

W H I T E P A P E R

# Vulnerabold: Why Attending to Discomfort First Is the Gateway to Real Transformation

---

## Arch Fuston

Arch Fuston Coaching

arch@archfuston.com | archfuston.com

2025

---

## A N O T E B E F O R E W E B E G I N

---

*I didn't sit down one day and decide to become an expert. I sat with discomfort — including my own — and paid close attention.*

This paper is the product of more than fifteen years of coaching work — sessions held in person and over video, with individuals and with teams, with people navigating professional crossroads and people navigating the kind of personal suffering that has no clean category. It is also the product of my own ongoing inner work: the places I've had to go inside myself in order to be genuinely useful to someone else sitting across from me.

I want to be straightforward about what this paper is — and what it isn't. It is not a flex. It is not an attempt to position myself as all-knowing, or to suggest that I have arrived somewhere you haven't. I am a fellow traveler who has stumbled, gotten lost, and sometimes found his way back — and who has been privileged enough to do some of that alongside others doing the same. The ideas here are not mine alone. They are drawn from the wisdom of the researchers, clinicians, and thinkers whose work I've absorbed over many years, filtered through the particular lens of what I've actually witnessed to be true in the coaching relationship.

The purpose of this paper is simple: to give you a window into what I do, how I do it, and why I do it the way I do. Many people who find their way to my coaching arrive having tried other things — other coaches, other modalities, other well-intentioned attempts to shift patterns that seem stubbornly rooted. My hope is that this paper helps to explain why some of those efforts may have fallen short, and why the approach described here is meaningfully different. Not because I am different. Because the *sequence* is different. And in transformation work, sequence is everything.

The pieces I've written and shared through the Vulnerabold Perspectives — on accountability ("*The Mistake in 'Holding People Accountable'*"), on sufficiency ("*Enough*"), on the internal resistance that blocks growth ("*Big 'Buts'*"), on fear, projection, the nervous system, and the quiet everyday courage of being willing to feel — are not standalone insights. They are chapters from a single, long-running conversation

I've been having with the humans who show up to do this work, including myself. This paper attempts to put them in one place, give them scientific grounding, and show how they fit together as a coherent approach to human change.

T H E M O T I V A T I N G P R I N C I P L E  
“*Choosing to suffer — being Vulnerabold —  
prepares us for when suffering chooses us.*”  
— Arch Fuston

This is the through line for everything that follows. Voluntarily moving toward discomfort — in a coaching session, in a hard conversation, in the quiet of an ordinary morning when something difficult rises and we choose to stay with it rather than reach for a distraction — is not masochism. It is training. Every time we turn toward what is hard, we deposit something in the account of the self. We learn, at a level deeper than thought, that we can be with difficulty without being destroyed by it. And that knowledge — not confidence, not optimism, not strategy — is what allows us to meet the unavoidable suffering that life will, sooner or later, bring to every one of us.

Research on psychological resilience consistently supports this. Kashdan and Rottenberg’s work on psychological flexibility finds that the capacity to engage with difficult internal experiences — rather than avoid them — is among the strongest predictors of well-being, performance under pressure, and recovery from adversity. [A] The Stoic philosophers understood this intuitively. Seneca wrote that adversity is the condition under which virtue is made visible — not because suffering is good, but because *practiced engagement with difficulty* is the only reliable preparation for it. More recently, Viktor Frankl’s documentation of meaning-making under extreme duress, and post-traumatic growth research by Tedeschi and Calhoun, converge on the same finding: those who had developed some prior relationship with their own inner difficulty — who had not spent their lives exclusively in its avoidance — were more able to find footing when suffering arrived uninvited. [B]

Being Vulnerabold is the practice of choosing, in ordinary moments, to turn toward rather than away. To notice the tightening in the chest and stay with it. To say the true thing instead of the comfortable one. To sit with a part of yourself that you'd rather not acknowledge and offer it the one thing it has always needed: your presence. It is not heroic in the dramatic sense. It is heroic in the quiet, daily, cumulative sense — the kind of heroism that doesn't announce itself but shows up, unmistakably, when the world asks something hard of you.

In my experience, and in the years of witnessing others do this work, I have not found a shortcut to that kind of readiness. You cannot think your way into it. You cannot accumulate enough self-improvement content to substitute for it. The only way through is *through* — and what the pages that follow try to do is show what that means, at the level of the nervous system, the brain, the body, and the self that inhabits all three. I hope something in here is useful to you. And if any of it resonates, I hope it moves you toward something — not toward me, but toward yourself. That's always been the point.

*Arch Fuston*

San Diego, California | archfuston.com

## A B S T R A C T

---

Personal transformation is widely sought and poorly understood. Self-help culture has conditioned us to pursue insight and change — the right reframe, the clarifying narrative, the breakthrough "aha" — while systematically bypassing the one thing that makes transformation durable: the felt experience of discomfort in the body. This paper introduces the **Vulnerabold** framework, developed through the coaching practice of Arch Fuston, which proposes that genuine change begins not when we understand our story better, but when we stop running from the physical and sensational signals underneath it. Drawing on affective neuroscience, Internal Family Systems (IFS) theory, polyvagal theory, and embodied cognition research, we argue that physical discomfort is not an obstacle to transformation — it is the transformation, patiently waiting to be met. The Vulnerabold model integrates vulnerability as an embodied practice and boldness as a relational act of forward motion, producing what we term *embodied self-trust*: a grounded, reliable sense of self that does not require the absence of fear to function.

**Keywords:** *vulnerability, boldness, somatic awareness, personal transformation, Internal Family Systems, polyvagal theory, embodied cognition, self-trust, discomfort, coaching*

## I. THE PROBLEM WITH THE STORY

We are, at our core, story-making machines. The human brain constructs narrative with the same reflexive efficiency it uses to regulate heartbeat and blink rate — automatically, rapidly, and below conscious awareness. When something uncomfortable happens, the default mode network (DMN) activates within milliseconds, weaving an explanatory story: who is to blame, what it means, how it connects to everything that has come before.

This narrative capacity is extraordinary. It allows us to learn from the past, anticipate the future, and share meaning with others. But in the context of personal transformation, it has a catastrophic liability: it is *faster than the body*. By the time a person feels something uncomfortable, the mind has already begun building a story around it — and that story becomes the primary object of attention, pulling focus away from the raw somatic signal that initiated the whole process.

*"Habitual negative thoughts — those quick jabs of 'You're not good enough,' 'You always mess this up,' 'They're going to find out you're a fraud' — aren't the voice of truth. They're the voice of a part."*

— Arch Fuston, *Vulnerabold Perspectives* (Instagram, 2025)

Fuston's observation points to what neuroscientist Lisa Feldman Barrett calls the brain's role as a *prediction machine*. Barrett's theory of constructed emotion proposes that emotions are not reflexive reactions to the world but active constructions — the brain's best guess about the meaning of incoming sensory data, filtered through prior experience.

