Understanding and Healing Developmental Trauma

Guest: Dr. Laurence Heller

Niki Gratrix: Hello, everybody, and welcome to the Trauma and Mind Body Super conference. I'm very excited to introduce everybody to a distinguished guest today, it is Dr. Lawrence Heller.

Now, Dr. Heller is the founder of the neuro affective relational model, also known as NARM, which is a unified, systemic approach for working with developmental issues and shock trauma.

This is laid out in his book, his very good it is an awesome reference, *Healing Developmental Trauma, How Early Trauma Affects Self-regulation, Self-image and the Capacity for Relationships.*

Dr Heller is on the faculty of several major universities, he works with a lot of clients. So it's a real honor to have you on the Summit. Dr. Heller, thank you so much for taking part.

Dr. Laurence Heller: Thank you. It's very nice to be here.

Niki Gratrix: Wonderful. So we've got a really important topic, possibly the key course on the whole Summit. There's a lot of peripheral interviews, but this is key.

So we're gonna be talking about developmental trauma, for our audience can you just help then differentiate? People hear the word trauma a lot and they think about their thinking about it without realizing it in the context of PTSD and not realizing the difference.

Would you please differentiate the two and what we can be focusing on?

Dr. Laurence Heller: You know, there are some important distinctions and it's important for the therapists out there, as well as the people who are looking for help to understand the difference between working with shock, trauma and developmental trauma. Because not all of the techniques that are worthwhile and useful for shock trauma are effective working with developmental trauma. And there are some key elements in developmental trauma that we need to pay attention to that don't come into play in the same way with shock trauma.

So very briefly, shock trauma we think of as more of a single incident or it could be like with veterans, for example. It's not necessarily a single incident. It could be a whole period of time, they were there for three months. So it could be that. But it is more the kinds of things that, you know, when they're experienced as adults have a particular impact on the nervous

system in particular. And a lot of the work that we do in addressing shock trauma is working to help reregulate the nervous system of people who have been so profoundly out of regulation as a result of shock trauma.

Developmental trauma is different. And of course, shock traumas include things not just war or not jst being a veteran that could be attacked, being raped, being mugged. It could be falls, there could be car auto accidents. Those are the kinds of things that fall short from category. And the significant point is that when we're dealing with developmental trauma, we have one that takes place at the beginning of development. A trauma takes place very early in life. So it has a profound impact on the developing brain, body and nervous system and identity of the person who or the child that experiences developmental trauma.

The other important piece that we need to always be cognizant of is that when developmental trauma, when there's trauma as a result of either abuse or neglect or profound or chronic mistreatment of parents, it involves attachment dynamics. And it affects the attachment relationship. And that's a key focus in terms of how we develop, you know, survival styles and coping mechanisms in order to try and adapt to life situations that are chronic and ongoing and very early and at the hands of people upon whom we're 100 percent dependent and whom, of course, just by the nature of the parent child relationship that we love, the children love their parents. There's a love relationship and attachment relationship.

All of these dynamics then come into play when we're working with developmental trauma.

The other part is that often very early developmental trauma can start before there's word, before their words can start, before there's much psychology developed. And so when we're talking about the earliest kind of developmental trauma, it is primarily a physiological trauma, which is in that way, it's similar to shock trauma and it's primarily physiological.

The psychology of that as the child becomes aware, which has more and more of a psychological on show, but a logical self is built on a shaky foundation to key physiological foundation of the early, early trauma or whatever it might be in early shock trauma like early surgery. But it's different when it happens to us through a three month old versus a thirty year old because they don't have any kind of cognitive senses or profound distress.

And again, the main thing that I think the viewers will be interested in is, children as a good person in a bad situation. So what that means is they're growing up with abuse, neglect, chronic, too much chaos in all kinds of family difficulties that the child, the child always blames themselves. They always think that there's something that they're doing wrong at the very beginning and then the child's identity becomes what I call environmental failure so that they basically internalize that environmental failure, they experience it as their doing. There's something wrong with them. And that's why they're suffering.

To put it in very simple human terms, as usual. Let's say that the atmosphere where there really isn't love communicated to that child. Well, a child can not experience themselves as I said, as a good person in that situation. So they don't see themselves, it isn't like they can say to themselves, well, I know I'm lovable, there must be something wrong with my parents capacity to love me.

