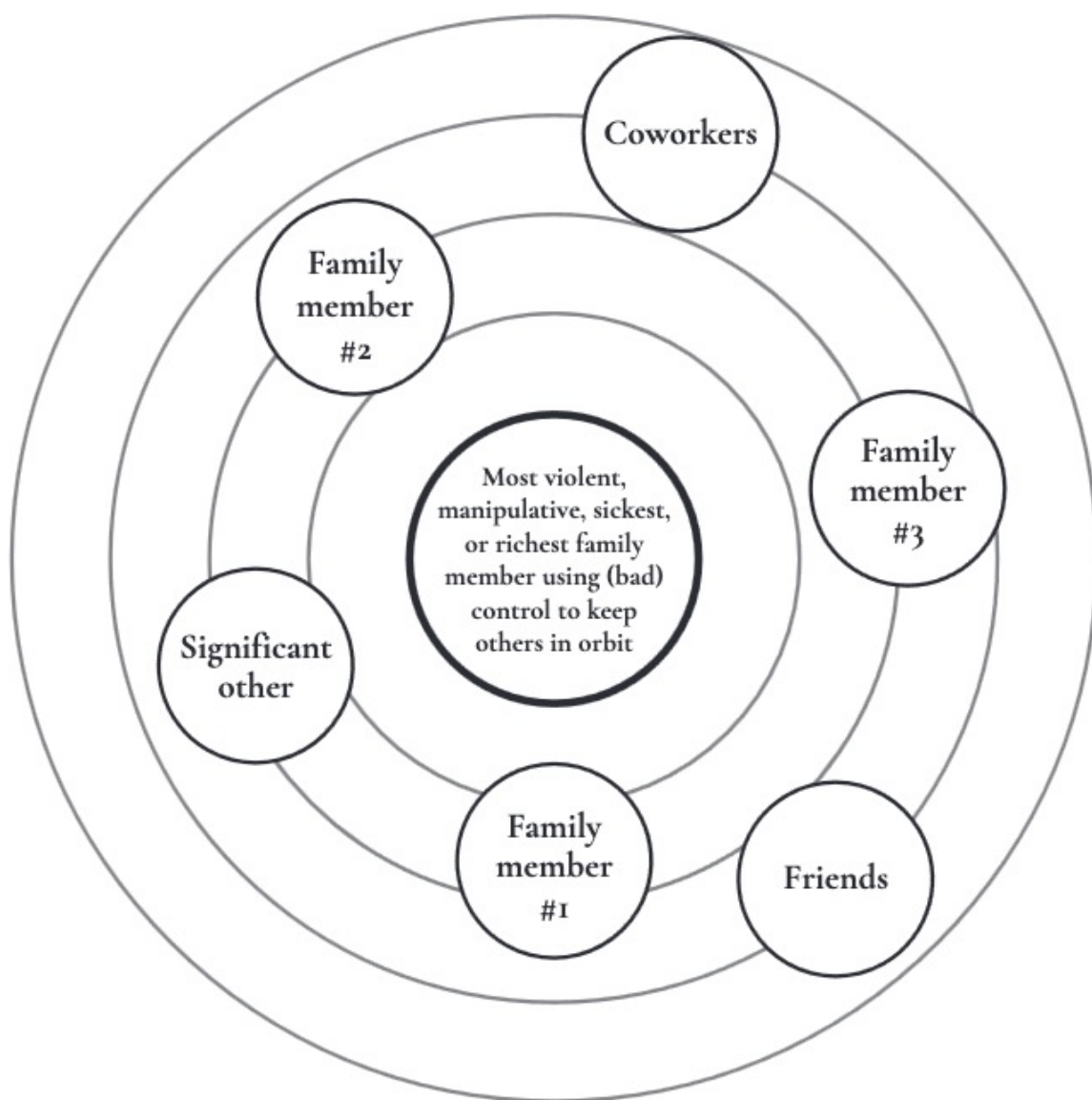


The Ideal Family Diagram



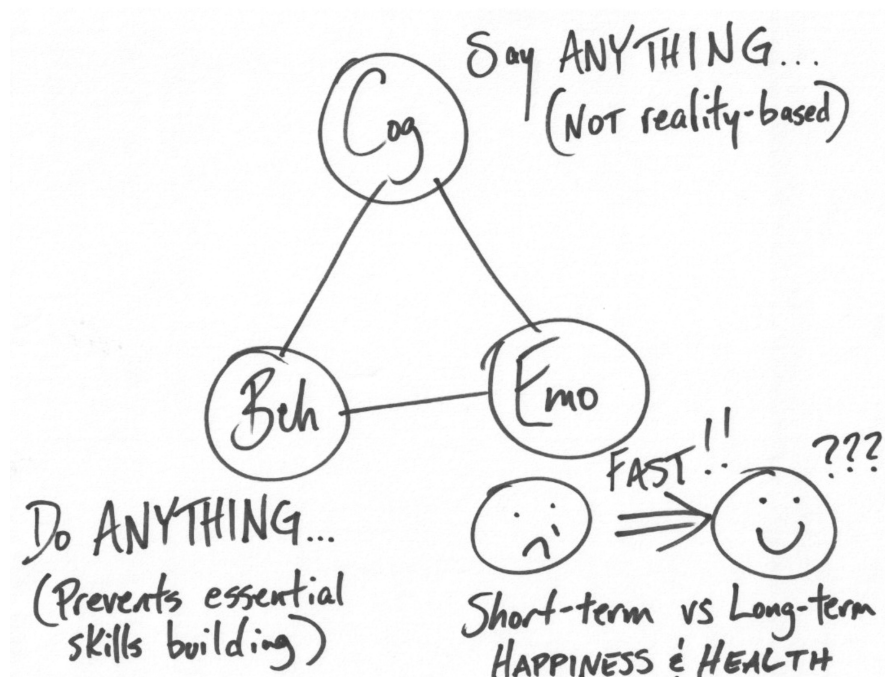
$P_1$  = Partner 1  
 $P_2$  = Partner 2  
 $C_1$  = Child 1  
 $C_2$  = Child 2  
 $C_3$  = Child 3

## Center of the Universe Family Model



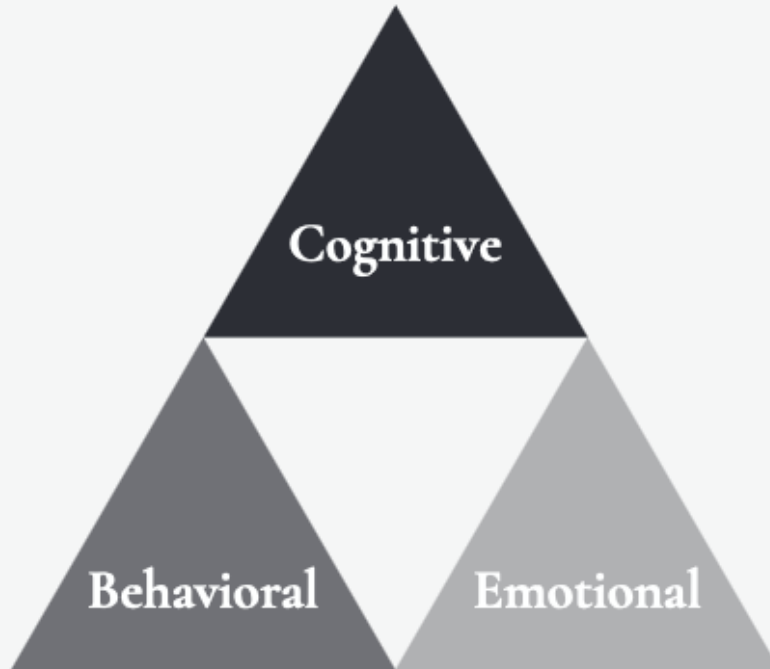
## Rule #16

**Overindulgent dynamics are bad...  
period.**

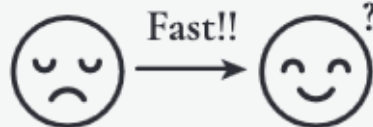


# Overindulgent Dynamics

Say ANYTHING...  
(Not reality-based)



Do ANYTHING...  
(Prevents essential  
skills building)



Short-term vs Long-term  
HAPPINESS & HEALTH

**Overindulgent dynamics** = refers to relationship dynamics in which momentary soothing is prioritized over long-term health and happiness. The overindulger habitually responds to the perceived suffering of the overindulged by saying or doing *anything* to make them feel better *as soon as possible*.

Cognitively, this distorts the overindulged person's understanding of reality. Behaviorally, the overindulged fails to develop essential personal skills because the overindulger tends to the responsibilities of the overindulged, as well as removes the natural consequences of the overindulged's inadequate or damaging behaviors.

## Behavioral/Mentor Parenting

$$B \rightarrow C \rightarrow D$$

$$B^T \rightarrow C^{+/-} \rightarrow D^{LL}$$

B = Behavior

C = Consequence

D = Discussion

**B<sup>T</sup>** = Target behavior. The superscript "T" reminds us to isolate one behavior to focus on increasing or decreasing its frequency.

**C<sup>+/-</sup>** = Consequence. The superscript of (+) or (-) reminds us to clarify whether a favorable or unfavorable consequence is being implemented.

**D<sup>LL</sup>** = Life lesson. The superscript "LL" refers to the discussion that explains to child the reasons for rewards or punishments relative to the Target Behavior. "To thrive as an adult, we must..."

