

Working with the Capacity for Connection in Healing Developmental Trauma

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Editor's Note: Colleagues Heller and LaPierre offer a masterful integration of the best in here-and-now character work, trauma, attachment issues, and more. They incorporate mindfulness, non-violence and other ways of working that are immediately compatible with Hakomi principles and approaches.

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Abstract

This article is adapted from the upcoming book, *Healing Developmental Trauma: How Early Trauma Affects Self-Regulation, Self-Image, and the Capacity for Relationship*, in which Heller and LaPierre introduce NARM as an integrated system for working with developmental, attachment, and shock trauma. In NARM, bottom-up approaches are used to regulate the nervous system and top-down approaches are used to resolve distortions of identity, such as low self-esteem, shame, and chronic self-judgment, that are the outcome of developmental and relational trauma. While not ignoring a person's past, NARM works in the present moment using somatic mindfulness to support an increasing capacity for connection, regulation, and expansion.

Introduction

The spontaneous movement in all of us is toward connection, health, and aliveness. No matter how withdrawn and isolated we have become, or how serious the trauma we have experienced, on the deepest level, just as a plant spontaneously moves toward sunlight, there is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.

It is the experience of being in connection that fulfills the longing we have to feel fully alive. Impaired capacities 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

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roadblocks that keep us from the experience of the connection and aliveness we yearn for. When individuals have had to cope with early threat and the resulting high arousal of unresolved anger and incomplete fight-flight responses, adaptive survival mechanisms develop that reflect the dysregulation of the nervous system and of all the systems of the body. These adaptive survival mechanisms disrupt the capacity for connection and social engagement and are the threads that link the many physical, emotional, behavioral, and cognitive symptoms that are the markers of developmental posttraumatic stress.

Developmental trauma may well be one of the most important public health issues in the world today. It is roughly estimated that in the United States alone, it affects nearly three million children yearly. Because the current diagnosis of posttraumatic stress disorder (PTSD) does not factor in developmental issues, and because developmental

trauma is not a recognized diagnosis, children are often misdiagnosed with ADHD and bipolar disorder. Large populations of children who could benefit from treatment are missed, mislabeled, or treated incorrectly based on an inaccurate diagnosis. A recognized diagnosis of developmental PTSD would open avenues of funding for the research and development of appropriate treatment for this critical area of human suffering.

The seemingly diverse questions in Table 1 highlight some of the many factors and symptoms that an individual with early trauma may experience.

A Brief Historical Context

A cornerstone of somatic psychotherapy has been that our aliveness, vitality, and authenticity are accessed through connection to the body. As we know, Western somatic psychotherapy began with Wilhelm Reich who was the

Do you prefer to recharge your batteries by being alone rather than with other people?	Yes	No
Did you need glasses at an early age?	Yes	No
Do you suffer from environmental sensitivities or multiple allergies?	Yes	No
Do you have migraines, chronic fatigue syndrome, irritable bowel syndrome, or fibromyalgia?	Yes	No
Did you experience prenatal trauma such as intrauterine surgeries, prematurity with incubation, or traumatic events during gestation?	Yes	No
Were there complications at your birth?	Yes	No
Have you had problems maintaining relationships?	Yes	No
Were you adopted?	Yes	No
Do you have difficulty knowing what you are feeling?	Yes	No
Would others describe you as more intellectual than emotional?	Yes	No
Do you have disdain for people who are emotional?	Yes	No
Are you particularly sensitive to cold?	Yes	No
Do you often have the feeling that life is overwhelming and you don't have the energy to deal with it?	Yes	No
Do you prefer working in situations that require theoretical or mechanical skills rather than people skills?	Yes	No
Are you troubled by the persistent feeling that you don't belong?	Yes	No
Are you always looking for the why of things?	Yes	No
Are you uncomfortable in groups or social situations?	Yes	No
Does the world seem like a dangerous place to you?	Yes	No

Table 1: Recognizing factors and symptoms of early trauma

first to understand that our biologically based emotions are inextricably linked to our psychological processes. Reich, whose roots were in psychoanalysis, is best known for his insights on what he called character structures, which he believed were kept in place by defensive armoring. For Reich, the term *armoring* referred to the muscular rigidity that was the protective response to living in environments that were emotionally repressive and hostile to aliveness.

Building on Reich’s understanding of the functional unity of body and mind, Alexander Lowen developed Bioenergetics, a somatic approach that identified five basic developmental character structures: schizoid, oral, psychopathic, masochistic, and rigid. Lowen’s five character structures clearly tapped into a fundamental understanding of human nature and have influenced many subsequent body-based psychotherapies. Reich and Lowen’s character structures were based on the medical model of disease and therefore focused on the pathology of each developmental stage. Consistent with the thinking of their time, they emphasized the importance of working with defenses, repression, and resistance and encouraged regression, abreaction, and catharsis. Reich and Lowen both believed that the therapist’s job was to break through a patient’s character armor—their psychological and somatic defenses—to release the painful emotions stored or locked in the body.

As new information has emerged on how the brain and nervous system function, the need to update the focus on pathology in both psychodynamic and somatic approaches is becoming increasingly clear. Looking through the lens of what we currently know about trauma and its impact on

the nervous system, cathartic interventions can have the unintended effect of causing increased fragmentation and retraumatization. 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 concentrate primarily on an individual’s past, we build skills at reflecting on the past, sometimes making personal history seem more important than present experience.