[1] When the body sends a signal of distress, the brain does not sit with the signal. It reaches into memory, pattern-matches, and generates a story: "This is familiar. This means danger. This is who I am."

The story is not false. But it is incomplete. And in its incompleteness, it forecloses the very process through which transformation occurs — because transformation does not live in narrative. It lives in *sensation*, held with awareness, over time.

### 1.1 The Narrative Trap in Conventional Coaching

Much of the personal development industry — including many coaching modalities — inadvertently reinforces the narrative trap. Clients are asked: "What story are you telling yourself?" "What belief is driving this pattern?" "If you reframed this differently, what would you see?" These are valuable questions. But when deployed without a somatic foundation, they produce *insight without change*: the client understands the pattern more clearly and continues living inside it.

### THE INSIGHT PARADOX

*Psychological research consistently demonstrates that insight alone rarely produces behavioral change. A 2014 meta-analysis by Cuijpers et al. found that cognitive interventions targeting beliefs and narratives show robust short-term gains but high relapse rates — particularly when the body's threat-response system remains unaddressed. The mind can "know" a new story while the nervous system continues to live in the old one. [2]*

This is not a failure of intelligence or willpower. It is a failure of sequence. The story is being addressed before the signal. The cart has been placed decisively in front of the horse.

## II. THE BODY KEEPS THE SCORE — AND THE ANSWER

The phrase made famous by Bessel van der Kolk's landmark research captures something more precise than it may appear: the body does not merely record distress. It *encodes transformation's prerequisites*. The discomfort that arises in moments of conflict, vulnerability, shame, or uncertainty is not an error signal to be silenced. It is the nervous system's attempt to communicate something the conscious mind has not yet registered.

[3]

Stephen Porges' Polyvagal Theory offers one of the most useful frameworks for understanding this process. Porges identifies a hierarchy of autonomic nervous system responses: the ventral vagal state (social engagement, safety, curiosity), the sympathetic state (mobilization, fight/flight), and the dorsal vagal state (freeze, collapse, shutdown).

[4] When a person encounters relational or emotional threat, the nervous system does not consult the prefrontal cortex — it drops down this hierarchy automatically. *The story that follows is generated in service of that drop, not in service of truth.*

*"Your nervous system doesn't just respond to what's happening. It responds to how you're relating to what's happening."*

— Arch Fuston, *Vulnerabold Perspectives* (Instagram, 2025)

Fuston's formulation here is not merely poetic — it is neurologically precise. The quality of one's *relationship* to a physiological state determines how long one stays in it, how deeply one identifies with it, and whether one can access the ventral vagal state of regulated curiosity from which genuine reflection becomes possible. The transformation begins not when the story changes but when the *relationship to the signal* changes.

## 2.1 Discomfort as Information, Not Obstacle

Antonio Damasio's somatic marker hypothesis proposes that emotional signals in the body serve as heuristics for decision-making — guiding behavior long before conscious deliberation occurs. [5] When these signals are suppressed, ignored, or immediately narrated over, the information they carry is lost. The person makes decisions from an impoverished data set — relying on cognitive constructs that may be elaborate and sophisticated, but that are systematically missing the most relevant input.

In practical terms: the client who feels a tightening in their chest when they consider setting a boundary with a colleague, and immediately pivots to "That's just my anxiety — I know logically I should speak up," has bypassed the very signal that would tell them *what kind of support they need* before the boundary conversation occurs. They will likely have the conversation in sympathetic activation, perform poorly, confirm their existing story ("See — I can't do this"), and reinforce the pattern they sought to change.

### FROM THE FIELD: ARCH FUSTON COACHING

*"When we notice fear, anxiety, anger, jealousy, embarrassment — we disrupt the pattern of becoming it. Noticing means we disidentify with it as something we are and relate to it as something we're experiencing. We meet it with curiosity and generosity." — Arch Fuston, *Vulnerabold Perspectives*, 2025*

The operative distinction here is between *being* an emotion and *noticing* an emotion — what phenomenologists call the difference between first-person fusion and meta-awareness. When a person *is* afraid, the fear is totalizing. When a person *notices* fear, a

gap opens between the signal and the response — and in that gap, choice becomes possible for the first time.

## 2.2 The Physiology of Genuine Transformation

Research on memory reconsolidation — pioneered by Alain Brunet, Bruce Ecker, and colleagues — provides perhaps the most compelling neuroscientific case for somatic-first transformation. [6] When a memory (including the bodily felt-sense associated with it) is reactivated in a state of safety and curiosity, it enters a labile state in which its emotional valence can be updated. This process requires the *actual reactivation of the felt experience* — not merely its cognitive representation. In other words: you cannot rewire the body by thinking about it. You must *be in it* long enough to offer it something new.

This is the scientific grounding for what Fuston calls *presencing* — the practice of turning toward discomfort with deliberate attention rather than reflexive narrative. Not to wallow. Not to dramatize. But to *be present long enough for the signal to complete itself*, at which point the nervous system naturally reorganizes toward regulation.

## III. PARTS, PROTECTION, AND THE ARCHITECTURE OF AVOIDANCE

Richard Schwartz's Internal Family Systems (IFS) model offers a particularly useful map of why discomfort avoidance is so deeply entrenched. IFS proposes that the psyche is organized as a system of distinct "parts" — subpersonalities that developed in response to early relational environments and that continue to operate with a kind of protective internal logic, even when that logic no longer serves the adult self. [7]

Protector parts — both proactive managers and reactive firefighters — have one primary mandate: keep the *exiles* (wounded, shamed, or overwhelmed younger parts) hidden from awareness. Their tools are plentiful: intellectualization, narrative construction, busyness, perfectionism, anger, humor, and the rapid generation of *explanatory stories* that redirect attention from the somatic signal of the exile's pain.

*"A part of you that learned, somewhere along the way, that being hyper-critical might keep you safe. Safe from embarrassment."*

*Safe from disappointment. Safe from risk. Safe from being seen. This voice isn't your whole self. It's a scared, overworked part doing its best to protect you with the only tools it has: shame, doubt, judgment."*

— Arch Fuston, *Vulnerabold Perspectives* (Instagram, 2025)

In IFS terms, the story is a protector's preferred output. It is *designed* to be compelling, internally consistent, and emotionally resonant — because a convincing story keeps the Self safely at the cognitive level and well away from the somatic signal that would require the protector to stand down. Understanding this reframes the client's tendency to "stay in their head" not as laziness or resistance, but as a *remarkably effective protective strategy* that once served a genuine purpose and now requires compassionate renegotiation.

### 3.1 Fear as Teacher, Not Villain

One of the most clinically and practically significant contributions in Fuston's framework is his tripartite treatment of fear — which maps closely onto classical philosophical distinctions and contemporary affective neuroscience.