## Overindulgent Parenting

$$B \rightarrow D \rightarrow C$$

$$B^T \rightarrow D^{Neg} \rightarrow C^?$$

B = Behavior

D = Discussion

C = Consequence

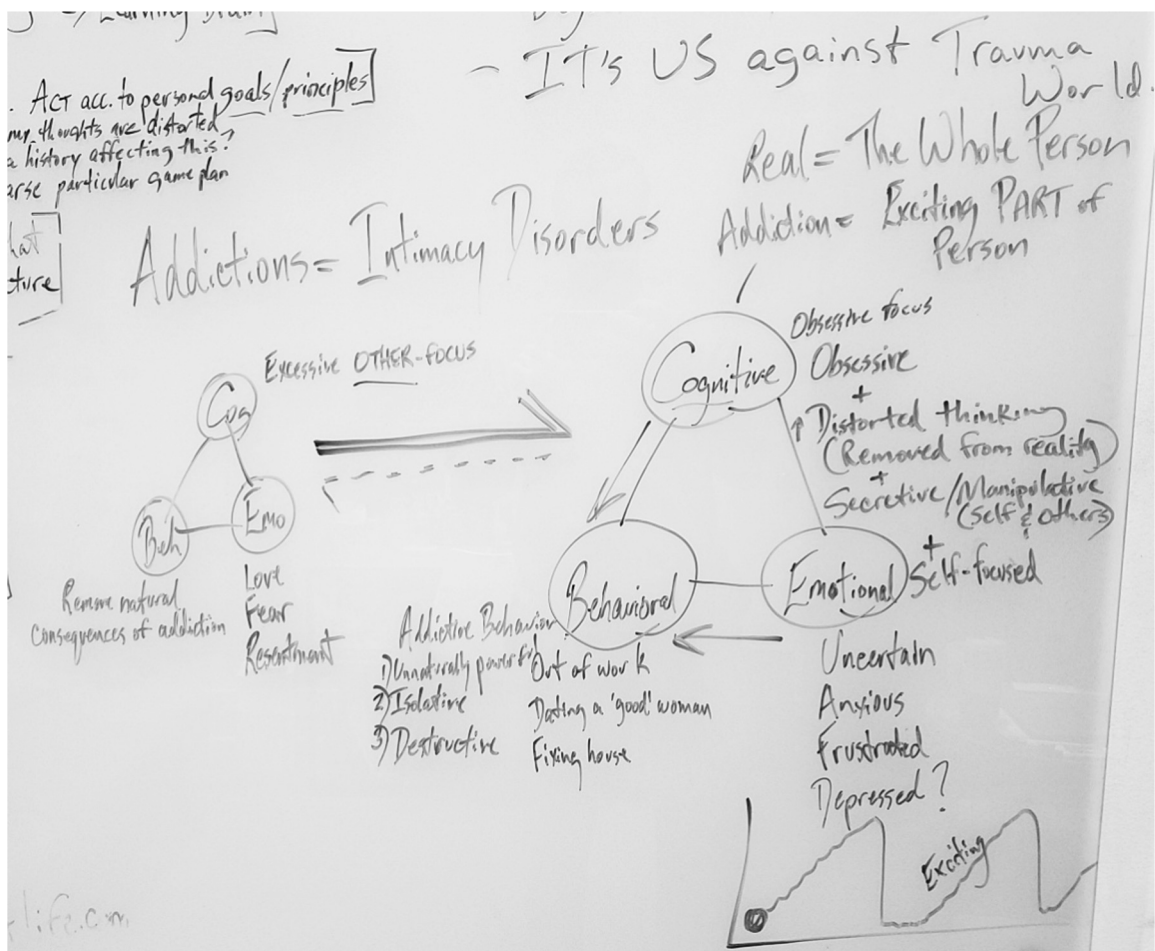
**B<sup>T</sup>** = Target behavior.

**D<sup>Neg</sup>** = "Neg" denotes "Negotiation." When the discussion comes before the consequence, it devolves into a negotiation that encourages a child to learn manipulative tactics to avoid potential consequences.

**C<sup>?</sup>** = Potential Consequence. The consequence has become questionable, depending on child's ability to negotiate and manipulate. It also depends on parent's tolerance for the child's (real or feigned) negative emotional experience.

# Rule #17

## Addictions = Intimacy Disorders.



# Addictions = Intimacy Disorders

Obsessive focus primarily on addictive behaviors and secondarily on everything else.

Increasingly distorted sense of reality.

Dual Focus

Addiction

Life (family, work)

Hidden, secret life

Public life

Obsessive focus on other person (addict) while neglecting self.

Cognitive

Enabler

Behavioral

Emotional

Remove natural consequences of addict's addiction behaviors.