Five Biologically Based Core Needs and Associated Capacities

Reconceptualizing the character structure model to take current knowledge into account, the NeuroAffective Relational Model™(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 (Table 2). When our biologically based core needs are met early in life, we develop core capacities that allow us to recognize and meet these core needs as adults. Being attuned to these five basic needs and capacities means that we are connected to our deepest resources and vitality.

Five Adaptive Survival Styles

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 traumas that compromise the development of one or more of the five core capacities. Using the first two core needs as examples, when children do not get the connection they need, they grow up both seeking and fearing connection. When

Core Need	Core Capacities Essentials 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 minds without guilt or fear
Love-Sexuality	Capacity to live with an open heart Capacity to integrate a loving relationship with a vital sexuality

Table 2: NARM’s five core needs and their associated core capacities

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, and self-esteem become compromised. To the degree that the five biologically based core needs are not met in early life, five corresponding adaptive survival styles are set in motion (Table 3). These survival styles are the adaptive strategies children develop to cope with the disconnection, dysregulation, disorganization, and isolation they experience when core needs are not met. Each adaptive survival style is named for its 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.

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. When, because of developmental trauma, we are identified with a survival style, we stay within the confines of learned and subsequently self-imposed limitations, foreclosing our capacity for connection and aliveness.

To illustrate how in NARM we support the development of missing core capacities and help clients disidentify from the resulting adaptive survival styles, we will now focus on the treatment of adults who struggle with the Connection Survival Style. The theme of broken connection runs

through all five survival styles, but it is particularly central to the Connection Survival Style.

Connection: Our First Core Need

In NARM, Connection is the name given to the first stage of human development and the first core need or organizing life principle. When our capacity for connection is in place, we experience a right to be that becomes the foundation upon which our healthy self and our vital relationship to life is built. The degree to which we feel received, loved, and welcomed into the world makes up the cornerstone of our identity. The Connection Survival Style, what Lowen called the schizoid, develops as a way of coping with the systemic high-arousal states that result from the ongoing attachment distress of feeling unloved, unprotected, unsupported, and even hated.

Table 4 lists common sources of early developmental and shock trauma that may cause long-term psychological and somatic difficulties and trigger the formation of the Connection Survival Style.

The Interplay Between Shock and Developmental Trauma

Shock trauma—the impact of an acute, devastating incident that leaves an individual frozen in fear and frozen in time—is clinically recognized and treated under the diagnosis of posttraumatic stress disorder (PTSD). In single-event shock trauma, the completion of the fight–flight response is not possible. When working with individuals who have experienced shock trauma, the goal of therapy is to help them complete the fight–flight response. In cases of developmental trauma—which

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 control relationships
The Autonomy Survival Style	Feeling burdened and pressured Difficulty saying no directly and setting limits
The Love-Sexuality Survival Style	Difficulty integrating heart and sexuality Self-esteem is based on looks and performance

Table 3: The five adaptive survival styles and their core difficulties

Early Events That May Cause Long-Term Traumatic Reactions From Conception to 6 Months after Birth (partial list)
Attachment and Developmental Trauma
<ul style="list-style-type: none"> • Being carried in the womb of a mother who does not want you • Being carried in the womb of a traumatized, dissociated, depressed, or anxious mother • Serious consideration of abortion • Mother abusing alcohol or drugs during the pregnancy • Feeling rejected, blamed, or even hated by one or both parents • One or both parents struggling with connection issues themselves • Attachment attempts with a dissociated, chronically depressed, anxious, or angry mother • A psychotic or borderline mother • Being made to feel like a burden • Physical or emotional abuse • Neglect • Adoption
Shock Trauma
<ul style="list-style-type: none"> • Attempted abortion • Mother's death in childbirth • Premature birth • Long, painful delivery • Extended incubation with insufficient physical contact • Early surgeries • Significant traumatic events for the mother or other members of the family • Death in the family • Traumatic loss and bereavement • Being born into wartime, depression, significant poverty • Intergenerational trauma such as being born to Holocaust survivors • Natural disasters

Table 4: Early possible causes of trauma in the connection stage of development

includes profound caregiver misattunement as well as ongoing abuse and neglect of varying degrees—there is no single traumatizing event. Although the physiological response may be similar to that of shock trauma, there are ongoing distressing relational dynamics to take into consideration.

Throughout the stages of a child's development, there is an interplay between shock and developmental trauma. In early development, shock traumas—for example early surgery, an infant's or mother's illness, death in the family, or global events such as being born into wartime—have a disruptive effect on the attachment process. In these situations, infants are affected not only by the shock itself, but also by how the shock negatively impacts the attachment process. An example of the interplay between shock and developmental trauma can be seen in infants who have experienced prenatal trauma. At birth, the already traumatized infant is in a disorganized and dysregulated state. Studies show that it is more difficult

for a mother to bond with a distressed baby. Traumatized infants present their mothers with significant regulation and attachment challenges that do not exist in non-traumatized newborns.

The Impact of Trauma on Early Development

During the first stage of life, the fetus and the infant are in every way dependent on their caregivers and on their environment. As a result of this complete vulnerability, an infant's reaction to early developmental or shock trauma is one of overwhelmingly high arousal and terror. The vulnerable infant, who can neither fight nor flee, cannot discharge the high arousal caused by the uncontrollable threat and responds with physiological constriction, contraction, core withdrawal, and immobility/freeze.