#### THREE KINDS OF FEAR (FUSTON, AFTER PASCAL)

*Vicious fear: distorts and paralyzes; born from old wounds and unexamined stories. Virtuous fear: awakens conscience; signals misalignment with values. Valid fear: present-moment danger signal; the nervous system's committed protector. Source: Arch Fuston, Vulnerabold Perspectives (Instagram, 2025)*

The failure to distinguish between these three categories of fear is responsible for enormous amounts of unnecessary suffering and stalled transformation. Clients who collapse all fear into the vicious category — treating every anxious signal as evidence of brokenness — lose access to the *virtuous* information fear carries. And clients who dismiss fear entirely lose the *valid* signal that something in their current reality genuinely requires attention.

The Vulnerabold approach asks a different first question: not "How do I get rid of this fear?" but "What *kind* of fear is this — and what does it want me to see?"

This question cannot be answered from narrative alone. It requires sitting with the somatic experience long enough for the quality of the fear to reveal itself — which is precisely what the protector parts are designed to prevent, and precisely what the Vulnerabold practice is designed to make safe enough to do.

### 3.2 Disidentification: “This Is Not Me — This Is a Part of Me”

If attending to discomfort is the foundational act of the Vulnerabold practice, then *disidentification* is the mechanism that makes attending possible. Without it, the discomfort does not become something to be curious about — it becomes something to *be*. And a person who *is* their discomfort cannot simultaneously attend to it. You cannot care for what you have become.

In IFS, the term for this totalizing merger between the Self and a part is *blending*. When a part blends with the Self, its perspective becomes indistinguishable from the person’s own: its urgency feels like truth, its fear feels like reality, its story feels like identity. The person does not experience anxiety as something happening *to* them — they experience themselves as an anxious person, full stop. The distinction matters enormously, because *an anxious person* has an identity to defend, whereas *a person noticing an anxious part* has a relationship to explore.

Disidentification — or what Schwartz calls *unblending* — is the act of creating enough inner distance to recognize: *this is not me — this is a part of me*. That shift — from identification to witnessing — is not a rejection of the part. It is, paradoxically, the first genuinely caring act toward it. Because a part that has blended cannot be seen, cannot be heard, and cannot be helped. It can only be *endured* — or escaped.

“Emotions can feel like they own us — like they **ARE** us. Fear overwhelms us. Anxiety takes over. Sadness colors everything we see. ‘I am what I feel’ is the belief. The truth is, we’re not the emotion. Who we are is who’s noticing them.”

— Arch Fuston, *Vulnerabold Perspectives* (Instagram, 2025)

Fuston’s framing here contains a clinical insight of remarkable depth. Parts that generate intense discomfort — the anxiety spiral, the shame flood, the ruminating inner critic —

are not malfunctioning. They are, in the language of IFS, *desperate*. They are parts that have been carrying unbearable burdens, often for decades, without ever being genuinely seen or attended to. Their intensity is not evidence of pathology — it is a measure of how long they have been waiting. The escalation of a symptom is frequently the escalation of an unmet need for contact.

This is the generative tension at the heart of the disidentification practice: the distance it creates is not about *moving away* from the part. It is about creating enough space to *turn toward* it with curiosity rather than being consumed by it. When a person can say, with genuine warmth, “I notice there is a part of me that is terrified right now” — rather than simply “I am terrified” — something profound shifts in the nervous system. The threat-detection circuitry of the amygdala is not bypassed; but the prefrontal cortex re-enters the conversation, and with it, the capacity for compassionate inquiry. Research by Etkin and colleagues on emotional regulation confirms that this kind of metacognitive labeling — naming an emotion as an object of awareness rather than a feature of identity — meaningfully reduces amygdala reactivity and restores access to the brain’s regulatory systems. [12]

Crucially, unblending is not a technique for dismissing or minimizing the part’s experience. It is an *invitation* — perhaps the first genuine one the part has ever received. The message, delivered from the Self to the part, is something like: *I see you. I’m not going to run from you or argue with you. I’m going to sit here with you and find out what you need.* This is, in the experience of many clients, the moment when the intensity of a long-held symptom begins to soften — not because it has been resolved, but because it has finally been *acknowledged*. Parts do not need to be fixed. They need to be *met*.

#### THE BLENDED-TO-UNBLENDED SHIFT: WHAT CHANGES

*Blended: “I am anxious.” | “I am a fraud.” | “I always do this.” — Identity fused with the part; no gap; no choice; no movement possible. Unblended: “I notice a part of me that feels anxious.” | “There’s a part that believes it’s a fraud.” | “Something in me always does this.” — Self is present and separate; the part can now be witnessed, engaged, and ultimately attended to. The shift in language reflects a shift in neurobiology: from sympathetic activation toward ventral vagal access, from reactivity toward regulated curiosity.*

The Vulnerabold practice makes explicit what IFS implies: that the Self — the curious, compassionate, calm core of a person — is not destroyed by the presence of difficult parts. It is merely obscured by them when blending occurs. Disidentification is the act of remembering who is actually here — and from that position of remembered selfhood, turning toward the part with the one thing it has always needed and never quite received: *undivided, non-judgmental presence*. This is the vulnerabold move: not transcending the discomfort, but *accompanying it* — as a Self that is larger than any single part, and therefore capable of offering what that part has been desperately signaling for all along.

## IV. THE VULNERABOLD FRAMEWORK: A MODEL FOR EMBODIED TRANSFORMATION

The Vulnerabold framework rests on a deceptively simple premise: that vulnerability and boldness are not opposites and not even complementary virtues — they are a *single integrated practice*. Vulnerability without boldness becomes collapse. Boldness without vulnerability becomes armor. Together, they constitute the movement through discomfort toward authentic action that is the hallmark of genuine transformation.

### 4.1 The Vulnerabold Pyramid

The framework is organized around three ascending levels of development, each one emerging from the preceding:

1. **Vulnerability (The Foundation).** The willingness to turn toward one's own discomfort — to notice the somatic signal without immediately narrating it away. This is not weakness. It is the radical act of *attending*: giving the body the time and space to complete what it is trying to communicate.
2. **Boldness (The Action).** Movement forward from a place of regulated awareness rather than suppression or explosion. Boldness in this framework is not bravado — it is the willingness to act from the ventral vagal state of social engagement, even when activation is present. It requires that the foundation of vulnerability has been visited first.
3. **Self-Trust (The Summit).** The cumulative result of repeated cycles of vulnerability and boldness. Not confidence — which is situational and performance-based — but self-trust: the bone-deep knowledge that one can feel hard things and move through them. This is the identity shift that makes transformation durable.