So you see, they take on the shame, the blame, and you think it all gets directed against them. And it comes out of the chronic physiological and psychological symptoms, like depression and anxiety. It's like so many different emotional and psychological elements come from this kind of very early developmental trauma.

Niki Gratrix: So that's so fascinating. And it's so important, these formative years. And as you say, they're impacting the person's psychology, their relationships over a lifetime and their health and that's what we're also very focused on in this Summit.

Can we delve into your book, in your NARM model, you have sort of the five adaptive styles that you focus on and they seem they come at this difference, the developmental stages by age. And then there are core needs at each stage.

Could we briefly go through each of the five stages of what the need is and what can go wrong at each stage and how that affects the person in the moment and also in that in their life as well.

Dr. Laurence Heller: So, you know, as you mentioned, there are five and they are chronological in terms of development. So each one of them is named for the missing or compromised capacity that doesn't have the capacity. In other words, it doesn't fully develop or in some cases doesn't develop at all.

And so, for example, the very first survival style is what I call the connection survival style. And it has to do with pre-birth, you know, some prenatal trauma, which we now have absolute scientific evidence is real. Birth trauma, early attachment trauma and growing up in abusive families where there's really open and regular abuse, this can also create the development of this connection survival style.

And basically, all of the survival styles lead around the theme of disconnection. But there are different strategies of disconnection and different degrees of disconnection. So you can tell really by the name that the connection, survival style is primarily around disconnecting.

They disconnect from their bodies. They disconnect from their emotions. And they disconnect from other people.

So they tend to grow up, you know, not being able to really feel their emotions very clearly or their bodies very clearly. Sometimes as adults, we'll come into the therapeutic process and they cannot, they don't know what's going on inside of them, emotionally or physically. They also use social isolation and social distancing. So given that covid times here, social distancing from the crowd, they've been practicing this all their lives, that human other human beings don't represent resources or the possibility of, you know, something positive that can come out of it. They're seeing other human beings are often seen as threats because their early environment was experienced as a threat. And again, they've internalized that, they carry that forward.

So these are the clients, and many therapists out there have experienced these clients. They come in and just don't have any sense of what it is that they're feeling. And so along with this one, because it's the foundational survival style, there's profound physiological

dysregulation in the nervous system, all the systems in the body. Of course, it affects brain chemistry. It affects the autonomic nervous system. It actually affects the central nervous system and the other organs. So we get systemic dysregulation, physiological as well as psychological. And then this can come out in a variety of different symptoms, sometimes starting in childhood and then sometimes not showing up until later years, depending on the individual and the degree of trauma.

So that's the first sign of survival style. Feel free if you have a question.

Niki Gratrix: Yes, I just wanted to comment on something that was really interesting in your book.

So when that early trauma, that misconnection, that disconnection happens between caregivers at that age, could it be up to age four like the precognitive time? Is that about the age that it lasts?

Dr. Laurence Heller: Well the connections, survival style has a lot to do with embodiment. And so if the child has some opportunity to embody, meaning they have some they get some attachment, they get some connection, whatever, early trauma wasn't too severe. They had to disconnect from their bodies completely, then that tends to be between up to about six months if they've had the experience of embodiment. And then there's later trauma that tends to lead to other survival styles.

But it is important to remember that most of us have some elements of all of these survival styles in us. There are basic human themes, as you'll get clear to the viewers as I go through them. This is the basic human theme. So we all but we all struggle in one way or another and to different degrees with these dynamics. But like with connection with ourselves and connection with others, that's not you know, it's carried to extreme lengths with some people but we all have some issues around that. And so we have a mixture of these dynamics, too.

But at least the person gets embodied. If they don't have too severe and too early trauma, so they have a connection to their body, their disconnection process is only partial as opposed to it can be so, so powerfully individuals connection, survival style can be so powerfully disconnected. And I talk about the primary coping mechanism for the connection survival style is dissociation and so that's what they use.

And one of the things that I do in the whole NARM model is I try to take the pathology out of all of these dynamics.

So, for example, we're used to thinking of dissociation just as a pathology. And of course, when it continues into adulthood, long after it's useful, it does become, I don't use the word pathology in my teaching, but it does become what traditionally is called pathology. But at the beginning, it's a survival mechanism.

