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Reading the Body: Looking to the Body for Diagnosis and Treatment

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Healing Developmental Trauma



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No matter how withdrawn and isolated we have become, or how serious the trauma we have experienced, on the deepest level, just as a plant spontaneously moves toward sunlight, there is in each of us an impulse moving toward connection and healing.

There are continual loops of information going from the body to the brain bottom-up, and from the brain to the body, top-down. There are similar loops between lower and higher structures within the brain. Top-down therapies emphasize cognitions and emotions. Bottom-up therapies focus on the body, the felt sense, and the instinctive responses as they are mediated in the brain stem and move toward higher levels of limbic and cortical organization.

The NeuroAffective Relational Model (NARM) is an integrated top-down and bottom-up approach. Using both orientations greatly expands our therapeutic options. Working bottom-up, NARM uses techniques that address the subtle shifts in the nervous system in order to disrupt the predictive tendencies of the brain thus adding significant effectiveness to the therapeutic process. Working top-down, NARM focuses on identity, ideations, and emotions in a relational model that supports a client's increasing capacity for connection with self and others. This complements the bottom-up work with the nervous system to create a unified model.

A central core NARM principle is that the capacity for connection, both with ourselves and with others, is a marker of emotional health and fulfills the deep longing we all have to feel fully engaged and alive. Unfortunately,

we are often unaware of the internal conflicts that keep us from the experience of the connection and aliveness we yearn for. When we do not recognize our internal conflicts, we tend to blame external circumstances.

Five Adaptive Survival Styles

Originally, it is because of internal conflicts that we developed the coping strategies that allowed us to manage early developmental/relational and shock trauma—what in NARM we call adaptive survival styles.

Human beings are born with an essential adaptive ability: the capacity to disconnect from painful internal and external experience; this includes the pain and anxiety that accompany the lack of fulfillment of their primary needs. To the degree that any core need is chronically unfulfilled, children are faced with a crucial choice: adapt or perish. Any core need that remains consistently unsatisfied threatens children's physiological and psychological integrity and prevents them from fully moving to the next stage of their development. Adaptive survival styles are the survival strategies children adopt as adaptations to the chronic lack of fulfillment of one or more of the following biologically based needs: connection, attunement, trust, autonomy, and love-sexuality.

Initially, survival styles are adaptive, not pathological. However, because the brain uses the past to predict the future, survival styles become fixed in our nervous system and come to form what we believe to be our identity. It is the persistence of survival styles appropriate to the past that distorts our present experience and creates ongoing nervous system dysregulation and identity distortion. Survival styles, once having outlived their usefulness, become the source of present difficulties and symptoms. Using the first two basic needs as examples, when children do not get the connection they need, they grow up both seeking and fearing connection. When children do not get the necessary early attunement to their needs, they do not learn to recognize what they need, are unable to express their needs, and often feel undeserving of having their needs met. When a biologically-based core need is not met, predictable psychological and physiological symptoms result—self-regulation, identity, self-esteem and health are compromised.

When our biologically-based core needs are met in childhood, core capacities develop that allow us, as adults, to recognize and satisfy our core needs for ourselves and in healthy relationship. To the degree that the capacity to tend to our own core needs develops, we experience internal organization, expansion, connection, and aliveness—all attributes of physiological and psychological well-being.

Protecting the Attachment Relationship

Children develop survival styles as adaptive strategies to protect the attachment and love relationship with their parents or caregivers. Children can sense the parts of themselves their parents accept and value, and they can also sense the parts of themselves their parents reject. In

Foreclosure of the Self to Maintain Parental Love

Core Need	Survival Adaptation	Strategy Used to Protect The Attachment Relationship
Connection	Foreclosing connection Disconnect from body and social engagement	Children give up their very sense of existence, disconnect, and attempt to become invisible
Attunement	Foreclosing the awareness and expression of personal needs	Children give up their own needs in order to focus on the needs of others, particularly the needs of the parents
Trust	Foreclosing trust and healthy independence	Children give up their authenticity in order to be who the parents want them to be: best friend, sport star, confidante, etc.
Autonomy	Foreclosing authentic expression, responding with what they think is expected of them	Children give up direct expressions of independence in order not to feel abandoned or crushed
Love-Sexuality	Foreclosing love and heart connection Foreclosing sexuality Foreclosing integration of love and sexuality	Children try to avoid rejection by perfecting themselves, hoping that they can win love through looks or performance

order to maintain and maximize the attachment and love relationship, children adapt their behavior to please their parents and avoid rejection. Each adaptive survival style reflects the foreclosure of some aspect of self in order to maintain parental love and approval.

NARM Clinical Work

In NARM, we work clinically with the functional unity between biological and psychological development by using the following four primary organizing principles to integrate a relational, psychodynamically based approach with a nervous system based

orientation:

- Supporting connection and organization
- Exploring identity
- Working in present time
- Helping regulate the nervous system

Our resource-oriented, non-regressive model emphasizes helping clients establish connection to the parts of self that are organized, coherent and functional. It also brings into awareness the parts of self that are disorganized and dysfunctional without making these elements the primary focus of therapy.