Critically, the pyramid does not ascend by avoiding the lower levels. Self-trust is *built by moving toward vulnerability, not away from it*. Each time a person turns toward discomfort rather than away from it — and takes even a small step of bold action from that place — they deposit evidence in the account of self-trust. The account compounds.

## 4.2 Sovereignty: Reclaiming the Nervous System

A central operational concept in the Vulnerabold framework is what Fuston calls *sovereignty* — the capacity to remain the author of one's own internal experience rather than ceding that authorship to external conditions.

*"The reality is that most of us unconsciously give control of our nervous system to someone or something: to a boss, to a partner, to a deadline, to a story, to a president. Life can feel like a series of emotional hijackings. But your nervous system doesn't just respond to what's happening. It responds to how you're relating to what's happening."*

— Arch Fuston, *Vulnerabold Perspectives* (Instagram, 2025)

This is not a call to emotional stoicism or disconnection from the world. It is a call to *discernment* — the capacity to notice when one's regulatory state has been co-opted by circumstance, and to make an intentional choice about how to relate to that state. The skill is not suppression but *presencing*: the deliberate act of bringing awareness to the quality of one's experience in the moment, which immediately shifts one's relationship to it.

Polyvagal-informed practitioners will recognize this as the deliberate cultivation of ventral vagal access — the capacity to remain in the social engagement system even when sympathetic activation is present. The neuroscience is now clear: this capacity is learnable, trainable, and *identity-forming* when practiced consistently. [8]

## 4.3 The Role of Compassion in the Architecture

A persistent clinical error in transformation work is to treat parts, protectors, and patterns as obstacles to be overcome rather than as protective strategies to be understood. Fuston's framework is explicit on this point: *we are not broken, we are layered*. And

every layer deserves what he calls "presencing" — compassionate, curious, sustained attention.

Kristin Neff's foundational research on self-compassion provides robust empirical support for this position. [9] Neff's three-component model — self-kindness, common humanity, and mindfulness — maps closely onto the Vulnerabold approach: the willingness to be gentle with one's own suffering (self-kindness), to recognize that struggle is part of the shared human experience rather than evidence of personal deficiency (common humanity), and to hold painful feelings in balanced awareness rather than either suppressing or over-identifying with them (mindfulness).

Critically, Neff's research finds that self-compassion — unlike self-esteem — is *not contingent on performance or comparison*. It is available in precisely the moments when self-esteem collapses: failure, inadequacy, and shame. These are exactly the moments when the Vulnerabold practice is most needed and, historically, least practiced.

## V. ACCOUNTABILITY WITHOUT BLAME: THE RELATIONAL DIMENSION

Personal transformation does not occur in a vacuum. It occurs within relationships — with partners, colleagues, teams, families, and communities. The Vulnerabold framework addresses this relational dimension through a reconceptualization of accountability that is perhaps its most practically significant contribution to organizational and leadership contexts.

Conventional accountability frameworks are built on what Fuston calls a "fear-fueled, blame-based architecture." The language is familiar: "holding people accountable," "consequences for non-performance," "setting clear expectations and enforcing them." This architecture is not merely ethically questionable — it is *neurologically counterproductive*. Research by Richard Boyatzis and colleagues, drawing on intentional change theory, demonstrates that sustained behavioral change emerges reliably from positive emotional attractors — states of curiosity, hope, and psychological safety — and is systematically blocked by negative emotional attractors — states of fear, shame, and threat. [10]

*"NO sustained behavior change comes from a state of fear, intimidation, blame, or threat. ALL sustained change comes from the energy of curiosity, support, and possibility."*

— Arch Fuston, *Vulnerabold Perspectives* (Instagram, 2025), citing Boyatzis (2006)

The implications for leadership are profound. Leaders who lead from their own unattended discomfort — who are dysregulated, shame-activated, and operating from protector parts — systematically dysregulate the people around them, regardless of their intentions or their competence. The Vulnerabold model proposes that the most important leadership development intervention is not a skills training program — it is *the leader's own embodied self-awareness*. Leaders who can feel their own discomfort without being captured by it can create containers of safety in which others can do the same.

## 5.1 Projection and the Mirror

One of the most practically important insights in the Fuston body of work concerns the phenomenon of projection — the unconscious attribution of one's own unacknowledged qualities to others. Psychoanalytic theory identified this mechanism over a century ago; contemporary social psychology has documented it extensively in experimental settings. [11] What the Vulnerabold framework adds is a precise relational protocol for working with it.

### THE THREE-STEP PROJECTION PROTOCOL (FUSTON, 2025)

*1. Recognize: Notice when your reaction to someone feels outsized. The stronger the charge, the more likely it is about you, not them. 2. Take Responsibility: Ask — "What part of me is being reflected here? What am I unwilling to acknowledge in myself?" 3. Reconcile: Rather than feeling irritated toward the part, welcome it. Sit with it. Understand that something is necessitating the projection. Offer this part compassion and curiosity.*

This protocol is notable for what it does not do: it does not attempt to change the other person, correct the external situation, or suppress the emotional charge. It directs attention *inward*, to the somatic and relational origin of the charge — and offers that origin compassion rather than judgment. This is the Vulnerabold methodology in miniature: *attend to the discomfort first, the action second*.

## VI. THE PRACTICE: WHAT ATTENDING TO DISCOMFORT ACTUALLY LOOKS LIKE

The framework is not a philosophy — it is a practice. And practices require specificity. What does it *actually mean* to attend to discomfort first?

### 6.1 The Noticing Posture

The first move is the hardest: *staying*. When discomfort arises — the tightening in the chest, the contraction in the throat, the low-grade hum of dread in the belly — the Vulnerabold practice asks the person to pause before narrating. To locate the sensation in the body. To observe it with the quality of attention one might bring to something genuinely interesting and unfamiliar.

Fuston offers a precise set of embodied inquiry questions for this process: Where in or around my body do I feel this most? The least? Does it move? Does it vibrate? What happens when I imagine sitting down next to it and saying, "Hello"?

These questions are not metaphorical. They are functional somatic interventions that shift the practitioner from *being* the emotion to *observing* the emotion — activating the prefrontal cortex's capacity for metacognition and creating the neurological conditions for memory reconsolidation. The questions work *because they require the body's participation*, not merely the mind's.

### 6.2 Generosity as Practice

The second component of attending to discomfort is what Fuston calls *generosity*: giving the discomfort time and attention rather than immediately deploying interventions to eliminate it. This runs profoundly against the grain of a culture that treats discomfort as a problem to be solved on the shortest possible timeline.

The generosity practice is not passive. It is an active choice to remain present with something that every conditioned instinct is screaming to avoid. It is, in this sense, an act of *extraordinary courage* — which is precisely why Fuston pairs it with boldness. The vulnerability of turning toward discomfort, and the boldness of staying there long enough

for something new to become possible, are not sequential stages. They happen simultaneously, in each moment of genuine practice.