And I talk about dissociation as that capacity which helps human beings bear the unbearable to be able to disconnect and shut down. We do that in shock trauma. We do that

in developmental trauma. As a species, if we hadn't been able to shut down, given the history of trauma in the world, I don't know that we would have made it.

So it's important not to pathology something that saves our lives at the same time to help our clients or ourselves to have more options other than just shutting down from our body and our emotions and disconnecting from other people that there are as adults, we have other options. So.

Niki Gratrix: Very interesting. And there seems to be a correlation between adult onset of chronic fatigue and a lot of those kinds of physiological imbalances and illnesses with that particular misconnection, the connection type.

Dr. Laurence Heller: Well, we certainly do see because with profound systemic dysregulation, we do see the development of many different kinds of syndromes, psychological syndromes, physiological syndromes. There certainly can be other factors that are involved; there could be genetic predispositions and so on. So I am not saying it's the only dynamic. But when people start to understand the chronic stress that somebody is living in and with who's had to survive and live with early developmental trauma, it's not a big leap to see that of course, that's going to have profound implications for health.

Now, when I first started teaching this, the understanding of stress was so much less 20, 25, 30 years ago than it is now. So I don't feel like I have to make the case as strongly as I used to that, of course, chronic stress and early developmental trauma is a source of chronic stress. And as we talked about in the Adverse Childhood Experiences study, as you know, we know that this leads to all different kinds of psychological and physiological challenges as adults.

Niki Gratrix: I'm so glad you're just confirming that again, because I still think what's still being overlooked is the early life stress. Well, stress as the word is wildly overused and people are still taught using it very superficially. So, you know, they're stressed because it's hard taking the kids to school. They've got nonstop work to do.

Dr. Laurence Heller: Worse, they say I'm traumatized because that is another word that's overused.

Niki Gratrix: Yes. Yes totally agree. But yeah, that the fact that the most stress of people is probably actually coming from this early life developmental trauma stress, that's a sort of it's still a silent epidemic. We certainly know that stress affects biology and this is why we're doing the summit, to bring this to attention.

So that was the first style. So the second type, do you call it in your NARM model. It's such a good model, the attunement type. So this is about the personal needs. Would you expand on what that's what happens when there's trauma at that stage and what's how the attachment style is protected?

Dr. Laurence Heller: And then there can be a whole variety of dynamics that happen. It could be, for example, that the mother gets profoundly depressed and so is no longer emotionally available. And that could be for a variety of reasons, some kind of major loss that she experiences or the family experience.

It could be that the illness of a sibling or the illness of the other kid, a parent or so many different dynamics where at this six months to two year developmental framework where, you know, both physiological and emotional needs are our primary, that when there's some kind of an attachment loss; now there's been if there's never been attachment, that's the connection survival style if the attachment has been so challenged and so minimal from the very beginning that's connection.

But when there's some connection that took place, but then some loss of connection and attachment that occurs between, you know, six months, two years approximately, then it leads to a different kind of disconnection.

So instead of disconnecting from their bodies and their emotions completely like the connection, survival style, the attunement survival style individuals get very good at just being disconnected from their needs. Now, of course, that means they're not as connected to their bodies because one way that we stay disconnected from our needs is by shutting down the body, so the body still comes into play, but it's a different kind of dynamic.

And the primary coping mechanism for the human survival style is not dissociation, like I mentioned a minute ago, but depression. And that's a deep, very different way, I think, for many of your viewers, just begin looking at what depression is.

And if we think of the literal meaning of depression, it's to push down to deep press. And that's what these individuals, by necessity, get very good at, at depressing or pushing down their basic needs, their need for physical and emotional nurturing and support and all kinds of ways. And so, of course, this has profound impacts on the psyche and the body. And it's all of the kinds of disconnection that we do as this physiologically based. We disconnect from needs or from the body by tensing the muscular system or by going into collapse with the connections survival style, because there isn't a well-developed muscular system. It's managed more by contraction and viscera. You know, the brain, even the central nervous system and so on. But with the attunement survival style, it's shutting down enough so they don't know what they need anymore. And each survival style has certain strategies that they develop in order to survive.

