

The NeuroAffective Relational Model™
for restoring connection

Healing Developmental Trauma

*How Early Trauma Affects Self-Regulation,
Self-Image, and the Capacity for Relationship*

Laurence Heller, PhD

coauthor of *Crash Course*

and Aline LaPierre, PsyD

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They say the third time is a charm, and it is certainly true about this book. Although the book had been in process for seven years, it is only in the past three, when Dr. Aline LaPierre joined me on the project, that it finally came together. My first attempt to write the book on my own bogged down. A second try with a professional writer did not work either. It was finally with Aline, who as an experienced somatic psychotherapist herself could understand what I had been attempting to communicate, that this book at last took shape. Aline's clinical experience and structured approach gave her a unique ability to work with me to draw out and formulate NARM and put down in writing what are at times highly complex concepts. This book is the result of a joint process, written together at our home, on planes, trains, hotels, and ships in at least ten foreign countries. I will forever appreciate the dedication she brought to this project.

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Aline

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Introduction to the NeuroAffective Relational Model™

The price of freedom is eternal mindfulness.

This is a book about restoring connection. It is the experience of being in connection that fulfills the longing we have to feel fully alive. An impaired capacity for connection to self and others, and the ensuing diminished aliveness, are the hidden dimensions that underlie most psychological and many physiological problems. Unfortunately, we are often unaware of the internal roadblocks that keep us from experiencing the connection and aliveness we yearn for. These roadblocks develop in reaction to developmental and shock trauma and the related nervous system dysregulation, disruptions in attachment, and distortions of identity. The goal of the NeuroAffective Relational Model (NARM) is to work with these dysregulations, disruptions, and distortions while never losing sight of supporting the development of a healthy capacity for connection and aliveness. In this book we address conflicts around the capacity for connection and explore how deeper connection and aliveness can be supported in the process of healing developmental trauma.

Although the original intention was to write a book for clinicians, it soon became clear that NARM's understanding of the profound ambivalence human beings have about connection could be helpful to anyone on a path of self-discovery seeking new tools for self-awareness, growth, and healing. This book will be useful to clinicians who are looking to add a

new dimension to their clinical practice, but it also stands alone as a guide for those interested in developing a greater capacity for connection and well-being.

Many systems of psychotherapy are based on the medical model of disease, and as a result they focus on psychopathology; commonly, psychotherapy investigates a person's past and seeks to identify the dysfunctional cognitive and emotional patterns that underlie psychological problems. However, as new information emerges on how the brain and nervous system function, traditional psychological methods have come into question and the need for new clinical approaches has become increasingly clear. It now appears that it is a misguided assumption to think that if we know what has gone wrong in a person's life, we will also know how to help that person resolve their difficulties. For example, we now know that when we focus on dysfunction, we risk reinforcing that dysfunction: if we focus on deficiency and pain, we are likely to get better at feeling deficiency and pain. Similarly, when we focus primarily on an individual's past, we build skills at reflecting on the past, sometimes making personal history seem more important than present experience.

Healing Developmental Trauma introduces the NeuroAffective Relational Model, a somatically based psychotherapy that focuses on supporting an individual's capacity for increasing connection and aliveness. It is a model for human growth, therapy, and healing that, while not ignoring a person's past, more strongly emphasizes a person's strengths, capacities, resources, and resiliency. NARM explores personal history to the degree that coping patterns learned early in life interfere with our capacity to feel connected and alive in the present moment. NARM helps build and expand upon our current capacity for connection to our body and emotions as well as to our capacity for interpersonal connection—capacities that are, as we will see, intimately related.

Five Biologically Based Core Needs

NARM recognizes five biologically based core needs that are essential to our physical and emotional well-being: the need for connection, attunement, trust, autonomy, and love-sexuality. When a biologically based core

need is not met, predictable psychological and physiological symptoms result: self-regulation, sense of self, and self-esteem become compromised. To the degree that our biologically based core needs are met early in life, we develop core capacities that allow us to recognize and meet these needs as adults (Table 1.1). Being attuned to these five basic needs and capacities means that we are connected to our deepest resources and vitality.

Although it may seem that humans suffer from an endless number of emotional problems and challenges, most of these can be traced to early developmental and shock trauma that compromise the development of one or more of the five core capacities. For example, when children do not get the connection they need, they grow up both seeking and fearing connection. When children do not get their needs met, they do not learn to recognize what they need, are unable to express their needs, and often feel undeserving of having their needs met.

To the degree that the internal capacity to attend to our own core needs develops, we experience self-regulation, internal organization, expansion, connection, and aliveness, all attributes of physiological and psychological well-being. Supporting the healthy development of the core capacities is central to the NARM approach.