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Somatic Mindfulness and Distortions of Identity

The NARM process uses mindfulness but adds two new refinements to its traditional practice:

Somatic mindfulness which includes the detailed moment-by-moment tracking of sensation and emotion, as well as the titration and pendulation of internal experience in order to mitigate overwhelming states.

Mindful awareness of the organizing principles of our adaptive survival styles and how they impact our identity.

We use somatic mindfulness to work simultaneously with nervous system dysregulation and distortions of identity. Using somatic mindfulness together with the mindful awareness of survival styles allows a therapist to work with a person's life story from a perspective that is deeper and broader than the story itself. Tracking the process of connection/disconnection, regulation/dysregulation in present time helps clients connect with their sense of agency and feel less like victims of their past; it brings an active process of inquiry to their relational and survival styles, building on their strengths and helping them to experience agency in the difficulties of their current life. Using an awareness that is anchored in the present moment, clients become mindful of cognitive, emotional, and physiological patterns that began in the past while not falling into the trap of making the past more important than the present.

An Example of Working in Present Time with a Client's Survival Style

Bringing a client's attention to what is happening in the here and now starts in the first session and is

ongoing throughout therapy. NARM explores, on the level of both body and identity, how individuals have incorporated the environmental failures that they have experienced. Over time, it helps them to see how they continue to recreate their history in the here and now. The focus is less on intellectual insights or speculations about how the past is influencing the present (why clients are the way they are) and more on how clients distort their experience in present time.

The following clinical vignette from Larry's practice illustrates NARM's orientation toward process rather than content and to the here and now rather than over-focusing on personal history:

Linda came to my office following the breakup of a relationship. Feeling betrayed by her ex-partner, she was bitter and cynical about ever finding love with men who she described as "commitment phobic." From previous therapies, she was aware of her dysfunctional choices in men and she explained that she picked men who were like her father. She berated herself for "doing it again," for perpetuating her "dysfunctional relationship patterns" by choosing a man who was intellectual, emotionally cold, and who in the course of the relationship became increasingly withdrawn. She was concerned that since the breakup, she was overeating, not sleeping well, and fighting the impulse to smoke, although she had given up the habit ten years earlier. When I asked her, at different times during the session, "What are you experiencing right now as you're talking about this?" she answered by telling me what she was thinking: "I think this has to do with my father. He could never be there for me either." Although I could see that she was visibly upset, when I asked her directly what she was experiencing emotionally, she drew a blank.

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As Linda sat with her arms tightly wrapped around her thin torso, I noticed that her voice sounded strained, that she avoided eye contact, and that she seemed quite disconnected. The content of her narrative revealed consistent difficulties with relationship, and I noticed that these same difficulties were present in the therapeutic relationship with me. Her insights about her difficult relationship with her father did not address the here-and-now difficulty she was having in knowing her current emotional and sensate experience, and they did not help her to be present with me.

Linda's cognitive understanding of the sources of her problems did not address her current ambivalent and compromised capacity for connection. From a NARM perspective, as we focused on her current ambivalence with contact, the unresolved relational themes with her parents organically surface. As much

as Linda longed for connection, she did not realize how frightened she was of it. This insight came much later. She also did not realize until later that choosing men who were unavailable was her way of managing her fear of connection.

Distortions in Time

Attending to the therapeutic process in the present moment is fundamental when working with early shock and developmental trauma. Developmental and shock trauma trap our consciousness, effectively keeping part of us stuck in past time. In cases of developmental trauma, we continue to see the world through the eyes of a child. When we filter the present moment through our past experience, we live through our memories, identifications, and old object relations.

It is possible to come home to oneself only in the present moment. In our minds, we can anticipate the future or remember the past, but the body exists only in the present moment. Even when working with personal history, NARM maintains a present-moment focus, always supporting the dual awareness of what was then and what is now. A NARM therapist might say:

“As you're talking about your relationship with your father, what are you noticing in your body right now?”