### 6.3 Presence Is Not the Goal — Returning Is

One of the most persistently misunderstood concepts in both contemplative and therapeutic traditions is presence itself. A pervasive cultural mythology has formed around it — the idea that the spiritually or psychologically mature person is one who is *always* present — always grounded, always regulated, always in contact with this moment. This is not a goal. It is a fantasy. And in its fantasy-nature, it quietly generates shame in anyone who encounters it and finds it unattainable, which is to say: everyone.

The mind wanders. The nervous system scans for threat. Attention is pulled from the present moment hundreds of times each day — not because something has gone wrong, but because something has gone *exactly right* from an evolutionary standpoint. The capacity to mentally time-travel — to simulate futures, rehearse threats, and learn from the past without having to physically re-encounter them — is one of the signature achievements of the human prefrontal cortex. Researchers Killingsworth and Gilbert, in a landmark 2010 study using real-time experience sampling with over 2,200 subjects, found that people spend approximately 47% of their waking hours thinking about something other than what they are currently doing. [13] Mind-wandering, they concluded, is the brain's default state — not a deviation from it. To be out of presence is not to be broken. It is to be human.

From a polyvagal perspective, the vigilance that pulls us from presence is even more precisely understood: it is the nervous system's neuroception — Porges' term for the subconscious scanning process that continuously assesses environmental safety — at work below the threshold of conscious awareness. [4] When neuroception detects a cue of danger — a tone of voice, a facial microexpression, a somatic memory triggered by a smell or posture — the autonomic nervous system responds before the conscious mind has registered anything at all. The person does not decide to leave presence. They are escorted out of it by a survival system that is doing its job, efficiently and without apology. Vigilance is not a character flaw. It is a *strategy* — one refined over millions of years of evolution to keep the organism alive. It deserves respect, not remediation.

*“Sovereignty was an elusive experience for me most of my life. In reflection, I pretty much turned my nervous system over to just about anyone. Life can feel like a series of emotional hijackings. Here’s the truth: Your nervous system doesn’t just respond to what’s happening. It responds to how you’re relating to what’s happening.”*

— Arch Fuston, *Vulnerabold Perspectives* (Instagram, 2025)

The Vulnerabold framework therefore does not ask its practitioners to be present always. It asks something more achievable and more honest: to *notice when they are not*, and to return. The goal is not sustained, unbroken presence — an impossibility for any nervous system that evolved to survive. The goal is the *shortening of the time spent away from it*. This reframe has profound practical and motivational consequences. It transforms failure — “I was not present” — into data: “I was gone, and then I came back.” The gap is not evidence of inadequacy. It is the *practice*.

The neuroscience of this return is increasingly well-mapped. Research on the default mode network (DMN) — the brain’s “resting state” system active during mind-wandering, self-referential thought, and rumination — shows that mindfulness-based practices do not eliminate DMN activity. They strengthen the connections between the DMN and the prefrontal regulatory systems that detect when the mind has wandered and redirect attention back to the present moment. [14] Brewer and colleagues’ neuroimaging studies found that experienced meditators do not show less DMN activity than novices — they show *different patterns* of activity — specifically, greater coupling between the posterior cingulate cortex (a key DMN hub associated with self-referential rumination) and the prefrontal areas that enable metacognitive awareness. In plain language: expertise in presence is not the absence of wandering. It is the *speed and quality of the return*.

#### **THE PRESENCE PARADOX: WHAT THE RESEARCH ACTUALLY SHOWS**

*Killingsworth & Gilbert (2010): The mind wanders ~47% of waking hours — the brain’s default, not a malfunction. Brewer et al. (2011): Expert meditators show faster, cleaner returns to presence — not fewer departures. Porges (2011): Neuroception removes us from presence automatically and below conscious awareness — a survival reflex, not a failure of discipline. The implication for practice: the measure of progress is not “How long did I stay present?” but “How quickly did I notice I was gone — and how did I return?”*

This has significant implications for self-compassion in practice. Killingsworth and Gilbert also found that a mind that wanders to *unpleasant topics* produces significantly lower levels of wellbeing — but crucially, the *quality of the return* mediates this relationship. A return accompanied by self-judgment (“I can’t believe I went there again”) compounds the suffering. A return accompanied by self-compassion and curiosity (“Ah — there’s that part again. What does it need?”) begins to transform it. The Vulnerabold practice integrates both movements: noticing the departure without shame, and returning to presence as an act of gentle, deliberate self-care — *every single time*, without exception and without complaint.

This is what deepening presence actually looks like in practice: not a state of continuous, unruffled awareness, but a growing fluency in the rhythm of *departure and return*. Over time, the departures become shorter. The returns become faster. The self-judgment that once accompanied both gradually dissolves. And in its place grows something quieter and far more durable than the performance of presence: an *intimate familiarity* with one’s own inner landscape — including all its storms, its recurring weather patterns, and the particular way this particular nervous system finds its way home.

## 6.4 The "Enough" Question

Central to the Vulnerabold framework is what might be called the *sufficiency wound* — the deep, pervasive belief that one is not enough, has not received enough, and cannot trust oneself enough to move forward without external validation.

*"Believing we're not enough is the result of not having received enough. Believing we're not enough is a hard place to navigate life from."*

— Arch Fuston, *Vulnerabold Perspectives* ("Enough," February 2025)

This framing has significant clinical and practical implications. The sufficiency wound is not a cognitive error to be corrected by positive affirmations or reframing — it is a *relational injury* encoded in the body's memory systems. It can only be addressed by providing what was originally absent: consistent, compassionate, attuned presence — first

from the practitioner, and ultimately from the *client to themselves*. This is the process by which self-trust is built. Not by evidence of external success, but by the repeated experience of *showing up for oneself in the moments of greatest discomfort*.

## VII. MEMORY RECONSOLIDATION AND THE VULNERABOLD COACHING ARC

Everything discussed in this paper — the narrative trap, the somatic signal, the disidentification from parts, the rhythm of presence and return — converges on a single neuroscientific process that may represent the most important development in the science of human change in the past three decades: *memory reconsolidation*. Understanding this process does not merely provide academic support for the Vulnerabold approach. It reveals *why* the approach works at the level of the brain — and precisely what must happen, in what sequence, for change to be not just possible but *permanent*.

The foundational work here belongs to Bruce Ecker, Robin Ticic, and Laurel Hulley, whose synthesis of memory reconsolidation research into a clinical framework they call the *Transformational Change Process (TCP)* — formerly Coherence Therapy — provides a step-by-step map of what genuine transformation requires. [6] While their model was developed in the context of psychotherapy, its implications extend directly and powerfully into the coaching relationship. What follows is an articulation of how the TCP steps apply within the Vulnerabold coaching framework — not as therapy, but as the structured, compassionate, somatic-first process through which a coached individual can experience lasting change in their patterns, their identity, and their relationship to themselves.