Love  
Fear  
Resentment

**Bold arrow** represents one-way intense focus of enabler towards addict while the addict can only return partial focus (dotted arrow).



Cognitive

Addict

Behavioral

Emotional

**Addictive behaviors share 3 traits:**  
Unnaturally powerful  
+  
Destructive  
+  
Isolative

Shame  
Guilt  
Resentment

## **Rule #18**

**Will versus skill...**  
***both* are necessary.**



# The Toxicity Scale: From Toxic to Thriving

## Thriving characteristics: Individual

### Emotional

**Expert self-soother:** Practiced control of autonomic nervous system = consistent parasympathetic mode.

- ✓ Solid emotion regulation
- ✓ Delayed gratification intact
- ✓ Emotionally secure and independent
- ✓ Rapid recovery when triggered by trauma cues
- ✓ Eliminates toxic shame from trauma memories & daily life

### Cognitive

**Cognitive restructuring expert:** High on introspection, self-monitoring, and proactive goal-orientation.

- ✓ Persistently self-educating
- ✓ Positive self-talk controls Inner Critic
- ✓ Monitors personal style of distorted thinking
- ✓ Consistently replaces personal Trauma Lies with Life Truths
- ✓ Aware of how emotional triggers and reactivity impact others
- ✓ Highly adaptable and consistently challenges personal beliefs

### Behavioral

**Stable, consistent behaviors:**

- ✓ Active use of 'good control' mechanisms
- ✓ Purposeful, mindful, goal-oriented behaviors
- ✓ Significant self-destructive behaviors eliminated
- ✓ Stable control of addictive behaviors or tendencies
- ✓ Highly productive across realms (family, finances, career, etc.)

## Toxic characteristics: Individual

### Emotional

**Poor self-regulator:** Chronic sympathetic (survival) mode = high anxiety, fear, anger, and other intense emotions.

- ✓ Highly guarded/defensive
- ✓ High on toxic shame with low insight
- ✓ Low ability to emotionally empathize with others
- ✓ Easily triggered to intense emotions (rapid mood swings)
- ✓ Impaired delayed gratification (requires immediate soothing from self, others, substances, or material goods)
- ✓ Emotionally dependent on others (Centers need orbiters; Orbiters need Centers)

### Cognitive

**Poor insight into personal issues:**

- ✓ Heavy, unchecked cognitive distortions
- ✓ "Me against the world/others" framework
- ✓ Trauma Lies relatively obvious to all but self
- ✓ Persistent self-loathing (or grandiose narcissism)
- ✓ Delusional, paranoid, depressed, or victimized worldview
- ✓ Poor ability to adapt, challenge personal beliefs, or learn from others' viewpoints

### Behavioral

**Unstable, volatile, reactive behaviors.** Self-destructive behaviors often present.

- ✓ Active addictions often present
- ✓ Abnormal, "threw off" behaviors
- ✓ Disordered or unhealthy eating habits
- ✓ Suicidal thoughts, attempts, or gestures common
- ✓ Self-harm for emotion regulation (cutting, burning, etc.)
- ✓ Unproductive...or obsessively productive at others' expense

Thriving

Toxic

## Thriving characteristics: Interpersonal

### Emotional

**Balances independence with interdependence:**

- ✓ Daily lifestyle of "Love begets love"
- ✓ Difficult to rattle (self-control amidst conflict)
- ✓ Normalizes *vulnerability* in safe intimate relationships
- ✓ Empathizes with others while maintaining boundaries
- ✓ Communicates emotional difficulties to supportive others while maintaining personal accountability

### Cognitive

**Us against Trauma World mindset = mutually beneficial (win-win) relationship goals:**

- ✓ Confident self-valuation in relation to others
- ✓ Active, skilled self-advocacy towards fairness
- ✓ Comprehends & learns from others' viewpoints

### Behavioral

**Expert communication and collaboration (teamwork) skills:**

- ✓ Good control tactics towards others
- ✓ Reliably delivers effective support and follow-through
- ✓ Addresses conflict with solution-focused collaboration
- ✓ Works well with others in personal and business relationships
- ✓ Proactive, competent boundary setter: Firm with toxic others versus lesser boundaries for deep engagement with safe others
- ✓ Capable of independent functioning, but chooses extensive, positive interdependence with select others

## Toxic characteristics: Interpersonal

### Emotional

**Volatile, chaotic emotional interplay with others.**

- ✓ Defensive and quick to reactive aggression
- ✓ Minimal vulnerability in intimate relationships
- ✓ Weaponized emotions (passive-aggression, anger, shame) used to control others