One of the strategies used by animals in response to threat is to run for safety. Animals run to their burrows, flee to their caves, or to any other safe place. When infants or small children experience early shock or attachment trauma, the threat is inescapable. They cannot run and they

cannot fight. Whether the threat is intrauterine or takes place at birth or later in life, there is no possible safety other than that provided by the caregivers. When their caregivers, for whatever reason, are unable to provide safety or are themselves a source of threat, infants experience the only home they have as unsafe; this sets up a pattern for a lifelong sense that the world is unsafe. The earlier the trauma, the more global its impact on the physiology and psychology of the individual and on his or her sense of identity and worldview.

Current studies in developmental traumatology show that the cumulative effects of chronic early neglect and abuse adversely influence brain development and negatively impact the nervous system, endocrine system, and memory. The pain of early trauma is overwhelming and disorganizing; it creates high levels of systemic arousal and stress which, when ongoing and undischarged, are managed in the body through visceral dysregulation, muscular contraction, and the dissociative processes of numbing, splitting, and fragmentation. Anyone who has pricked an amoeba and seen it contract and close in on itself has witnessed this process of contraction and withdrawal. This combination of high arousal, contraction, and withdrawal/freeze creates systemic dysregulation that affects all of the body's biological systems, leaving the child and later the adult with a narrowed range of resiliency and an increased vulnerability to later traumas. The underlying biological dysregulation of early trauma is the shaky foundation upon which the psychological self is built.

When infants experience their environment as threatening and dangerous, their reaction is either to cling to others or to withdraw into themselves. As with all living organisms, constriction, contraction, withdrawal, and freeze are the primitive defenses infants utilize to manage the high arousal of terrifying early trauma. When threat is chronic, when danger never goes away and there is no possible resolution—as is the case in abusive families—the entire organism remains in ongoing anxious and defensive responses and the nervous system becomes locked in a state of high sympathetic arousal and hypervigilance. In cases of early or severe trauma, when infants cannot run from threat or fight back, arousal levels can be so dangerously high that they threaten to overload the nervous system, and often do so. Locked in perpetual, painful high arousal, the only alternative—the fallback position—is to go into a freeze state which infants and small children accomplish by numbing themselves. Until the trauma response is completed and the high levels of arousal are discharged from the nervous system, the environment continues to

feel unsafe, even when the actual threat is gone. Being locked in unresolved trauma responses can become a lifelong state, as we see in individuals with the Connection Survival Style.

Early Trauma Is Held in Implicit Memory

Since the hippocampus is responsible for discrete memory, when trauma occurs early in the development of the neocortex and before the hippocampus comes online, many individuals show symptoms of developmental posttraumatic stress, yet have no conscious memories of traumatic events. Early trauma is held implicitly in the body and brain, resulting in a systemic dysregulation that is confusing for individuals who often exhibit symptoms of traumas they cannot remember. This is also confusing for the clinicians who want to help them.

Neuroscience confirms that early trauma is particularly damaging. Not only does it impact the body, nervous system, and developing psyche, but its effects are cumulative. Trauma experienced in an early phase of development makes a child more vulnerable to trauma in later phases of development. For example, prenatal trauma can make birth more difficult, and a traumatic birth can affect the subsequent process of attachment. The tragedy of early trauma is that when babies resort to freeze and dissociation before the brain and nervous system have fully developed, their range of resiliency drastically narrows. In addition to the normal challenges of childhood, meeting later developmental tasks becomes that much more difficult. Being stuck in freeze-dissociation, these individuals have less access to healthy aggression, including the fight-flight response, and their capacity for social engagement is strongly impaired, leaving them much more vulnerable and less able to cope with later trauma and the challenges of life.

The Adult Experience

Adults who have experienced early trauma are engaged in a lifelong struggle to manage their high levels of arousal. They struggle with dissociative responses that disconnect them from their body, with the vulnerability of ruptured boundaries, and with the dysregulation that accompanies such struggles. Individuals with less obvious symptoms may not consciously realize that they experience a diminished capacity for joy, expansion, and intimate relationship; if they are aware of their difficulties, they usually do not understand their source.

Individuals with the Connection Survival Style are often relieved to learn that their difficult symptoms have a common thread, what we call an organizing principle.

Their struggle with high levels of anxiety, psychological and physiological problems, chronic low self-esteem, shame, and dissociation all constellate around the organizing principle of connection—both the desire for connection and the fear of connection.

When there is early trauma, varying degrees of predictable symptoms are commonly present. It is important to keep in mind that these symptoms usually occur simultaneously, loop back on each other, and continuously reinforce one another.

Self-Image and Self-Esteem. Individuals traumatized in the Connection stage experience themselves as outsiders, disconnected from themselves and other human beings. Not able to see that the traumatic experiences that shaped their identity are due to environmental failures that were beyond their control, individuals with the Connection Survival style view themselves as the source of the pain they feel.

The Need to Isolate. Because of the breach in their energetic boundaries, individuals with the Connection Survival Style use interpersonal distance to feel safe. They develop life strategies to minimize contact with other human beings.