### 7.1 The Neuroscience: What Memory Reconsolidation Actually Is

For most of the twentieth century, neuroscience held that once a memory was consolidated — encoded into long-term storage, particularly in the implicit (procedural and emotional) memory systems — it was effectively permanent. The emotional learning that formed in childhood, in formative relational environments, or in moments of acute

threat, was thought to be immutable: the best one could do was build new memories on top of it, suppressing or overriding it through new learning. This is the mechanism underlying most cognitive-behavioral approaches, and it explains their most frustrating limitation: the old pattern never quite disappears. Under stress, in unfamiliar environments, in moments of vulnerability, it re-emerges with remarkable fidelity.

The discovery that fundamentally changed this picture came from Nader, Schafe, and LeDoux in 2000: the demonstration that a consolidated memory, when reactivated, enters a transient *labile state* — a window of neurological plasticity lasting approximately four to six hours — during which its emotional content can be *updated*, not just suppressed. [15] This process, memory reconsolidation, requires that the reactivated memory encounters a *mismatch experience* — something genuinely contradictory to what the memory predicts — while it is in the labile state. When this occurs, the memory's emotional valence, behavioral imperative, and somatic signature can be permanently revised. The old learning does not get filed away. It gets *rewritten*.

#### MEMORY RECONSOLIDATION: THE CORE MECHANISM

*Step 1: Reactivation. The target emotional learning is brought into conscious, embodied awareness — not as a narrative about the past, but as a felt experience in the present. Step 2: Lability. The reactivated memory enters a neurologically plastic state. Step 3: Mismatch. A genuinely contradictory experience is introduced while the memory is labile. Step 4: Reconsolidation. The memory is re-encoded with its emotional signature updated. The result is not suppression of the old pattern but its transformation. Ecker et al. (2012) term this the “erasure” of the original emotional learning — replaced, not covered. Source: Ecker, Ticic & Hulley (2012); Nader, Schafe & LeDoux (2000).*

## 7.2 The Transformational Change Process in Coaching: Five Steps

Ecker and colleagues identify several consistent steps through which reconsolidation occurs in clinical practice. Each maps precisely onto the Vulnerabold coaching process. What follows is a translation of those steps into the language and orientation of coaching — non-diagnostic, non-pathologizing, and rooted in the assumption that the client is not broken, but *brilliantly adaptive* in ways that have outlived their usefulness.

### Step One: Identifying the Symptom and Its Function

In the TCP model, transformation begins not with goals, strengths, or future-orientation — but with a precise, compassionate investigation of the *symptom*: the pattern, behavior, emotional response, or recurring experience that the client identifies as problematic and wishes to change. This might be chronic procrastination, the inability to set boundaries, a compulsive need for approval, explosive anger, emotional shutdown under pressure, or the persistent sense of being an impostor despite measurable competence.

The conventional coaching impulse at this point is to treat the symptom as an obstacle and immediately redirect toward strategy: “What would it look like to handle this differently?” The Vulnerabold approach, informed by TCP, does something far more counterintuitive: it treats the symptom with *curiosity and respect*. The first question is not how to eliminate it, but: *what is this symptom's function? What purpose does it serve? What would be at risk if it disappeared?*

This reorientation is clinically and empirically grounded. In IFS terms, every symptom is a part's strategy — a behavior chosen, often in childhood, because it solved a problem that felt existentially urgent at the time. The client who cannot stop seeking approval learned, in an environment where love was conditional, that performing for approval was the surest path to safety. The client who shuts down emotionally under pressure learned that visibility was dangerous. The symptom is not irrational. It is *deeply rational within the logic of the emotional learning that produced it*.

*“In working with Arch I have discovered that the power to create, the power to surrender, the power to protect are all within me. In the beginning I resisted doing the work necessary for me to move forward; nevertheless, with Arch's gentle persuasion I pushed through and grew so far out of my comfort zone that some people in my life no longer know who I truly am.”*

— A Vulnerabold Explorer (client testimonial)

In coaching practice, identifying the function of a symptom requires guided somatic inquiry — not intellectual analysis. The coach invites the client to embody the symptom (to feel it, locate it, and inhabit it rather than narrate about it) and then to ask: *If this pattern suddenly disappeared, what would I be afraid would happen?* The answer to

this question — held in the body, not constructed by the mind — is the first glimpse of the underlying emotional learning.

## Step Two: Identifying the Schema — The Emotional Learning Beneath

The *schema* is Ecker's term for the unconscious emotional learning that generates the symptom: the implicit belief, prediction, or emotional truth that the symptom exists to enact or protect. It is not a thought that can be accessed by introspection alone. It is a *felt reality* — encoded in the body, in procedural memory, in the nervous system's predictions about what the world is like and what is required to survive in it.

Schemas take the form of implicit propositions: *“If I am vulnerable, I will be humiliated.”* *“If I express anger, I will lose the relationship.”* *“If I succeed too visibly, I will be abandoned.”* *“I am fundamentally unlovable, and everything I do is an attempt to disguise this fact before it is discovered.”* These are not beliefs in the cognitive sense. They are *emotional truths* — convictions so deeply held that the nervous system treats them as perception rather than interpretation. They do not feel like conclusions. They feel like *reality*.

In the Vulnerabold coaching context, the schema emerges not through directed questioning but through *somatic deepening*: guiding the client into the felt experience of the symptom and following the body's associations. This is precisely the practice described in Section 6.1 — the noticing posture, the embodied inquiry questions, the compassionate attention to sensation rather than story. What the practitioner is tracking, beneath the client's narrative, is the *emotional logic* that organizes the symptom: the prediction, the threat, the implicit proposition about what is true and what would happen if the pattern changed.

### COACHING APPLICATION: FINDING THE SCHEMA

*Somatic entry point: “As you sit with this pattern — this tendency to [symptom] — where do you feel it most in your body? Just notice, without trying to explain it.” Embodied deepening: “If this pattern suddenly vanished tomorrow — completely gone — staying with your body, what is the first thing that arises? What would you be afraid might happen?” Schema surfacing: “And if that happened — if [feared outcome] — what would that mean? About you? About what is possible?” The coach tracks somatic activation throughout, noting when the body confirms that the emotional truth has been touched. This is the moment the reactivation window begins to open.*

### Step Three: Recognizing the Coherence — The Symptom Makes Sense

One of the most therapeutically and clinically significant moves in the TCP model is what Ecker calls *coherence recognition*: the moment when client and coach together recognize that the symptom is not irrational, self-destructive, or evidence of brokenness — it is the *perfectly coherent output of the emotional learning that produced it*. Given what that younger part learned about the world, the symptom makes complete sense. It was, and perhaps still is, the most intelligent response available to the system.