### Cognitive

**Entrenched victimhood role = combative interpersonal mindset and reactive thinking:**

- ✓ Egocentric and (accidentally) self-focused
- ✓ Unchecked Trauma Lies & cognitive distortions
- ✓ Bad control manipulations: blame game, victim role
- ✓ Zero-sum mentality (fighting for perceived limited resources)
- ✓ Predatory thinking due to Trauma Lies of 'dog eat dog' world
- ✓ Win-or-lose (oppressor-victim) perception of relationships
- ✓ Other-focused enabling removes natural consequences of counterpart's poor behaviors
- ✓ Self-sacrificing while accumulating resentment due to self-inflicted subjugation

### Behavioral

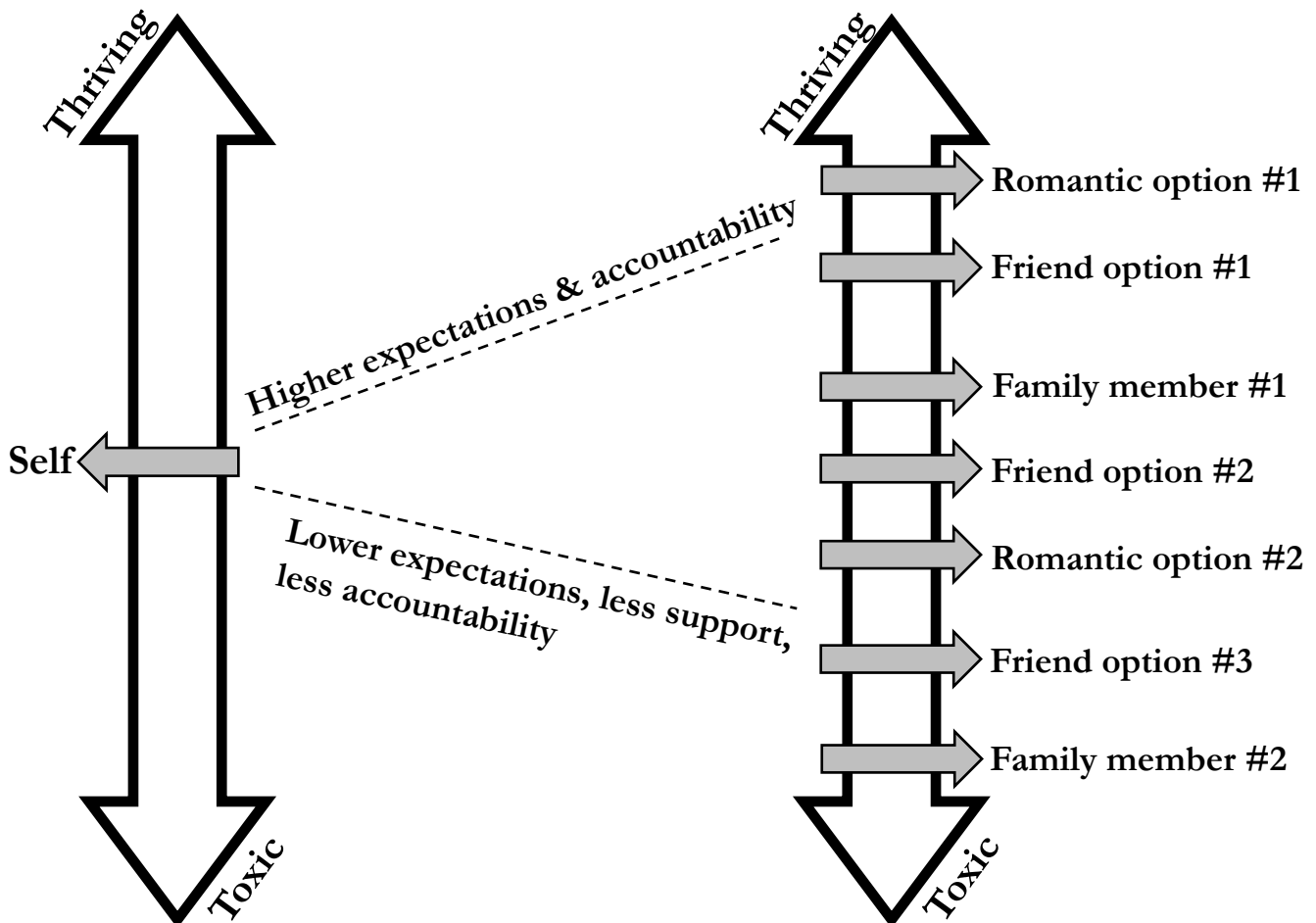
**Poor communication and collaboration (teamwork) skills:**

- ✓ Unreliably delivers support and follow-through
- ✓ Frequent arguments without personal accountability
- ✓ Does not work well with others (unless people-pleasing)
- ✓ Dependent on others to protect or fix self and bad situations
- ✓ Poor conflict resolution = unresolved conflicts accumulate
- ✓ Bad control tactics towards others (physical, sexual, verbal aggression; financial domination; sabotage; self-harm as bait)
- ✓ *Effectively* unsupportive of loved ones due to impoverished personal and interpersonal skillsets