CORE NEED	CORE CAPACITIES ESSENTIAL TO WELL-BEING
Connection	Capacity to be in touch with our body and our emotions Capacity to be in connection with others
Attunement	Capacity to attune to our needs and emotions Capacity to recognize, reach out for, and take in physical and emotional nourishment
Trust	Capacity for healthy dependence and interdependence
Autonomy	Capacity to set appropriate boundaries Capacity to say no and set limits Capacity to speak our mind without guilt or fear
Love-Sexuality	Capacity to live with an open heart Capacity to integrate a loving relationship with a vital sexuality

TABLE 1.1: NARM's Five Core Needs and Their Associated Core Capacities

Five Adaptive Survival Styles

Five adaptive survival styles are set in motion depending on how well the five biologically based core needs are met—or not met—in early life. These adaptive strategies, or survival styles, are ways of coping with the disconnection, dysregulation, disorganization, and isolation that a child experiences when core needs are not met. Each of the five adaptive survival styles is named for the core need and missing or compromised core capacity: the Connection Survival Style, the Attunement Survival Style, the Trust Survival Style, the Autonomy Survival Style, and the Love-Sexuality Survival Style (Table 1.2).

As adults, the more the five adaptive survival styles dominate our lives, the more disconnected we are from our bodies, the more distorted our sense of identity becomes, and the less we are able to regulate ourselves. Though we may feel constrained by a survival style and the physiological patterns that are part of it, we are often afraid to move beyond it. When we identify with a survival style, we stay within the confines of learned and subsequently self-imposed limitations, foreclosing our capacity for connection and aliveness.

All of us, clinicians included, are often overwhelmed by the wide range and seeming complexity of psychological and physiological problems that human beings experience. Understanding adaptive survival styles provides five basic organizing principles that offer a clear focus for therapy and personal development. NARM works with each core capacity to support the process of personal development (Table 1.3).

Part A of this book introduces the five adaptive survival styles. Part B presents an in-depth understanding of how the earliest survival style—what in NARM is called the Connection Survival Style—develops as an adaptation to early shock and developmental/relational trauma. This first stage of development is presented in depth because from a psychobiological perspective, difficulties in this stage are not well understood yet have a foundational impact on our vitality, the resiliency of our nervous system, the formation of our sense of self, and our capacity for relationship.

ADAPTIVE SURVIVAL STYLE	CORE DIFFICULTIES
The Connection Survival Style	Disconnected from physical and emotional self Difficulty relating to others
The Attunement Survival Style	Difficulty knowing what we need Feeling our needs do not deserve to be met
The Trust Survival Style	Feeling we cannot depend on anyone but ourselves Feeling we have to always be in control
The Autonomy Survival Style	Feeling burdened and pressured Difficulty setting limits and saying no directly
The Love-Sexuality Survival Style	Difficulty integrating heart and sexuality Self-esteem based on looks and performance

TABLE 1.2: The Five Adaptive Survival Styles and Their Core Difficulties

<p>DEVELOPMENT OF CORE CAPACITIES</p> <p>Core Needs → Attuned Caregivers → Core Capacities for Connection, Aliveness, and Creativity</p> <p>FORMATION OF ADAPTIVE SURVIVAL STYLES</p> <p>Core Needs → Caregiver Failures → Disconnection → Compromised Core Capacity → Adaptive Survival Style</p>
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TABLE 1.3: Development of Core Capacities and the Formation of Adaptive Survival Styles

CORE NARM PRINCIPLES

The NeuroAffective Relational Model focuses on the interconnection of biological and psychological development. The NARM model:

- Clarifies the role of connection difficulties as they affect a person on all levels of experience: physiological, psychological, and relational.
- Develops the use of somatic mindfulness and an orientation toward personal strengths to increase the capacity for self-regulation and the freedom from the limitations of the fixed identities of the adaptive survival styles.

Self and Affect Regulation

In recent years, the importance of self-regulation has been extensively researched in the field of neuroscience and has become a prominent construct in psychological thinking. It is now understood that one of the most significant consequences of early relational and shock trauma is the resulting lack of capacity for emotional and autonomic self-regulation. Shock and developmental trauma compromise our ability to regulate our emotions and disrupt autonomic functions such as breathing, heart rate, blood pressure, digestion, and sleep.

Stated simply, *self-regulation* means that when we are tired we can sleep, and when we are stressed we have healthy ways to release that stress. *Affect regulation* involves how we manage our emotions: how we handle sadness, joy, anger, excitement, challenge, fear—the gamut of human emotions. Symptoms of emotional dysregulation develop when we are unable to feel our emotions, when they overwhelm us, or when they remain unresolved. It is essential to our well-being to be able to manage the intensity of both our positive and negative emotions. When we are unable to manage powerful or difficult emotions, or when we are anxious or depressed, we are in a state of dysregulation. Disrupted sleep or eating patterns, anxiety, panic attacks, compulsive behaviors, depression, and addiction are some of the more common symptoms of dysregulation.