Nameless Dread. The internal experience of adults traumatized in the Connection stage is one of constant underlying dread and terror characterized in NARM as nameless dread. Their nervous system has remained in a continual sympathetically dominant global high arousal and it is this arousal that drives and reinforces their profound and persistent feeling of threat.

A Designated Issue. A named and identified threat is better than nameless dread. Not realizing that the danger that they once experienced in their environment is now being carried forward as high arousal in their nervous system, the tendency is to project onto the current environment what has become an ongoing internal state. Once the dread has been named, it becomes what we call the designated issue. The designated issue can be fear of death, a phobia, real or perceived physical deficiencies such as overweight or other perceived “defects,” as well as real or perceived psychological or cognitive deficiencies such as dyslexia or not feeling smart enough. Designated issues, whether or not they have a basis in physical reality, come to dominate a person’s life, covering the deeper distress and masking the underlying core disconnection.

Shame and Self-Hatred. Infants who experience early trauma of any kind experience the early environmental failure as if there were something wrong with them. Later

cognitions such as “there is something basically wrong with me” or “I am bad” are built upon the early somatic sensation “I feel bad.”

Overwhelm. People with significantly compromised energetic boundaries describe themselves as feeling raw, sometimes without a skin. Compromised energetic boundaries lead to the feeling of being flooded by environmental stimuli and particularly by human contact.

Environmental Sensitivities. Intact energetic boundaries function to filter environmental stimuli. Inadequate or compromised boundaries, on the other hand, allow for an extreme sensitivity to external stimuli: human contact, sounds, light, touch, toxins, allergens, smells, and even electromagnetic activity.

A Sense of Meaninglessness. A common refrain from individuals with the Connection Survival Style is “life has no meaning” or “what’s the point?” Searching for meaning, for the why of existence, is one of the primary coping mechanisms used for managing their sense of disconnection and despair.

Dissociation: Bearing the Unbearable

When trauma is early or severe, some individuals completely disconnect by numbing all sensation and emotion. Disconnection from the bodily self, emotions, and other people is traditionally called dissociation. By dissociating, that is, by keeping threat from overwhelming consciousness, a traumatized individual can continue to function. When individuals are dissociated, they have little or no awareness that they are dissociated. They only become aware of their dissociation as they come out of it.

Compassionate understanding for the pain and fear that drives the dissociative process is critical to healing the connection dynamic. Just as a coyote chews off its leg caught in a trap in order to escape, in attempting to manage early trauma, the organism fragments, sacrificing unity to save itself. Disconnection sets up a pernicious cycle: To manage early trauma, children disconnect from their bodies, emotions, and aggression, foreclosing their vitality and aliveness. In addition, they also disconnect from other people. This disconnection, though life saving, produces more distress because they feel exiled from self and others. Seeing other people live in what one client called “the circle of love,” and the distress of feeling “on the outside looking in,” heighten both shame and alienation.

Growth Strategies for the Connection Survival Style

The dance between connection and disconnection is a

core, organizing theme for all five adaptive survival styles. However, for individuals with the Connection Survival Style who have experienced early shock and developmental trauma, the resulting dissociation, autonomic dysregulation, and identity distortions are the most severe. It is easy to become confused by the complex and painful symptomatology that these clients present, and to lose sight of what drives their painful symptoms.

Establishing connection is the developmental challenge for individuals with this survival style. Bringing clients' awareness to their relationship to the organizing principle of connection is essential. Instead of focusing on the symptoms of disconnection and disorganization, the organizing principle in NARM is to find and work with areas of organization in order to support increasing connection. It is necessary to help clients slowly shift their attention from what is not working in their lives and encourage them to focus on any area of experience—external or internal—where there is better functioning.

In NARM, we work simultaneously with the physiology and the psychology of individuals who have experienced developmental trauma using four primary organizing principles:

1. Supporting connection and organization
2. Exploring identity
3. Working in present time
4. Regulating the nervous system

In this article, we focus on how to work with the first organizing principle: supporting connection and organization.

Supporting Connection and Organization

Connection to self and others is the compromised core capacity that must be addressed in individuals with the Connection Survival Style. There are two parallel and complementary organizing aspects to the process of connection: (a) connection with self, the body, and emotions, and (b) learning to experience connection with others as an enriching reciprocal experience rather than as a source of threat. Regardless of the symptoms and surface issues, holding in mind the overarching principle of connection makes the therapeutic process richer and more efficient for those who struggle with the pain of disconnection.

For individuals with the Connection Survival Style, whose deepest longing for connection is also their deepest fear, the key is to work with the conflict regarding connection as it is expressed in their symptoms, in

their current lives, and in the relationship with the therapist. Exploring both the conscious and unconscious ambivalence in the desire for connection is a core orientation informing the therapy. To effectively support the client's movement toward connection, NARM therapy uses a mindful, process-oriented approach that includes the following aspects:

- Tracking connection and disconnection
- Tracking organization and disorganization
- Developing positive resources
- Encouraging somatic mindfulness
- Understanding the challenges of reconnection
- Tending to the therapeutic relationship

Tracking Connection and Disconnection

From the beginning, we pay attention to the client's process on three levels of experience: cognitive, emotional, and physical. To support clients' mindful awareness of connection/disconnection while articulating their experience, we might ask:

“As you are talking about this issue in your life, what are you experiencing right now?”