# Mindset for upward mobility:

**“Move up the scale; pick up the scale.”**

**Thrivers lifestyle:** Normalize selecting up the scale. Practice safe, firm boundaries with others down the scale.



## **Rule #19**





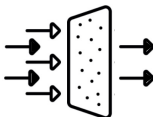

**It's not a contest.  
Trauma is just bad...  
and sad.**

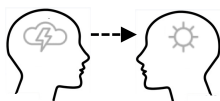

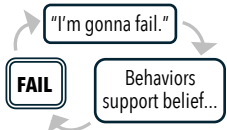

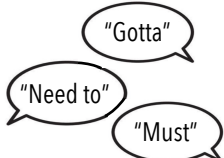




## **Rule #20**

**Make it normal.**

# Cognitive Distortions by Category

 <b>Magnification (Catastrophizing)</b> Blowing things out of proportion.	<div><b>Fix:</b> Suggest to self the opposite, and then find the most accurate middle ground.</div>	 <b>Minimization</b> Inappropriately diminishing the importance of something.	Exaggeration
 <b>Overgeneralization</b>	Suggesting that something occurs 100% of the time instead of the more accurate lesser percentage. “You never help me.” “Nothing good ever happens.” <b>Fix:</b> Measure (or estimate) the precise percentage of occurrences.		
 <b>All-or-Nothing (Black-and-White) Thinking</b>	Forcing complex concepts into binary (simplistic) categories. “If it’s not perfect, then I have failed.” “There is only right and wrong here.” <b>Fix:</b> Answer the question “What is the gray area that I am missing out on here?”		
 <b>Mental Filter</b>	Passively taking in only certain evidence (often negative) that supports pre-existing or underlying beliefs. “I just keep failing.” “All I see are terrible people out there.” <b>Fix:</b> Answer the question “What parts of the big picture am I missing here?”		Active vs Passive Filtering
 <b>Disqualifying the Positive</b>	Actively destroying or discounting the positive aspects of a situation or concept. “That doesn’t count.” “She is just saying that to be nice.” <b>Fix:</b> Accept the existence of goodness in the world!		

 <p><b>Mind Reading</b></p>	<p>Imagining that we know what others are thinking (typically negative).</p> <p>“I know what you <i>really</i> think...”</p> <p><b>Fix:</b> Ask the person, and then consider the possibility they are being honest.</p>	<div>Faulty Facts</div>
 <p><b>Fortune Telling</b></p>	<p>Predicting the (typically negative) future.</p> <p>“I will be stuck in this forever.”</p> <p><b>Fix:</b> Wait and see... or work to change the outcome.</p>	
 <p><b>Self-Fulfilling Prophecy</b></p>	<p>When expectations (fortune telling) of a negative outcome lead to behaviors that make it come true.</p> <p>“I’m gonna fail this test.” Barely study. Fail the test.          “You’re gonna leave me, like the others did.” Fail to collaborate and modify personal behaviors. They leave.</p> <p><b>Fix:</b> Recognize personal agency to affect the outcome.</p>	
 <p><b>Emotional Reasoning</b></p>	<p>Emotions can be misleading, typically due to other thought distortions causing the emotion.</p> <p>“I feel guilty, so I must have done something bad.”</p> <p><b>Fix:</b> “My emotions may be lying to me right now.”          Search for other distorted thinking.</p>	
 <p><b>“Should” Statements</b></p>	<p>Opinions, judgments, or beliefs (not facts) that use words like “should,” “need to,” or “must” to suggest that we are doing something wrong. “Should” statements applied to other people often lead to frustration or resentment.</p> <p>“I really should be studying right now.”</p> <p><b>Fix #1:</b> Replace “I should ____” with, “I want to ____.”  <b>Fix #2:</b> Create more factual cause-and-effect statements with “If ____, then ____” statements.</p>	
 <p><b>Labeling</b></p>	<p>Assigning (negative) labels to ourselves, other people, or specific behaviors, which reduces deeper thinking.</p> <p>“I am useless.” “He is a jerk.” “That is evil.”</p> <p><b>Fix:</b> Only positive labels are acceptable. Translate negative labels into more accurate descriptions of emotions and behaviors. “I feel useless because ____.”</p>	<div>Labeling Self/Others</div>
 <p><b>Blame Game (Personalization)</b></p>	<p>Blaming yourself or others for a negative situation. Pointing fingers (blaming) is past-oriented, punitive, and unnecessarily emotionally distressing.</p> <p><b>Fix:</b> Remove “fault” and “blame” from vocabulary. Replace with “responsibility” (future-oriented and emotionally motivating). “I am responsible for ____, and you are responsible for ____.”</p>	