In the beginning of life, connection with the mother or primary caregiver functions as the regulator of the baby's nervous system; the capacity for self-regulation is first learned by the infant through the relationship with the mother or a close caregiver. In Attachment Theory, it is well documented that a healthy connection between caregiver and infant is of essential importance in shaping the development of the infant's capacity for regulation. Each time a mother successfully soothes her baby, she is effectively regulating her baby's nervous system—although, of course, she does not usually think of the mothering process in these terms. Attachment Theory documents how chronically depressed, anxious, angry, or dissociated mothers impact their developing infant; the disruption of the connection between infant and mother is traumatic. If, for whatever

reason, the regulation process between mother and infant is disrupted, the infant does not develop the core capacity for regulation. If a mother's capacity for self-regulation is compromised, she cannot soothe herself and therefore cannot adequately regulate her baby's nervous system. The stability of this early connection is particularly important in shaping an individual's patterns of relationship to body, self, and others. A compromised capacity for self-regulation can negatively impact a person for a lifetime. If a healthy capacity for self-regulation does not become an integral part of our development, we become destabilized, and without this essential foundational element, life is a struggle. Affect dysregulation is believed to be at the core of an individual's increased vulnerability to stress and trauma and is seen to be a foundational element of psychological and physical problems.

The need to feel regulated, at ease in our body and in our life, is so important that when we are in a state of dysregulation, we attempt to find the regulation we need, often at any cost. For example, the need to feel regulated is so strong that people smoke despite the fact that they know it is damaging to their health. Smoking seemingly functions as an emotional regulator because nicotine reduces anxiety and, for a short while, can relieve depression. Dysregulated individuals smoke to gain a sense of relief even though they know smoking can kill them. Attempts to stop smoking or give up any sort of self-destructive addictive substance or behavior, such as drugs, alcohol, hypersexuality, overeating, or overworking, often fail because it is very difficult to give up a means of self-regulation even when it is unhealthy until it can be replaced with a better form of self-regulation.

Bringing Self-Regulation into Clinical Practice

NARM brings the current understanding of nervous system regulation into clinical practice. It is a key NARM concept to support healthy ways of regulating the nervous system by emphasizing connection to the parts of self that are organized, coherent, and functional. Analyzing problems and focusing primarily on what has gone wrong in a person's life does not necessarily support self-regulation, and in some cases, increases dysregulation. As we will see, NARM promotes an individual's potential for health by

Experiencing Expansion and Aliveness

Take a moment to think about a time in your life when you felt particularly alive. Choose an event that ended well (or at least did not end badly). It could be an event when you were with someone, in a group, or by yourself. It could be anything from a time in nature to the birth of your child to making love.

Let yourself remember as many of the sensory details of that experience as you can: colors, sounds, temperature, smells, etc. As you bring up these sensory details, notice how you are affected. Notice your physical experience if possible. For those who have difficulty sensing in the body, let yourself notice the overall impact of the memory.

Take your time with this exercise, and pay attention to any thoughts, judgments, or emotions that get in the way of sensing your aliveness and expansion. Even if you are successful in feeling increased well-being, don't be surprised if some sadness surfaces with the expansion, because the happy time you are remembering may be over. If you feel any sadness, notice it, but do not make it the primary focus of your attention.

There is no correct reaction to this exercise, but one response that many people have is that simply remembering such a time may activate a sense of flow, warmth, and pleasure, a sense of aliveness and expansion.

FIGURE 1.1: Exercise to Help Identify Experiences of Expansion and Aliveness

using specific techniques that support the autonomic and emotional self-regulation that underpin the capacity for connection and aliveness.

Supporting an Increasing Capacity for Aliveness

Our greatest desire is to feel alive. Meaninglessness, depression, and many other symptoms are reflections of our disconnection from our core vitality. When we feel alive, we feel connected, and when we feel connected, we feel alive. Although it brings mental clarity, aliveness is not primarily a mental state; nor is it only sensory pleasure. It is a state of energetic flow and coherency in all systems of the body, brain, and mind. Human beings

respond to shock and developmental/relational trauma by dissociating and disconnecting. The result is a dimming down of the life force that leaves a person, to varying degrees, exiled from life. In NARM, working with the roadblocks that are in the way of reconnecting with aliveness is a key organizing principle.

In our many years as a clinicians, teachers, and supervisors, we have noticed a need for a more comprehensive and unified understanding of emotional regulation. NARM presents a clear understanding of how to work with emotions; learning how to be in touch with our emotions and appropriately express them is a fundamental part of this approach. By tracking the physical, sensate, and energetic experience of emotion in the body, NARM emphasizes somatic mindfulness—the containment, deepening, and support for the biological completion of affective states. Tracking and containing emotions in this way puts us progressively more in touch with our core aliveness.

The Life Force, Aliveness, and Emotions

We have created two charts to understand and work with emotions in the context of increasing the capacity for aliveness. Figure 1.2 tracks how the life force becomes diminished and distorted in reaction to the adaptations a child makes to environmental failure. It also shows the similarities and differences between developmental and shock trauma. Figure 6.1 specifically tracks the distortions of the life force in each adaptive survival style. Both figures clarify emotional and autonomic regulation as they relate to the sympathetic and parasympathetic functions of the nervous system and integrate an understanding of how the distortions of the life force impact our psychology and physiology.

Distortions of the Life Force

The following section explains how to use the chart in Figure 1.2 from the bottom up to track distortions of the life force as a person experiences and then adapts to developmental and shock trauma.

- *Core Energy/Life Force:* The first level of the chart represents undifferentiated core energy or life force. It is what the French call