So, for example, attunement survival styles learn that often very early on, even as small children, that the only way that they can get their needs met is to attune to other people's needs; sometimes the parents, sometimes siblings can be the older sister who is very early starts taking care of the young but the strategy is to start focusing on other people's needs. And in that way, making yourself invaluable to people. And you don't have to then deal with the shame and humiliation that they have that they've experienced of reaching out and having somebody come in. The humility, humiliation about meeting that that develops as part of the identity of this human survival stuff. And then in my training with therapists, I joke on, so we get very good at attuning to other people's needs as children and then we grow up to be therapists.

Niki Gtratrix Exactly. I was gonna ask you. Are there a lot of therapists in the helping professions with individuals with this survival style?

Dr. Laurence Heller: In itself, we often become very good at being attuned to other people's needs. But then the danger is that we burn ourselves out because we're not you know, we're not paying attention to our needs.

So we're not having to give up our capacity to attuned to others. But we do support that. We learn to develop the capacity to know what we need to have to develop the physiological capacity to tolerate more of our needs being met because when we've shut down, it's hard for us to begin taking in abundance or pleasure of all kinds.

And that's a really important piece of understanding, I think, for a lot of people to see that you're just like when most of us, many of us at least have the experience of getting a compliment and it's hard for us to take it in, even though we know it's real. But energetically there's an object inside of us. And when we have managed our internal experience by shutting down, by foreclosing, you know, too much aliveness and too much feeling then. It's challenging and hard to take in compliments; just use one everyday example.

Niki Gratrix: Yes. And this is so interesting how each style will lead to the behavioral issues that will lead to burnout ultimately.

So somebody who's just chronically stressed because they can't regulate the connection style that's going to burn out and have tremendous physiological impact.

The giver types; we work a lot with burnouts and we have the giver types and they don't know when to stop giving. And there's actually the perfectionist, the achiever, all these types they link across, if you will, work.

So I really, really relate to this. There'll be a lot of people thinking I either know someone like that or maybe that person is me.

Dr. Laurence Heller: One other piece that I want to add is that I want to talk about the wisdom of a child depressing his or her needs in that. And so that, again, people understand that at its core, depression was a survival standard strategy. And that has to do with the child; not consciously, but on some level, saying to themselves, I won't need more from the environment and I won't keep reaching out and asking for my needs to be met when nothing is forthcoming, it's too painful. And so they shut that down in order to survive. And there is wisdom in that. Just like in all of these survival strategies.

Niki Gratrix: Yes, I love that. It's giving the compassionate, it's having compassion for their situation. And it's not that they screwed up or that they were wrong or bad.

So the next stage is the trust style, so it’s that adaptive style. So for me to be able to trust others.

Dr. Laurence Heller: Yes. Yeah. And often. And obviously the difficulty that these individuals have in trusting others. And then the strategies that they developed are that they will be in control, powerful, on top, dominating. This becomes the survival strategy for many individuals with the trust survival style and often there could have been emotional abuse. There could have been sexual abuse that could have even been physical abuse in the family.

And again, when you live in a dangerous environment, you cannot trust the environment and you learn the more you develop the belief that the only person you can trust is yourself. And at a certain point we see with the trust revival style, is this orientation towards turning the tables. I'll no longer be the weak one, I'll be powerful and in control. I won't be helpless. I'll be all powerful.

And all of these dynamics of this reaction formation and traditional psychological understanding of, you know, being, you know, they felt betrayed in a variety of family dynamics, which I can if we have time, I can say a few things about. They felt betrayed and then they can often become betrayers. And so that becomes their strategy, their way of survival. And it's a very lonely place, you know, because if you can never trust anybody, you can see how really on an internal level, there's just so much aloneness and loneliness that these individuals feel that their primary coping mechanism is denial. And so they don't often consciously or they're not often consciously aware of it. But on some level, we know.

Niki Gratrix: So it would be the vulnerability is weakness

Dr. Laurence Heller: That is the key to any kind of vulnerability or weakness in themselves they hate because that's what was used against them. And they tend to dislike it in other people, too, if for when they see it. This is how these things get carried on from generation to generation because if you were attacked for your vulnerability, your weakness, which is often what happens in these kinds of families, and then we identify and take that and carry that forward then we do the same thing to our children if we see that they're being vulnerable and weak. There is an intergenerational family dynamic that goes on.