[illegible]

# References

- Abramson, L. Y., M. E. Seligman, and J. D. Teasdale. 1978. "Learned Helplessness in Humans: Critique and Reformulation." *Journal of Abnormal Psychology* 87(1): 49–74. <https://doi.org/10.1037/0021-843X.87.1.49>.
- Alahmary, Sarah A., Sakinah A. Alduhaylib, Hibah A. Alkawii, Mashail M. Olwani, Reem A. Shablan, Hala M. Ayoub, Tunny S. Purayidathil, Omar I. Abuzaid, Rabie Y. Khattab. 2022. "Relationship Between Added Sugar Intake and Sleep Quality Among University Students: A Cross-Sectional Study." *American Journal of Lifestyle Medicine* 16(1): 122–129. <https://doi.org/10.1177/1559827619870476>.
- American Psychological Association. 2013. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Washington, DC: Author.
- Anda, R. F., V. J. Felitti, J. D. Bremner, J. D. Walker, Ch. Whitfield, B. D. Perry, Sh. R. Dube, and W. H. Giles. 2005. "The Enduring Effects of Abuse and Related Adverse Experiences in Childhood." *European Archives of Psychiatry and Clinical Neuroscience* 256(2006): 174–186. <https://doi.org/10.1007/s00406-005-0624-4>.
- Brown, Brené. 2010. *The Gifts of Imperfection*. Minneapolis, MN: Hazelden Publishing.
- Carlson, Mary and Felton Earls. 1997. "Psychological and Neuroendocrinological Sequelae of Early Social Deprivation in Institutionalized Children in Romania." *Annals of the New York Academy of Sciences* 807(1): 419–428. <https://doi.org/10.1111/j.1749-6632.1997.tb51936.x>.
- Charles, Susan T., Jennifer R. Piazza, Jacqueline Mogle, Martin J. Sliwinski, and David M. Almeida. 2013. "The Wear and Tear of Daily Stressors on Mental Health." *Psychological Science* 24(5): 733–741. <https://doi.org/10.1177/0956797612462222>.
- Durrant, Joan and Ron Ensom. 2012. "Physical Punishment of Children: Lessons from 20 Years of Research." *Canadian Medical Association Journal* 184(12): 1373–1377. <https://doi.org/10.1503/cmaj.101314>.
- Felitti, Vincent J., Robert F. Anda, Dale Nordenburg, David F. Williamson, Alison M. Spitz, Valerie Edwards, Mary P. Koss, and James S. Marks. 1998. "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 Preventative Medicine* 14(4): 245–258. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8).



- Fogarty, James. 2003. *Overindulged Children: A Parent's Guide to Mentoring*. Liberty Publishing Group.
- Harlow, H. F., R. O. Dodsworth, and M. K. Harlow. 1965. "Total Social Isolation in Monkeys." *Proceedings of the National Academy of Sciences* 54(1): 90–97. <https://doi.org/10.1073/pnas.54.1.90>.
- Harvey, Jean, Rebecca Krukowski, Jeff Priest, and Delia West. 2019. "Log Often, Lose More: Electronic Dietary Self-Monitoring for Weight Loss." *Obesity* 27(3): 380–384. <https://doi.org/10.1002/oby.22382>.
- Hawkey, Louise C. and John T. Cacioppo. 2010. "Loneliness Matters: A Theoretical and Empirical Review of Consequences and Mechanisms." *Annals of Behavioral Medicine* 40(2): 218–227. <https://doi.org/10.1007/s12160-010-9210-8>.
- Institute of Medicine (US). 2010. "Overview of Health and Diet in America." In *Front-of-Package Nutrition Rating Systems and Symbols: Phase I Report*, edited by E. A. Wartella, A.H. Lichtenstein, C. S. Boon, 41–50. Washington, DC: National Academies Press (US). <https://www.ncbi.nlm.nih.gov/books/NBK209844/>.
- Keng, Shian-Ling, Moria J. Smoski, and Clive J. Robins. 2011. "Effects of Mindfulness on Psychological Health: A Review of Empirical Studies." *Clinical Psychology Review* 31(6): 1041–1056. <https://doi.org/10.1016/j.cpr.2011.04.006>.
- Magee, Joshua C., K. Paige Harden, and Bethany A. Teachman. 2012. "Psychopathology and Thought Suppression: A Quantitative Review." *Clinical Psychology Review* 32(3): 189–201. <https://doi.org/10.1016/j.cpr.2012.01.001>.
- Marucha, Phillip T., Janice K. Kiecolt-Glaser, and Mehdi Favagehi. 1998. "Mucosal Wound Healing Is Impaired by Examination Stress." *Psychosomatic Medicine* 60(3): 362–365. <https://doi.org/10.1097/00006842-199805000-00025>.
- Mehrabian, Albert. 1971. *Silent Messages: Implicit Communication of Emotions and Attitudes*. Belmont, CA: Wadsworth.
- Melville, Herman. 1853. *Bartleby, the Scrivener: A Story of Wall-Street*. Bunker North.
- Park, Brian Y., Gary Wilson, Jonathan Berger, Matthew Christman, Bryn Reina, Frank Bishop, Warren P. Klam, and Andrew P. Doan. 2016. "Is Internet Pornography Causing Sexual Dysfunctions? A Review with Clinical Reports." *Behavioral Sciences* 6(3): 17. <https://doi.org/10.3390/bs6030017>.
- Seligman, M. E. and S. F. Maier. 1967. "Failure to Escape Traumatic Shock." *Journal of Experimental Psychology* 74(1): 1–9. <https://doi.org/10.1037/h0024514>.
- Sorokowska, Agnieszka, Piotr Sorokowski, Peter Hilpert, Katarzyna Cantarero, Tomasz Frackowiak, Khodabakhsh Ahmadi, Ahmad M. Alghraibeh et al. 2017. "Preferred Interpersonal Distances: A Global Comparison." *Journal of Cross-Cultural Psychology* 48(4): 577–592. <https://doi.org/10.1177/0022022117698039>.
- U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention. 2023. *2023 National Veteran Suicide Prevention Annual Report*. Retrieved from [https://www.mentalhealth.va.gov/suicide\\_prevention/data.asp](https://www.mentalhealth.va.gov/suicide_prevention/data.asp).
- van der Kolk, Bessel A. 2015. *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. New York: Penguin Books.