This recognition is not merely intellectual. It is *felt* — and it carries with it a quality of profound self-compassion that cognitive reframing alone cannot generate. When a client truly understands, at a somatic level, that their most troubling pattern was once an act of extraordinary self-protection, the shame that has surrounded that pattern begins to dissolve. Not because the shame has been argued away, but because the *emotional context of the learning has been restored*. The part that was protecting is seen, perhaps for the first time, as the ally it always was.

In the Vulnerabold framework, this is the moment of deepest disidentification: the client is no longer *their* pattern. They are a person who *has* a part that learned this pattern in service of survival. The distance this creates — not from compassion but *toward* it — is precisely the neurological condition required for the next step: the introduction of contradictory knowledge.

### Step Four: Contradictory Knowledge — The Mismatch Experience

Reconsolidation requires a mismatch. The labile memory, once reactivated, must encounter something that *genuinely contradicts* its predictions — not a better argument, not a positive affirmation, not a reframe, but a *lived experience that the emotional learning predicts to be impossible or dangerous, and which turns out to be neither*. [6]

Ecker is precise about this: the contradictory knowledge must be *experiential*, not propositional. Telling someone “it is safe to be vulnerable” activates the cortex. Having them *be* vulnerable in the presence of a safe, attuned other — and experiencing the outcome — activates the reconsolidation window.

In coaching, contradictory knowledge does not arrive from the coach's wisdom. It emerges from the client's own experience — accessed through the right questions, held in the right somatic state. The coach asks: *“Has there ever been a time — even briefly, even partially — when [the feared outcome] did not happen? When vulnerability was met with something other than humiliation? When you expressed a need and it was received?”* The client is then guided to *inhabit* that memory somatically — not recall it cognitively, but feel it, in the body, with the same quality of embodied presence brought to the symptom. This is the mismatch experience. When the schema (*“vulnerability leads to humiliation”*) is held alongside the contradictory somatic memory (*“I was vulnerable and I was met with care”*) simultaneously, in the body, the reconsolidation window opens.

The contradictory knowledge may also emerge directly from the coaching relationship itself. The coach who remains curious, non-judgmental, and genuinely interested in the client's deepest experience — without trying to fix or redirect — is providing something the client's emotional learning may never have received. The schema that says *“no one can be trusted with my real experience”* is disconfirmed, gently and repeatedly, by every session in which the client is met with presence. This is why the *relational container* of Vulnerabold coaching is not a secondary feature. It is, at the neurological level, the *primary mechanism of change*.

#### **CONTRADICTIONARY KNOWLEDGE: WHAT IT IS AND IS NOT**

*IS: A lived, somatic experience that directly contradicts the prediction of the emotional learning.*

*IS: A genuinely surprising relational experience within the coaching container. IS: The client's own memories of times the feared outcome did not occur, accessed and inhabited in the body. IS NOT: A cognitive argument against the schema (“That belief isn't rational”). IS NOT: A positive affirmation layered over the emotional learning. IS NOT: Insight about why the pattern developed. These approaches activate different neural circuits and do not meet the conditions for reconsolidation. The distinction is not philosophical — it is neurological. Source: Ecker, Ticic & Hulley (2012); Lane et al. (2015).*

### **Step Five: Verification — Recognizing That Something Has Changed**

Ecker identifies a final step that distinguishes reconsolidation from ordinary insight: *verification*. When reconsolidation has occurred, the client experiences something

specific and recognizable: the symptom, when invited to arise, no longer carries its former charge. The thought “*I am not enough*” may still appear, but it now feels like an old story rather than a felt truth. The situation that previously triggered automatic shutdown or explosion now feels navigable. There is a quality of “*that used to be true for me, and now I can see it was a learned response, not reality*” — without effort, without willpower, without having to remind oneself of the new belief. The change is *automatic*, because it has occurred at the level of the memory itself.

In Vulnerabold coaching, the coach tracks verification through the client's somatic responses over sessions — noting where activation has reduced, where the body's response to previously triggering situations has changed, and crucially, where the *quality of the client's self-relationship* has shifted. The client who previously treated every return from presence as evidence of failure, and now greets it with curiosity, has experienced reconsolidation. The client who previously could not distinguish between *being* anxious and *noticing* an anxious part, and can now make this distinction spontaneously and without coaching prompts, has experienced reconsolidation. The change that has occurred is not performance. It is *identity*.

### 7.3 Why This Is Coaching, Not Therapy

A critical clarification is warranted. The TCP model was developed in a therapeutic context, and the language of schemas, emotional learning, and symptom function carries clinical connotations. The Vulnerabold framework applies these principles within the explicitly non-clinical context of coaching — and the distinction is both ethical and practical.

In the Vulnerabold coaching application, the coach does not diagnose, treat, or attempt to resolve trauma. The coach does not pursue the deepest layers of early relational wounding that may underlie a schema. What the coach *does* is create the conditions — somatic safety, compassionate presence, embodied inquiry, and the invitation toward rather than away from discomfort — under which the client's own system can begin the reconsolidation process. The coach is not the agent of change. The client's nervous system, given the right conditions, *is*.

This distinction matters because it preserves the integrity of both disciplines. Coaching clients who encounter deeply activating material — flashbacks, acute dissociation, crisis-level symptoms — are referred to licensed clinicians. The Vulnerabold framework does not attempt to do what therapy does. What it does is provide a structured, scientifically grounded, somatically informed process for working with the ordinary (but often profoundly limiting) emotional learnings that shape identity, decision-making, relationships, and leadership in everyday life. This is precisely where coaching lives — and precisely where the TCP model, properly applied, has its most accessible and powerful effect.

*“Good coaches help you to see things differently. A GREAT coach helps you to sense yourself differently.”*

— Arch Fuston, archfuston.com

Fuston's formulation is, in light of the reconsolidation research, more than a coaching philosophy. It is a neurological prescription. Seeing differently activates the cortex. *Sensing* differently — experiencing something new in the body, in the felt sense, in the somatic reality of this moment — is the condition under which the reconsolidation window opens and lasting change becomes possible. The Vulnerabold coach's job is to create the relational and somatic conditions under which the client's nervous system can do what it is, at a biological level, designed to do: update its predictions in the light of new experience, and build an identity that is no longer organized around protection from a threat that has long since passed.

## **VIII. CONCLUSION: TRANSFORMATION BEGINS IN THE BODY**

The dominant paradigm in personal development has it backwards. It focuses on the story — the beliefs, the narratives, the cognitive reframes — and treats the body as secondary: a vehicle for the mind's insights, a source of symptoms to be managed, a system to be disciplined into alignment with the chosen direction.