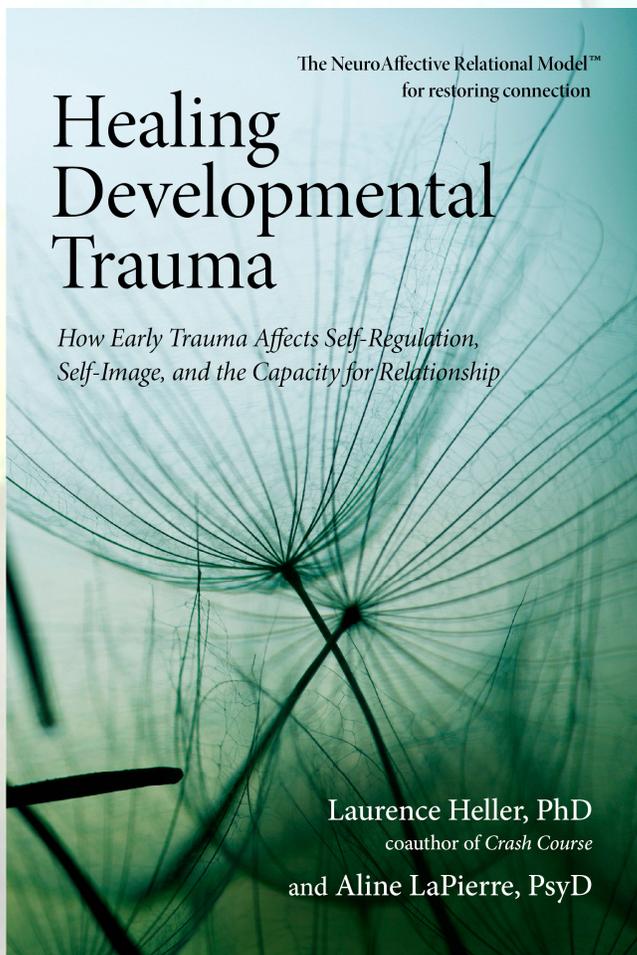
Over time, as therapy continued with Linda, I repeatedly brought her awareness back to her experience in the

present moment; by separating how things were for her as a child from who she was right now, her beliefs that there were no good men out there and that she herself was a failure greatly diminished. By learning to listen to what she was feeling in the present moment on an emotional and on a sensate level, she reconnected to her emotions and her body.

As clients learn to listen to themselves, their nervous systems become more regulated. As their nervous systems become more regulated, it is easier to listen to themselves. As the nervous system regulates and as painful identifications resolve, clients progressively move into the here and now. The reverse is also true: as clients move progressively into the here and now, the nervous system re-regulates and old identifications become more obvious and resolve. In this process, Linda's impulse to overeat diminished, her sleeping returned to normal, and she no longer experienced the impulse to smoke. As she shifted her focus away from what had happened to her in the past, blaming her father and blaming herself, and as she was able to identify and own her current fears about intimacy, her agency and sense of empowerment increased, and she came to see herself less as a victim of what she called her “childhood programming”.

Conclusion

The goal of the NARM approach is to help clients experience and live their original core expression and recover their right to life and their capacity for pleasure. Growth and change happen as connection to our core resources are reestablished and strengthened. In the process of therapy, clients learn how, in order to survive, they have incorporated and perpetuated the original environmental failure into their



identity, their body, and their behavior.

Overall

Connection types learn to see how isolating and life-denying they have become. They learn to acknowledge their feelings, particularly their anger and aggression, as well as their sense of existence. They begin to live more fully in their body.

Attunement types learn how they deny and reject their own needs, give to others what they want for themselves and, in the process, abandon themselves. They learn to attune to, express, and allow the fulfillment of their needs.

Trust types experience how they betray not only others but also themselves. They give up their need for control, learn to ask for help and support, and allow themselves to

experience healthy interdependency with others.

Autonomy types learn to see how they pressure and judge themselves. Through an increasing capacity to self-reference, they learn to develop their own personal sense of authority and set appropriate limits with others.

Love–Sexuality types experience how conditional on looks and performance their self-acceptance has been. They learn to open their hearts and integrate love with a vital sexuality.

This article is adapted from *Healing Developmental Trauma: How Early Trauma Affects Self-Regulation, Self-Image, and the Capacity for Relationship* by Laurence Heller, PhD and Aline LaPierre, PsyD, published by North Atlantic Books, 2012.

Laurence Heller, Ph.D., is the originator of the *NeuroAffective Relational Model™* (NARM), an integrated system for working with developmental, attachment, and shock trauma. He is a senior faculty member for the Somatic Experiencing® Training Institute and currently teaches NARM and Somatic Experiencing in the United States and throughout Europe. For information visit www.DrLaurenceHeller.com.

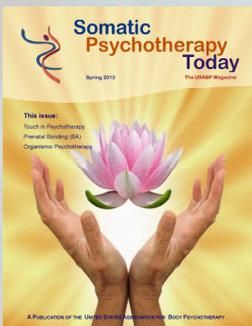
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PRENATAL BONDING (BA)

Professionals are invited from all fields associated with pre- and perinatal psychology and medicine, including Obstetrics/Gynecology, Pediatrics, Child Psychiatry, Family Medicine, Midwifery, Doula, Nursing, Infant/Parent Mental Health, Clinical and Developmental Psychology, Clinical Social Work, Marriage/Family Therapy, Child Welfare and Prevention, Psychoanalysis to join the January 2014 training in Sacramento, CA leading to certification by the originator Jenoe Raffai. **CEUs are available .**

Tuition for 25 days of training: **\$4,375.00** (an installment plan is available)
Info: Gerhard Schroth, MD www.schroth-apv.com
email: prenatal.bonding.ba@schroth-apv.com



For more information regarding Prenatal Bonding see

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http://issuu.com/somaticpsychotherapytoday/docs/spring_2013

*The Soul's Cord:
A Method for
Encountering
the Unborn*