The word *experiencing* is used purposefully to keep the question as open as possible. Clients are invited to pay attention to their experience at whatever level they can access it. Approaching emotions and sensations slowly is a particularly important aspect of working with the Connection Survival Style. Questions that reference the body and even the emotions too quickly can be overly distressing for people with this survival style. NARM therapists mindfully track and reflect a client's tendency to disconnect and isolate. Challenging habitual patterns of disconnection and finding the correct pace to support reconnection is like lifting weights: too much too quickly can cause injury, whereas with too little, no growth takes place. As therapy progresses and we learn more about our client's capacity to be in touch with their body and emotions, we attune our interventions and pacing accordingly. Finding the optimal way to track and at times gently challenge a client's survival patterns supports the growth process.

Evoking Positive Experiences of Connection

The capacity for connection is the fundamental resource; it is important to attune to, and build from, existing capacities for healthy connection, whatever those might be for a given individual. Some people have been so injured that they have no conscious awareness of any internal

movement toward connection. In fact, their conscious awareness is the opposite: their impulse is to move away from connection. Whatever our clients' painful personal history, we always help them remain aware of any internal or external resources that have supported connection in their lives. We may ask what or who in the here and now or in their past has been or is a positive source of connection:

"I'm getting a sense from what you tell me, how hard this has been for you. So before you continue with the story, I'm curious as to whether or not there has been somebody who has been helpful to you in dealing with these challenges."

This simple question is usually the first step in orienting a client toward positive resources. Shifting clients' attention to positive experiences of connection, as opposed to pushing for the re-experiencing of distressing states of disconnection, supports self-soothing and brings more organization to the nervous system. It is necessary to help clients slowly shift their attention from what is not working in their lives and encourage them to focus on any area of experience—external or internal—where there is or has been, positive connection. Whatever positive connections an individual has experienced provides an important resource to draw upon in supporting the journey back to increased contact and connection.

Experiencing the psychological and nervous system impact of positive memories, images, and associations in the present moment is useful with all clients, but it is particularly helpful with those with the Connection Survival Style who are the most disconnected from their ongoing present experience. As a client is able to find either an external resource—such as an important person—or an internal resource—such as the will to survive—we track how identifying the resource impacts his or her current state. When we see softening or relaxation (both indicators of increasing organization), we communicate this observation and invite the client to notice how the relaxation feels.

Therapist: I notice as you talk about your grandmother who was so helpful to you, you seem to be relaxing. Does that fit with your experience?

Client: Yeah...it does.

Therapist: Can you say anything more about how you're experiencing that?

Client: I'm feeling lighter all over.

In the NARM healing cycle, increasing relaxation and

nervous system organization indicate a developing sense of connection with the body; as connection with the body develops, there is increasing nervous system regulation.

Tracking Organization and Disorganization

Organization expresses as coherency at every level of experience: cognitive, emotional, behavioral, and physiological. It is experienced as a sense of safety, ease, curiosity, productivity, and creativity that provides an implicit sense of realistic confidence, which is available even in the face of life's challenges. Organization is reflected in a person's resiliency, capacity for emotional depth and connection, physical health, and in the coherence of the life narrative. Chaotic lives and disjointed, fragmented narratives reflect internal disorganization. Ultimately, organization is reflected in the capacity to live in the present, whereas disorganization occurs when a person experiences life through the biased and limiting lens of unfinished past experience.

Clients with early trauma who are highly symptomatic tend to focus primarily on the things that are going wrong or have gone wrong in their lives. This tendency, although understandable, further disorganizes the nervous system. Focusing on a traumatizing narrative without referencing how the body and nervous system are managing—or failing to manage—the arousal that comes with that narrative can cause more disorganization and even be retraumatizing. When discussing life difficulties or trauma, we track disorganization moment to moment and help clients move their attention away from the trauma narrative when it becomes too activating. For example, the therapist might say:

"As hard as things have been for you, is there some area of your life that feels like it's working or that brings you pleasure or satisfaction?"

Bringing clients' awareness to their experience in the present moment while they are talking about the past, is an important first step in supporting the re-regulation process. Instead of focusing primarily on stories of trauma and difficult symptoms, an important organizing principle is to find and work with areas of pleasure, satisfaction, or better functioning. By finding and working with areas of organization in the client's body, relationships, and life, we support the development of the capacity for regulation. For example, as a client shares difficulties, we might say:

Therapist: I'm going to interrupt you for a moment and invite you to notice what you're experiencing right now as you are talking about your difficulties.

Client: I'm getting tighter and tighter all over, particularly in my stomach.

Therapist: I interrupted you because I could see that you were getting increasingly tense and not paying attention to that tension. Eventually, I want to hear the whole story, but I encourage you to talk about it in such a way that you don't get overwhelmed or disconnected.

Client: I'm relieved that you're slowing me down.

Therapist: (pause...) Tell me more about the sense of relief you're feeling.

Client: I'm not feeling so tight, and my stomach is starting to settle.

Certainly there are times when naming and sharing distress can bring more organization and therapists must be available to hear a client's distressful narrative. However, at the same time, we ask questions that bring clients' awareness to the state of their nervous system, continually supporting possibilities for improved regulation. Because clients are often unable to notice or identify their own increasing arousal before it progresses into disorganization and dysregulation, it is important to bring their awareness to it. Therapists can track increasing or decreasing organization by paying attention to clients' physiological markers: muscular bracing or relaxation, breathing patterns, facial expressions, skin color, and movement. Many clients, as in the dialogue above, express relief at being slowed down. It is key to pace clients by monitoring and supporting their capacity for regulation and by paying attention to whether or not what is unfolding overall is bringing increasing organization or more disorganization.

