

Why NARM?

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In the psychotherapeutic field, there is a wide range of different trainings and learning experiences available, enabling practitioners to expand their knowledge and capabilities in the treatment of different clients.

So why NARM? What is it that therapists can learn during a NARM training that is different from other trainings.

The NeuroAffective Relational Model™ is a development-oriented, neuroscientific model which focuses on the fundamental tasks and functional unity of psychological and biological development. It draws from psychodynamic and cognitive psychotherapies, as well as incorporating elements from traditional somatic and expressive psychotherapies.

NARM works in the present moment with somatically based inquiry into the nature of identity, particularly the adaptive identity that develops in response to early complex trauma. It is non-regressive, non-cathartic, and non-pathologizing. In connecting to ourselves, our body, and in relationship with others we experience healing regulation and increasing capacity for connection and aliveness.

What does that mean in practice? I will describe my own journey focusing not just on how the client can be supported in the most meaningful way, but how the therapist can be more effective.

After finishing my basic psychodynamic education and after my clinical years in psychiatry, I found myself exhausted, and a little jaded from trying to find solutions to help my clients lead a better life. I often found myself feeling challenged and sometimes irritated about all the demands of my clients. I frequently heard the sentence: "I understand what's going on in me but all this understanding doesn't help me, my life doesn't seem to change".

I wanted to find a new way of practicing therapy that was more effective. I looked into different training courses to see what other methodology was out there. Before coming to NARM, I undertook a two-year workshop described as: "basic training in dealing with trauma – getting out of trauma into aliveness". This included aspects such as bodily reactions, somatic mindfulness, regulation of the nervous system and elements of family constellation, EMDR, SE and Focusing. As well as all these different elements, it also focused on introducing "felt sense", titration and how transformation of trauma can happen, helping the client to reconnect to aliveness again.

The focus was on health instead of illness. This was extremely inspiring to me, and following on from this, I undertook further EMDR training, primarily because EMDR therapy directly addressed the beliefs and judgements a person has about him/herself and supports them to think differently.

I began to practice this method for a while, but I got the impression that something was missing - in practice, clients often were not able to incorporate their increased understanding into supporting themselves, and they disconnected from themselves again. I understood that the problems of my patients were rooted in the beliefs they had about themselves and with the self-rejection that goes along with their thoughts.

But the difficulty was how to address this in therapy in an effective way so my patients could transform their suffering. At the same time, I often found myself trying to convince my patients to treat themselves in a better way – which of course wasn't always effective but also exhausting for me.

Looking for another method which would address the missing component, I began Somatic Experiencing -trade mark - (SE) training, and through this, in 2008, I met Dr. Larry Heller, at the time a Somatic Experiencing teacher.

He focused on the nervous system which at the time seemed to me to be the missing part. The challenge was that what was taught in the SE training referred primarily to shock trauma. Most of my clients', however, were struggling with developmental trauma. My question was how could I effectively treat developmental trauma.

Around this time, Dr. Heller started the NARM training course which I undertook. In the NARM-training I learned something new – how to address the complexity of distortions of Identity as part of the adaptations to early developmental trauma and how these distortions are reflected in the body, the nervous system and mind. While addressing this complexity, I learned that NARM uses simple and very human tools that made my work more effective.

In essence, NARM works in the present moment with somatically-based enquiry into the nature of identity, particular the adaptive identity that has developed in response to early complex trauma. It is non-regressive, non-cathartic, and non-pathologizing.

In NARM, rather than the therapist trying to “fix” the clients' symptoms, therapists explore the client's inner world and inner conflicts that drive the symptoms.

In NARM, I came to understand my need to “fix” clients as well as other countertransference reactions such as compulsive caretaking. This gives us, as therapists, not only more effective but much less stressful alternatives. In NARM, we learn to hold the “bigger picture” – which means not simply to stay focused on symptoms and problems, but to acknowledge the inner wisdom and creativity of clients' strategies that once helped them to adapt to an early environment that was not optimal for them. It means that from this perspective, we do not need to “rescue” our clients or to take sides in their inner conflict.

When clients come to our practice it is usually because their strategies are no longer working. The strategies that once saved their lives now become limitations that create symptoms and suffering. In most cases, clients have the understandable wish to find new strategies. When we as therapists - with our best intentions – support this and start trying to find new approaches for our clients, we actually support the implicit message they're sending themselves : “there's something wrong with me, I have to change myself” . On an unspoken level, this reinforces the negative feelings they have about themselves, and in fact supports the vicious circle of self-rejection they're already in.

In NARM, I increased my therapeutic capacity for acceptance and being with a client instead of trying to change something with or for them. Effectively, if we can hold the deeper understanding that there is nothing wrong with our clients, then we support the tacit message that they are fine as they are, including all their struggling and

difficulties because these issues exist as a result of a strategy that was once needed and helpful.

What we as therapists can learn in a NARM training is to develop an understanding and curiosity about clients' survival strategies and to cultivate a present, embodied mindfulness while exploring a client's inner world. And it allows us to learn more about the dynamics behind our own countertransference reactions in order to resolve our own issues that might get in the way of staying open and curious.

Part of the training is how to work with the "four pillars" - clarifying intention and understanding of the therapeutic work, asking exploratory questions, supporting agency, reflecting shifts towards increasing connection - and their meaning and importance in the therapeutic process. Furthermore, we support reconnection and agency in using an open, process-orientated language, and while accepting client's experiences in a respectful way, we challenge their assumptions about the world and themselves. Finally, we learn to trust that everybody has the capacity to develop towards more connection and healing and will do so as he or she feels safe enough.

This is the fundamental assumption in NARM – that symptoms and physiological dysregulation dissolve spontaneously when inner conflicts begin to resolve. The therapist creates a safe environment that allows all emotions, thoughts, attitudes and strategies to emerge, be embraced and then understood in a new way. The client has no need to disconnect any longer. The internal shift happens when the client is present to but no longer identified with their thoughts, emotions, sensations and strategies.

NARM has made my work so much easier and more effective at the same time. Since I finished my own NARM training, I assist regularly in several training courses for therapists in Europe and I have learnt how to support their growth and deeper understanding of their own inner conflicts and dynamics as well as develop clinical skills that are very different to what is being taught in other methods..

In Dr. Heller's work there is a core statement:

*"The spontaneous movement in all of us is toward connection and health. 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 towards the sun, there is in each of us an impulse moving toward connection. This organismic impulse is the fuel of *The NeuroAffective Relational Model™*" (Larry Heller, PhD)
I have found this so true and so helpful to me personally and my work with clients.*

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