Niki Gratrix: And it's kind of interesting cause you can start thinking about people and celebrities and politicians and you go Hmmm there could have been some attachment trauma at some stage, but we keep on voting for these people.

Dr. Laurence Heller: Surprisingly, we'll just see that these individuals are found disproportionately in positions of power and influence because they spend their whole lives trying to accumulate power and influence.

So as you can see what professions they might be drawn to.

Niki Gratrix: I think that would be really good if they all went to get some attachment trauma therapy, they should come to see you.
I'm joking, but it's actually quite a serious point, isn't it, as well, that is how we create criminals in the world, how we create sociopaths in the world, how we create, you know, problems with morality in the world is coming from how we treat our children is a sign of whether a sort of a civilized society or not.

So to me, this is this is there's nothing more important to be talking about and even in the health context as well.

Dr. Laurence Heller: I agree with you because NARM is somatically oriented psychotherapy. It's different from many of the other somatic therapies out there in the way we use the body. But the body is key in working with this, which is the NARM I talk about,

we work both top down and bottom up and we work with identifications. And the physiological correlates of all of the old identifications that we carry. But we also work bottom up with regulating all systems.

Niki Gratrix: Okay. Well, I guess I am going to ask you more about that.
We got two final types of really important things. The fourth type is autonomy, the need to express independence and when that gets compromised, when that is that need is not met.

Dr. Laurence Heller: So these individuals may have been welcomed into the world. They may have had their basic emotional and physiological needs met, they may not have felt betrayed. But as they get older and this is around, this is around between two and four, which is a sense at the same time period as the trust survived still because they both have to do with power and control. But two very different strategies.

So in general terms, what happens with the autonomous survival styles as they move to separate and become more independent, and every parent knows that every child is every step a child takes is ultimately a step away from them. Now, for some parents, that's unbearable, they have unresolved abandonment issues, for example. They can actually undermine the child's age appropriate movement towards autonomy and independence.

And then you've got other very rigid authoritarian families that always know what's right or are always imposing their will on the child. You get situations where parents can be very invasive and have no respect for the child's boundaries. And so there again, I don't have time to give a full rundown of the various elements that go into this but what happens then is the individual's capacity for real autonomy gets compromised. And in their world, having grown up again, maybe in very authoritarian or rigid homes, is their response to what they perceive as authority; they only see two options.

That they can either submit to authority or rebel against it. And neither of those strategies you see, ultimately work. Rebellion feels better. It feels more like freedom, but it's not because you're doing just the opposite of what you think people expect from you. And so it's a you know, it's an interesting thing these individuals are often very good, kindhearted people in reality but also, it's become part of the persona, is that in order to deal with the, you know, the control and the rigidity and the invasiveness, whatever the dynamics are, is that they often develop this superficial niceness and sweetness and this deep seated in this superficial 'Yes', in this deep seeded 'no'.

In my training, I use stronger words. I won't go on this webinar, but people can imagine what I'm thinking, you know. But that's that's the deeper message. And so they'll often seem to be very kind and going along with what they think is expected of them in the program and always looking outside of themselves to see what it is they need to do and they have difficulty setting clear boundaries.

So they'll do it in a variety of more secretive kinds of ways. And as you know, as wonderful and open hearted and kind hearted people as many of these individuals are, they're often the most difficult for therapists to work with because they'll come in and they'll want they'll start immediately trying to figure out what is it that's expected. And what is it that I have to give?

So you're, in other words, how do I have to perform for this therapist? So this transference dynamic starts immediately and they'll start trying so hard to be the perfect client. But at some point, at some point being a good client feels like losing out to the controlling authority and this rebellious part will start to kick in. And sometimes they'll just leave therapy and the therapist is going, what happened here?

There are internal experiences, often constant pressure. They often grew up in families where there was a lot of pressure and then again, consistent with my model, they internalize that. They pressure themselves; then they imagine it coming from other places. Sometimes it is coming from outside of them, sometimes not. But they see and experience life, their life through the lens of feeling pressured in so many ways and then feeling that they have to just kind of avoid or, you know, get around it in some way, but not in any kind of direct way.