Developing Positive Resources

Therapeutically, positive resources tap into those elements of a person's life, psyche, and nervous system that are functional, organized, and coherent. Pain, emptiness, anxiety, and myriad fears are symptoms of the real problems: the lack of internal organization and the missing capacity for connection. Shifting a client's attention to positive resources as opposed to having their consciousness trapped in distress states teaches self-soothing and relaxation, thus bringing more organization to the nervous system.

A hierarchy of resources supports connection and organization. Human resources are the most helpful; any person, such as a loving grandparent, an involved teacher, or a mentor, may have been a positive resource or can be called upon in fantasy in the therapeutic process to support re-regulation and reconnection. The more chronic the early trauma, the harder it can be to find human resources. Since humans were often experienced as sources of threat, it is not unusual for clients with the Connection Survival Style

to feel safer connecting to animals, nature, or God, any of which can function as a positive resource.

Most of us have access to more resources than we realize. It is important for clinicians to remember that if clients are functioning in the world, they are drawing on resources internal and external. Even in the most chaotic of lives, there are healthy capacities and resources from which to draw. We have all heard about individuals who came from dysfunctional or abusive families who went on to have successful, meaningful lives as adults. When we read their stories, we often see that they remember one or more significant persons in their lives—a grandmother, teacher, aunt—who taught them that, despite their traumatic home life, there was still love and kindness in the world.

The Therapeutic Impact of Positive Resources

When we view ourselves and our world through the lens of developmental trauma, our perspective is blurred by split-off anger, pain, disorientation, and shock. A therapeutic orientation focused on internal and external resources is an antidote that shifts clients' attention to a broader, less distorted picture of themselves and their lives. It brings to the forefront of their awareness the capacities they do have and reminds them that there is love and support in the world.

One of the first questions we ask clients who talk about a traumatic childhood is who or what helped them get through those difficulties. This question is helpful on several levels:

Cognitively, recognizing positive internal resources helps clients not blame themselves for, and feel shame about, their difficulties. When therapists identify and mirror positive capacities in their clients, they help them shift their thinking away from trauma-based cognitive distortions and negative self-judgments to become more self-accepting.

On the emotional level, it may never have occurred to clients that there has been, and often still is, support for them. They often do not realize the degree to which they have shown tenacity and courage in managing what have been lifelong difficulties. It is helpful to recognize and appreciate both the external support they might not have realized was there as well as the internal strengths they have not acknowledged in themselves.

On the level of the nervous system, getting in touch with internal and external resources reinforces and enhances the capacity for regulation. Recognizing and acknowledging resources has a further calming and regulating effect on the nervous system.

Resources in the here and now interrupt the brain's predictive processes and support the important dynamic of disidentification from shame and guilt-based beliefs. Body-based resources are more powerful than cognitive awareness in disrupting the brain's predictive processes, helping clients not to identify with the content of their fears and judgments.

Working with Positive Resources

Focusing on positive resources and the associated experience of safety establishes and reinforces oases of organization in the nervous system. It cannot be repeated often enough that focusing primarily on dysfunction reinforces dysfunction and that, step by step, it is necessary to help clients shift their attention away from focusing exclusively on what is not working in their lives and encourage them to pay attention to areas of experience where they do feel connected and organized.

It is often easier to find and utilize positive resources when working with shock trauma in contrast with working with developmental trauma. When clients begin a narrative about a shock trauma event, such as a rape or a car accident, and become visibly anxious or disconnected, we interrupt the escalating arousal and explain that, although we eventually want to hear the whole story, we will first consider a different question:

“Tell me the first moment when you felt safe after the event.”

If clients can access an experience of safety, they exhale and relax. With developmental trauma, however, when the experience of lack of safety has been chronic, the process is more complex. It is necessary to look for any life experience in which such clients felt at least a sense of relative safety. Initially, we convey to clients our awareness of the tremendous charge they are holding inside without pushing for too much contact or feeling. As clients talk about a positive resource, we track to see what impact the awareness of the resources is having: increased expressiveness, softening in the body, deepening of the voice, smiling, positive shift in breathing, increased skin color.

In a natural movement of pendulation, areas of disorganization—including painful affects, negative beliefs, shame-based identifications, and other symptoms—inevitably follow the movement toward increasing organization, affect regulation, and expansion. It is important not to push painful affects away, but at the same time it is equally important not to reinforce identification with them or get submerged in them. The therapist must

be ready to help clients manage difficult affects as they surface by teaching them to hold the dual awareness of their emotional pain while at the same time helping them see that these painful affects are often relics of the past. A mindful dual-awareness process supports increasing organization, and the increasing organization in turn supports a greater capacity for mindfulness. Only when clients are stabilized should the therapist redirect their attention to the original painful narrative.

Some clients with particularly difficult histories may have a harder time than others identifying positive resources. If they cannot find any positive human connection, we encourage them to look for areas of positive connection in other parts of their lives. For example, if they mention they have a dog that is the love of their life, we may say:

“I notice that as you are talking about your dog, something seems to change for you. What are you aware of?”