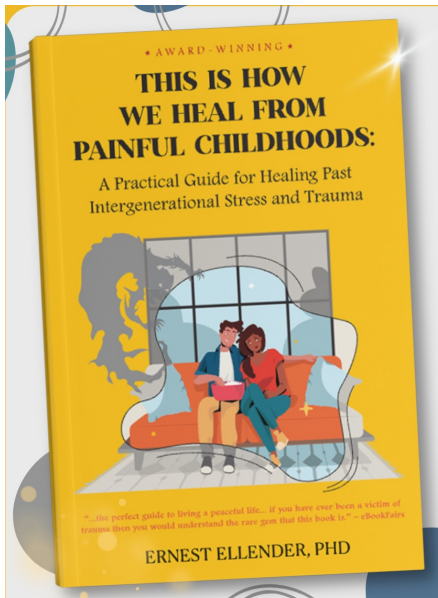
- van Steenwyk, Gretchen, Martin Roszkowski, Francesca Manuella, Tamara B. Franklin, and Isabelle M. Mansuy. 2018. "Transgenerational Inheritance of Behavioral and Metabolic Effects of Paternal Exposure to Traumatic Stress in Early Postnatal Life: Evidence in the 4th Generation." *Environmental Epigenetics* 4(2): dvy023. <https://doi.org/10.5167/uzh-159543>.
- Vespero, Fernando Hernández. 2023. "Epigenetic Regulation of Gene Expression in the Development of Neurodegenerative Diseases: A Narrative Review." *International Journal of Medical Science and Clinical Research Studies* 3(10): 2385–2393. <https://doi.org/10.47191/ijmscrs/v3-i10-52>.
- Voss, Chris. 2017. *Never Split the Difference: Negotiating as if Your Life Depended on It*. HarperCollins.
- Walker, Pete. 2013. *Complex PTSD: From Surviving to Thriving*. CreateSpace Independent Publishing.
- Weinhold, Bob. 2006. "Epigenetics: The Science of Change." *Environmental Health Perspectives* 114(3): A160–A167. <https://doi.org/10.1289/ehp.114-a160>.
- Wohn, Donghee Y. and Michael J. Lee. 2020. "The Effect of Tracking and Reflecting on Study Habits on Study Behavior and Grades." Paper presented at *IEEE International Symposium on Technology and Society (ISTAS)*, Tempe, AZ, USA, November 2020. <http://dx.doi.org/10.1109/ISTAS50296.2020.9462241>.
- Zur, Ofer. 1995. "Rethinking 'Don't Blame the Victim': The Psychology of Victimhood." *Journal of Couples Therapy* 4(3–4): 15–36. [https://doi.org/10.1300/J036v04n03\\_03](https://doi.org/10.1300/J036v04n03_03).



# **This Is How We Heal from Painful Childhoods:**

## **A Practical Guide for Healing Past Intergenerational Stress and Trauma**

**by Ernest Ellender, PhD**



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To contact Ernest about virtual life coaching or consulting services:

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Phone: 985-381-7848

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