So they don't say no directly, but they have a hundred different ways of saying no indirectly.

Niki Gratrix: Can you say that sounds like the constant passive aggressive.

Dr. Laurence Heller: But that's the extreme end of the spectrum of this autonomy survival style is passive aggression. Exactly. It's the fact that everybody who has this survival style would be at that, you know, all of these have a range or continuum. And not everybody with this survival side would be classically passive aggressive.

But there would be some elements of passive aggressiveness. And since they can't say no directly, they're so they're often very frightened of hurting other people's feelings but in doing so, you never know, the other person never knows where they actually stand with that individual.

The other thing that's important, I think, for viewers is that they're often so stuck and really paralyzed internally by the internal contradictions; they have this desire to be nice and to be friendly and be the good boy and a good girl. And the anger that's inside them about feeling like the only way that they can be loved is to be whatever the other person wants them to be. And so this is very tricky.

I got one thing too, the tune of all the five survival types; therapists have all of them, but many, many therapists have elements of this autonomous survival style as well.

One element of this is will and effort. I teach in so many different countries, it's the one thing that I see in common in every country that I teach in, is that therapists work too hard. And because they're good caretakers second, autonomy and they're so much often so strongly identified with the autonomy survival style which has to do with also a certain orientation to taking things on your shoulder, taking responsibility for, that's the pressure piece.

Niki Gratrix: Lots of light bulbs going on in my head and I’m sure we have a lot of people listening thinking the same.

We must talk about the last one. It's called the love sexuality type.

The need to feel lovable and to be loved. And what happens when? What types of trauma or what are the issues that happen around that?

Dr. Laurence Heller: And the implication there's one other issue. And it also has to do with the capacity not to just be loved and lovable, but to love. Because in many ways, they've really felt their heart injured. And so it's often hard for many of these individuals to open their heart in a real way, in a vulnerable way.

Now other survival styles have different elements of this. So there's a different quality to this, which I had more time I would go into.

But it's ultimately the big challenge for this survival style is to be able to integrate an open and loving heart with the vital sexuality. And that's challenging for human beings, because often, you know, particularly as people as well as the first kind of intensity of a new relationship starts to wear off and you start to have to really deal with the other person; the initial sexual excitement starts to dim for many people. And that's often not always, but it's often because of these warm sexuality dynamics.

So the resolution for this particular survival style is ultimately to be able to integrate heart and sexuality.

And there's one last piece, I can't finish without saying this last element of this survival style in a way that I just have time to describe in the training. What happens is that love and admiration get confused; now we can see the theme of narcissism here.

So they start to confuse that. This is perfection. These are the perfectionists of the five survival styles. And so they then get to the place where they start basing their self-worth on how they look and how well they perform. And they often grew up in families that did the same.

So, again, this internalization of the environmental response and then carrying it forward into adulthood without even necessarily realizing optimal mitigation, they don't realize that that's what they're doing.

So it's very painful, really, when you think about it, that you're only as good as your last success. Or you can see how aging for people who base their whole self-esteem on how they look, how challenging that can be for these individuals as they get older. Of course, we start to change physically and we see some of the extreme, you know, people resorting to extreme examples of plastic surgery to try and maintain. But it has to do much with their sense of self-worth as how they look. They just don't don't realize.

Niki Gratrix: So that's another key one. So perfectionism and also, yeah, the achiever type.

So, again, you could say the translation into the behavior of someone who needs to maybe get that status in the peer to be influential in the world again, or just valuable because then elsewhere they feel unlovable again. And you can see that going straight to burn out because there's no boundary. There's no internal boundary.

Dr. Laurence Heller: Because you never can really arrive.

Niki Gratrix: Exactly. So that's wonderful. Thank you so much.

Let's talk about this last step. This section here. Work. How do you heal? How do we heal these? What's your approach to healing this kind of developmental trauma as well?

Dr. Laurence Heller: Well, we're paying attention to both the distorted identifications and identity that a person shows up with, as well as the dysregulation that they experience on all levels of, you know, emotional dysregulation and physiological dysregulation.