When a resource is identified, we encourage sensory details—colors, smells, sounds, activities. The sensory details of a positive resource have a powerful organizing and regulating impact on the nervous system. We might continue:

“Give yourself some time to notice what it's like for you as you talk about your dog. Tell me some of the things you like to do with your dog.”

When remembering or imagining positive resources of any kind, past or present, it is important to direct the client's experience to the present moment:

“As you tell me about playing with your dog, what are you noticing right now?”

In the beginning the therapist works with whatever resources are available, always tending to the process of contact and contact rupture. Eventually, as therapy progresses, clients will develop more capacity to experience other humans as possible sources of support rather than as sources of threat.

Encouraging Somatic Mindfulness

Somatic mindfulness is used as a technique to both regulate the nervous system and to support clients' efforts to free themselves from the restrictions of distorted identifications, which include pathological shame and guilt. Because the trauma is so early, clients who develop the Connection Survival Style are the most deeply disorganized and have the most distorted identifications. As a result, practicing somatic mindfulness is more difficult for them than for other survival styles, but as their

capacity for mindfulness develops, it brings significant and rewarding growth.

Tracking Somatic Connection

Since every cognition and every emotion has a physiological substrate, it is important to track the somatic connection that underlies thoughts and feelings. The development of a grounded and stable connection to the body is the physiological base for nervous system re-regulation as well as a primary source of support for the process of reorganization and disidentification. The dissociation commonly experienced by individuals with the Connection Survival Style reflects their disconnection from their physical and emotional core. The following dialogue illustrates how to help a client develop a deepened awareness of her emerging emotions using mindful somatic tracking:

Therapist: As you're talking about your situation, I notice some tearfulness. What are you aware of on an emotional level right now?

Client: I feel some sadness.

Therapist: Is it okay to allow that sadness to be there?

Client: It's okay but it scares me.

Therapist: Take your time with it. Take a moment to ground yourself again, and we'll explore the feelings that are coming up at a pace that feels manageable.

Client: (takes time to ground...) I've always been afraid that if I let myself feel the sadness, it would never end.

Therapist: Are you feeling the sadness right now?

Client: A little bit.

Therapist: Notice what happens in your body if you just allow that little bit of sadness.

Client: Strangely, when I allow it, I start to relax a bit.

Therapist: When you don't struggle against the emotion, you start to relax. As we've seen before, when you don't fight against them, emotions come and go.

Notice that this is a non-goal-oriented process. It is not focused on getting a person into the feeling. The implicit understanding is that as clients feel safe to allow their emotions, whatever emotions need to be addressed will surface. By commenting on the fact that emotions come and go, we remind our clients to be mindful of, but not identified with their emotions—to be open to emotions and at the same time not take them as ultimate truth.

When Clients Cannot Track in their Body

Individuals with the Connection Survival Style are

estranged from their bodies; they find bodily experience threatening and have difficulty sensing their bodies. These clients feel anxious and disorganized when asked to focus on sensations too soon in the therapeutic process. Even though they may seem affectless and shut down, their bodies and nervous systems carry such a high sympathetic charge that until they are able to discharge some of this high arousal, they cannot access their internal states. It is not advisable to push them to feel their bodies or emotions prematurely because it can be disorganizing to do so. In the long term, however, it is essential to help these clients develop access to their emotions and bodily sensations. Individuals with the Connection Survival Style discover, slowly and over time, that grounding in their biological and emotional selves can become a source of pleasure and comfort.

Individuals who are dealing with significant fragmentation tend to focus on discrete and distressing internal experience even when overall, there is organization and increasing coherency taking place. In such cases the NARM therapist references the overall experience rather than focusing on discrete bodily sensations. Addressing a client who is clearly settling and relaxing, we might say:

"I'm wondering what you are experiencing right now..."

Individuals with the Connection Survival Style tend to focus their attention on what feels wrong even when overall, they are actually becoming more regulated. Such a client might say:

"I feel tension in my throat, and my belly feels tight."

This tendency to focus on distress has a disorganizing result and needs gentle redirection.

Therapist: It's fine to notice the tension in your throat, but see if you can bring your attention to your overall experience right now.

Client: Overall, I'm actually feeling better.

As the painful levels of arousal and unresolved emotions that keep clients out of their body diminish, they naturally begin to have access to awareness of their body.

Relationship to Internal States

In NARM, we explore clients' internal states as well as their relationship to their internal states—what clients are feeling and how they relate to what they are feeling. Are the emotions and sensations they are experiencing manageable, or do they have judgments or fears about allowing them to surface? If they are aware of fears or judgments about their internal state, those are explored. We never push clients to feel an emotion; we want to help them notice internal

states as they arise and expose any internal conflict they have about experiencing them. Because Connection clients often present with little affect, some therapists and some therapists may prematurely push them to feel emotions and sensations in the body. It is a failure of attunement to push clients to feel before they are ready. This lack of attunement is experienced as rejection and can reinforce these clients' shame about their difficulty connecting with their internal experience.

The Challenges of Reconnection

Individuals with the Connection Survival Style have retreated into frozen and dissociated states, a certain kind of non-being that has helped them survive. These clients know, at a deep level, that their survival strategy is no longer serving them, but it is frightening for them to live without it. In the beginning of treatment, many of these clients have little capacity to tolerate either positive or negative affects and sensations. Since too much feeling of any kind threatens to overwhelm them, therapists must be able to anticipate the challenges that these clients face as they slowly confront the vulnerability of letting go of their survival strategy.