The Vulnerabold framework inverts this hierarchy — not to dismiss narrative or cognition, but to restore them to their appropriate place in the sequence. The body speaks first. The signal carries information that the story cannot access. And until that signal has been met — with attention, with compassion, with the sustained generosity of genuine presence — no story, however well-crafted, will produce the changes the person is seeking.

This is the core insight that Arch Fuston has developed through years of coaching practice and personal transformation: that vulnerability is not a soft skill or an emotional indulgence. It is the *primary mechanism of change*. And boldness is not bravado or the absence of fear. It is the willingness to move forward from a place of genuine, embodied contact with one's own experience — which is the only place from which movement can be real, durable, and self-trusting.

*"You can't lead, love, or live fully on the outside when you're at war with yourself inside. Changing your life starts with changing your relationship to yourself. Not by fixing. Not by forcing. But by finally listening."*

— Arch Fuston, *Vulnerabold Perspectives* (Instagram, 2025)

The science supports this. Memory reconsolidation requires somatic activation. Polyvagal theory shows that regulated action requires regulated presence first. IFS demonstrates that protector parts stand down not when overridden but when met with compassion. Memory reconsolidation research shows that when the emotional learning beneath a symptom is reactivated in a state of safety and met with a genuinely contradictory experience, it can be permanently updated at the neural level — not suppressed, but transformed. Self-compassion research confirms that genuine resilience emerges not from avoiding hard feelings but from relating to them skillfully.

And the practice confirms it too — in the clients who have walked through this work and found, on the other side, not a life without discomfort, but a self that no longer needs to hide from it. That is the destination the Vulnerabold framework points toward. Not transcendence of difficulty. *Sovereignty within it.*



## REFERENCES

---

- [1] Barrett, L. F. (2017). *How Emotions Are Made: The Secret Life of the Brain*. Houghton Mifflin Harcourt.
- [2] Cuijpers, P., Cristea, I. A., Karyotaki, E., Reijnders, M., & Huibers, M. J. H. (2014). How effective are cognitive behavior therapies for major depression and anxiety disorders? A meta-analytic update of the evidence. *World Psychiatry, 15*(3), 245–258.
- [3] Van der Kolk, B. A. (2014). *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. Viking.
- [4] Porges, S. W. (2011). *The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment, Communication, and Self-regulation*. W. W. Norton & Company.
- [5] Damasio, A. R. (1994). *Descartes' Error: Emotion, Reason, and the Human Brain*. Putnam.
- [6] Ecker, B., Ticic, R., & Hulley, L. (2012). *Unlocking the Emotional Brain: Eliminating Symptoms at Their Roots Using Memory Reconsolidation*. Routledge.
- [7] Schwartz, R. C. (1995). *Internal Family Systems Therapy*. Guilford Press.
- [8] Dana, D. (2018). *The Polyvagal Theory in Therapy: Engaging the Rhythm of Regulation*. W. W. Norton & Company.
- [9] Neff, K. D. (2011). *Self-Compassion: The Proven Power of Being Kind to Yourself*. William Morrow.
- [10] Boyatzis, R. E., & McKee, A. (2005). *Resonant Leadership: Renewing Yourself and Connecting with Others Through Mindfulness, Hope, and Compassion*. Harvard Business School Press. See also: Boyatzis, R. E. (2006). An overview of intentional change from a complexity perspective. *Journal of Management Development, 25*(7), 607–623.
- [11] Newman, L. S., Duff, K. J., & Baumeister, R. F. (1997). A new look at defensive projection: Thought suppression, accessibility, and biased person perception. *Journal of Personality and Social Psychology, 72*(5), 980–1001.
- [12] Etkin, A., Buchel, C., & Gross, J. J. (2015). The neural bases of emotion regulation. *Nature Reviews Neuroscience, 16*(11), 693–700. See also: Lieberman, M. D., Eisenberger, N. I., Crockett, M. J., Tom, S. M., Pfeifer, J. H., & Way, B. M. (2007). Putting feelings into words: Affect labeling disrupts amygdala activity in response to affective stimuli. *Psychological Science, 18*(5), 421–428.
- [13] Killingsworth, M. A., & Gilbert, D. T. (2010). A wandering mind is an unhappy mind. *Science, 330*(6006), 932.
- [14] Brewer, J. A., Worhunsky, P. D., Gray, J. R., Tang, Y. Y., Weber, J., & Kober, H. (2011). Meditation experience is associated with differences in default mode network activity and connectivity. *Proceedings of the National Academy of Sciences, 108*(50), 20254–20259.
- [15] Nader, K., Schafe, G. E., & LeDoux, J. E. (2000). Fear memories require protein synthesis in the amygdala for reconsolidation after retrieval. *Nature, 406*, 722–726. See also: Lane, R. D., Ryan, L., Nadel, L., & Greenberg, L. (2015). Memory reconsolidation, emotional arousal, and the process of change in psychotherapy: New insights from brain science. *Behavioral and Brain Sciences, 38*, e1.
- [16] Ecker, B. (2015). Memory reconsolidation understood and misunderstood. *International Journal of Neuropsychotherapy, 3*(1), 2–46.
- [A] Kashdan, T. B., & Rottenberg, J. (2010). Psychological flexibility as a fundamental aspect of health. *Clinical Psychology Review, 30*(7), 865–878. See also: Hayes, S. C., Luoma, J. B., Bond, F. W., Masuda, A., & Lillis, J. (2006). Acceptance and commitment therapy: Model, processes and outcomes. *Behaviour Research and Therapy, 44*(1), 1–25.
- [B] Frankl, V. E. (1959). *Man's Search for Meaning*. Beacon Press. See also: Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry, 15*(1), 1–18.

## Social Media & Practitioner Sources

Fuston, A. (2025, February). "Enough." Vulnerabold® Perspectives. [archfuston.com/vulnerabold-sharings](https://archfuston.com/vulnerabold-sharings)

Fuston, A. (2025). [Multiple posts]. Vulnerabold® Perspectives. Instagram: [@vulnerabold\\_archfustoncoaching](https://www.instagram.com/vulnerabold_archfustoncoaching)

Fuston, A. (2025, May). "The mistake in 'holding people accountable.'" Vulnerabold® Perspectives. [archfuston.com/vulnerabold-sharings](https://archfuston.com/vulnerabold-sharings)

### **About the Author**

Arch Fuston is a certified self-leadership coach and the founder of Arch Fuston Coaching, based in San Diego, California. He is the creator of the Vulnerabold® method, a somatic-first coaching framework integrating embodied self-awareness, IFS-informed parts work, and polyvagal-informed regulation practices. Arch coaches high-achieving individuals and organizational leaders who are ready to stop performing and start living. He can be reached at [arch@archfuston.com](mailto:arch@archfuston.com) or [archfuston.com](https://archfuston.com).

© 2025 Arch Fuston Coaching. All rights reserved. Vulnerabold® is a registered trademark.