Interestingly enough, when my most recent book came out nine years ago, the title is pretty much word for word what The World Health Organization has come up with the next to the new diagnosis for complex, which is complex PTSD, and they use the exact same three dynamics; self-image, emotional regulation and capacity for relationship because these are work, these are the levels that get affected.

So one of the things in NARM is what is it that we don't interpret. We're not there to tell people about what's really going on with them. We don't talk about resistance. We don't pathologize our clients.

First, we're holding this compassionate place that our client is doing the best they can with what they know, how and the symptoms or with what they know how to do, but in their symptoms are a reflection of a deeper internal conflict.

So we don't, of course, behaviors are significant because they reflect what's going on inside; but we are more focused on what is driving these behavioral difficulties. You know what is traditionally called again, I don't use this term, but low self-esteem often where we'll see it again. Of course, it's different with every client, is that so many clients come in with so much covert self rejection, self-hatred, self judgment.

Niki Gratrix: I see that, I relate to that

Dr. Laurence Heller: This is actually my next book, which is being published in October, is on shame and guilt. And that has to do with this full spectrum of self-hatred, self rejection, self judgment, shame - all of these dynamics because it's universal. And they are there at the core of all of these survival styles.

So it's really at the core of all these survival styles being that we're not just love for who we are and then we internalize that and so then we'd start hating or rejecting the parts of ourselves that we're not accepted, that we're not seen or mistreated.

So we continue the trauma or traumatic process forward into adulthood. And so we begin then where we don't focus on history in the same way that some, like, psychodynamic therapies do. Now, history is, of course, comes into play, but we don't take a full history.

We start with what is it that the client is really wanting? Seems like an obvious question for a therapist to ask. But many therapists don't ask this question. They just listen to the clients

complaints, the symptoms and the difficulties that they have and then the these hard working therapists with often this two second autonomy attunement survival style will they'll start coming up with a treatment plan and we're trying to fix it. What to do? And so they think about taking history hoping that somehow if we get just enough history from somebody, we'll find out what will unlock the door and that will answer our questions. And if we resolve it, it doesn't work that way.

Of course, we deal with personal history, but we really start in the here and now. And NARM is a here and now approach even when we're working with personal history. So as you're talking about how it was with your father, what are you experiencing right now? What are you feeling emotionally right now? What's happening in your body?

So you see we have one foot in the past, but one foot at least is always staying in the present moment because in the present moment that's where we see this connection, disconnection process happening. And that's where we can track it and reflect it. And so, NARM therapists are taught to do a very fine tracking of clients, emotional and physiological state, and begin to bring to the clients awareness where they disconnect from themselves. And we look at what that disconnection is about.

Now, the interesting thing is, is that as clients start to reconnect, which they will, as they're conscious, you know, as there's a compassionate understanding, as we work with them, usually how often people present, as I mentioned, that the self rejection, self-hatred, as things start to soften, then elements from their history will spontaneously emerge. And then, of course, we help them process that through in a way that emphasizes not just what happened; that's important, you know, to get a sense as clear as we can. Even the memory is not never precise, but as much as we can with what happened. But then what have they been taking in from that experience and are carrying forward into their consciousness and into their lives as adults on all levels of experience, cognitive, emotional, bodily and relational.

Niki Gratrix: So the NARM therapy, you were mentioning bottom up and top down approach, so it's a sort of holistic approach in that sense.

But that's so interesting and that's my experience too, it seems that the hardest thing for humans to do is to love themselves like we all have some self love deficit is the hardest thing, seems the most challenging thing

Dr. Laurence Heller: I could tell you from a NARM perspective why that is.

Because think about it this way, when we're hating ourselves, you see, it seems like it's just an issue between ourselves and ourselves, but it's not when we're hating ourselves that's a learned behavior. And hating ourselves has been a way of protecting somebody else.

And in NARM terms, we hate ourselves in order to protect the attachment relationship. In other words, it's not my parents, it's me.

And I always ask my students to think about this question, is it better to be a good child of terrible parents or the terrible child of good parents? The child doesn't have a choice.

Or let's say even though the lovable child of unloving parents, maybe it's a little easier for the viewer to understand, because if we as small children are completely dependent, see our parents as unloving for a child that's catastrophically - they need love and attachment as much as air and water and, you know, being warm and hold the basic needs. It's attachment dynamics and attachment needs are that fundamental.

