

Loving Eyes Protocol

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1. Find a visual memory of an actual memory that represents the disturbance or discomfort that the client doesn't want. Remind the client that s/he is an adult, sitting in your office and ask the client to witness the event, *as a separate person from the child*. Ask a simple question such as...

When you were a child, were you ever afraid (or other emotion)? _____

2. if the client has trouble accessing an actual memory, use an Affect Scan:

When you notice where that fear (or other emotion) feeling is in your body and take that back to when you were a kid, what do you get? Just take whatever you get. _____

Clarify the scene with specific, general questions such as:

Is this child inside or outside? How old is s/he? What room is s/he in? What is s/he looking at, when you see her/him right now? _____

3. *Sitting here in my office, the adult you are today, can you just look at that child?*

If "yes," add BLS supportive words to convey unconditional acceptance, such as, *Just see this child.*

When you see this child, just see whatever you see _____

The adult client may begin to experience the feelings of the child ego state, so make sure that the feelings are contained within the adult's sense of safety in your office. You may need to pause here to re-orient to safety.

4. Often, the client may initially have a nonaccepting reaction to the child, such as scolding, lecturing, or avoidance. This is a defense that keeps a distance from the painful affect that is part of the child ego state. BLS will allow the negativity to process if you ask the client to focus on positive feelings (relief, containment) associated with the defensive avoidance.

What's good about not looking at that child? _____

The response may be something like, "If I look away, I don't have to feel those feelings." Or "If I don't look, I don't have to see how awful it was." Disgust with the child part is often what was needed at the time of the trauma as a way of allying with the powerful perpetrator so s/he would not be totally abandoned.

Whatever the response, say: *Think of that* and add BLS. Often, the avoidance and lack of compassion will diminish.

5. When the client is able to easily see the child, ask *When you look at that child, can you see the child's feelings?* Usually, the client will be able to share the child's feelings. Continue sets of BLS while maintaining orientation to present safety. Likely, fear will dissipate and feelings of connection and compassion for the child will increase.

6. *When you look at that child, how do you feel about the child?* _____

[BLS]

Is there anything that you know, as an adult, that would be helpful to that child? Something that child doesn't know? _____

Stay with that. [BLS] Continue sets of BLS until the positive/ adaptive reports plateau.

7. If the client indicates that the child is reluctant, worried, or scared s/he will be criticized, shift back to the adult self with questions like *Do you, in fact, as an adult, looking at the child, feel critical of the child for having that fear?*

It may be necessary to go back to Step 5 above. Cognitive interweaves about the realities of the child's life may soften the harshness of the critical adult's perspective. *Do you think that child has it rough?*