So to protect the attachment relationship, the child splits and they protect the image of the parent. I'll make this brief, but they protect the image of the parents by making themselves wrong and bad. It's not my parents' lack of capacity to love me as I'm unlovable. And then maybe they'll spend the rest of their lives trying to be perfect or loveable or the good caretaker or whatever it is that they imagine is expected of them in order to be loved.

And that means that if we stop hating ourselves, we're gonna have to start dealing with our anger towards our attachment figures who are, you know, in many cases it's our parents, but not in every case. And that's on the child's consciousness level, that is unbearable. And people will still do all kinds of things to avoid dealing with that now.

It's not so catastrophic to us as adults. We can hold a whole image of our parents; that they could be profoundly neglectful and maybe even abusive and and still not basically be bad people, again, depending on the degree that we're talking about.

So we can hold the more complete image of our parents. We can hold more complete image of our partner so that, you know, for somebody who's never worked through these dynamics, if they're one little slip that their partner makes and that everything's over because they can't hold a whole image of, you know, that the person can have good elements and elements that are for lack of a better term not so good.

Niki Gratrix: I just couldn't agree more and that some, you know, just from a health perspective as well. I think people are carrying around so much more self-hatred than they're aware of this idea of a semi conscious about their level of self-hatred. And I think that on some level, the body and the mind are one thing in ourselves or ourselves or listening to us and sort of talking about quantum physics here, but if we hate ourselves, that's not going to be good for your health. You know, at the quantum level that it's going to affect the cells you've got. We were talking about the cell danger response and molecular biology on the Summit as well and we're talking about this mind body connection.

I think the point that you just made that so important, I think the majority of people have self-hatred. You've described where it comes from, how it's there, why it's there. And I think my talk on this Summit is love is the best medicine.

Thank you so much for bringing that out, because that really is as important as air, as water, as food. In the US especially we're talking about food all the time and diet and exercise, and that's important. But there's this key thing that's like a silent epidemic of self-hatred going on and that's just as vital to health and well-being.

Dr. Laurence Heller: I agree completely. Yeah, that's that's what I thought. I think that, you know, that's what I try to capture in this next book. I always start in my training, helping the

therapist begin to understand in a more precise way just what you said, that self-hatred and self rejection is everywhere in our personalities and in our bodies. And, of course, we're understanding much of the physiological response and so on, a couple of things.

I talk in general about the functional unity between the psychological and the physiological. There is no psychological feature that doesn't have a physiological core because we are that one piece.

Niki Gratrix: The mind and the body are one thing we had. Professor Bessell Van der Kolk and his book, *The Body Keeps the Score* and the ACES study shows that.

So I think this is the crucial missing piece, this is the reason we had you on the Summit and thank you so much for getting this message out.

Also to educate the functional health community, because this is a key piece to the health picture with, you know, maybe one day we'll start using your system where we assess our clients that are coming in and kind of go actually, we need this as a referral. This needs to be referred to somebody who can deal with the self-love issues.

Dr. Laurence Heller: In the North American Training Institute we're doing an active outreach now to that community for a perfectly normal orientation to trial for care in so many different fields because it's so essential.

So just as you mentioned, different health care workers, social workers, teachers, there's so many different professions that are running into the results of the outcomes of developmental trauma every day of their lives. And we've begun to try to educate many, many more people in that community.

Niki Gratrix: So, where can people, practitioners and potential clients, where do people find out more about you, your work? What resources do you have on offer?

Dr. Laurence Heller: They can always Google me; and if they don't get the link or for whatever else, they can get everything there. We have the NARM, the North American Training Institute. And I also have an international, which is all of the European and other training in other countries as well.

Much of those things they can find on my website, drlaurenceheller.com. We have different programs, different online training, as well as life training, Covid permitting and so all of that information will be available to the viewer, hopefully at the end of this broadcast.

Niki Gratrix: Lovely. So thank you so much, Dr. Heller. That was actually awesome. And thank you for all the brilliant work, your life's work, what you've done in your life is much needed; so thank you so much.

Dr. Laurence Heller: Thank you, it has been really nice talking with you

Niki Gratrix: Take care everybody and we will see you in the next episode of The Trauma, Mind and Body Super Conference.