A Tenuous Homeostasis

Despite their dissociated, depleted, and undercharged appearance, clients with the Connection Survival Style are energetically highly overcharged at the core; their entire nervous systems have been flooded with shock energy. Their dissociation and disconnected lifestyle are attempts to manage this intense activation. Their ability to sense their body can be slow and initially difficult because feeling the body initially brings a greater sense of threat than does the non-feeling state.

Even a gradually titrated process of reconnection presents distinct challenges. As clients increasingly feel their bodily sensations and emotions, every increase in connection brings with it an upsurge of bodily sensations and emotion. As self-awareness increases, so does the awareness of distress states. Clients need to be educated about how this upsurge is part of a natural growth process, otherwise they can become frightened by the welling of feeling and will tend to retreat into the non-feeling state. Since freeze and dissociation are driven by unmanageable levels of high arousal, the therapeutic focus is to find ways to help the client discharge these unbearably high levels of arousal. Some body-centered therapies, and even relaxation exercises that encourage deep breathing or use techniques that increase charge in the body, are often destabilizing for individuals with this survival style. Since they are already

in a hyper-aroused state, adding more charge to their system is harmful. Because it is frightening to come out of dissociation and to feel again, the process of returning to feeling and to the body can be safely titrated using the following tools:

Mirroring

In guiding clients to connect to their experience, the NARM therapist is careful not to ask too many questions. Rather than asking questions, it is useful to mirror or reflect. It is important to observe and note visible behaviors, being careful not to interpret. When positive shifts such as relaxation, softening, increased connection, or regulation of any kind is occurring, it is useful to reflect it in a general way. The therapist might say:

“I notice when you’re talking about your grandmother you are smiling. What are you feeling right now?”

It is more helpful to be descriptive than prescriptive, to reflect the client’s internal conflicts rather than try to resolve them. The therapist might say:

“From what you are saying, there seems to be both anger and fear of your anger that’s coming up right now.

Asking Open Questions

At the beginning of the process, questions are as open as possible:

“What do you notice in your experience right now?” while paying attention to whether referencing the body is organizing or disorganizing

Early in the therapeutic process, we reference the body when:

- The reference is to a positive—not a painful—state.
- The client is in touch with a resource or is in the process of discharging shock energy.
- There is sufficient capacity for containment.

Once clients begin to experience their body sensations again, the NARM therapist:

- Pendulates between regulated and dysregulated states, emphasizing regulated states.
- Anchors positive states in the felt sense.

As reconnection occurs, negative affects will, of necessity, emerge. The NARM therapist is careful to support mindful awareness of negative states while encouraging clients not to let themselves get overwhelmed by these painful states.

Mindful Inquiry

Open curiosity informs the NARM process. This means

coming to each moment fresh and supporting clients to be curious about their own situation and difficulties. Curiosity is an openness and a “not knowing” that functions as an antidote to the judgments, fixed ideas, and rigid identifications that clients carry about themselves. There is a seeming paradox between having a clear understanding of the organizing principles specific to this and other survival styles and, at the same time, coming to each moment of the therapeutic encounter with curiosity and without preconceived ideas. Organizing principles only constitute a working hypothesis, which is always subject to change based on what unfolds, moment by moment.

Titration

For individuals with the Connection Survival Style, any shift in arousal can feel like too much. At first we work with the subtlest shifts, helping clients stay at the edge of what they can tolerate without being overwhelmed.

Working with the Fear of Feeling

We teach our clients to recognize the powerful emotions and tremendous charge they hold inside without pushing for too much expression. It is as important to work with a client's fear of feeling as it is to get to the feelings themselves. When an individual is finally able to track his or her experience in the body, it indicates that a major milestone has been reached in the therapy; the client has developed enough organization to feel the sensations in his or her body.

Therapist: It seems you're recognizing there's anger there, and at the same time it's frightening to you.

Client: That's right...it scares me and I don't like it.

Therapist: Do you feel in a place to explore the fear and the judgments you have about anger?

Containment

In NARM, we encourage containment of affects, not catharsis. Over time we help clients develop the capacity for feeling both positive and negative emotions deeply, while encouraging clients not to act their emotions out against others, nor against the self.

The Therapeutic Relationship

Since the therapist is the representative of attachment and social engagement, the role of the therapeutic relationship is particularly important in working with early trauma, attachment wounds, and the themes of abuse and neglect that are present in individuals who have developed the Connection Survival Style. Since they tend to see other human beings as a threat, there are specific difficulties,

challenges, and complications that surface in the transference dynamics.

Individuals with the Connection Survival Style tend to be harsh with themselves and are filled with self-hatred. Their self-hatred and self-judgment can be so automatic and reflexive (ego syntonic) that they are not aware of how harsh they are with themselves. It is important to consistently point out when clients are directing their anger and rage against themselves and to encourage them not to be so harsh with themselves. In psychodynamic terms, the therapist's consistent, kind presence allows the client the opportunity, sometimes for the first time, to introject an empathic other. In the long term, experiencing the presence of a caring other has a calming effect. For some, a caring therapist may be the first truly kind person in their lives. A client who has begun this therapeutic process of introjection might report:

“The other day at work, I was struggling and getting really upset with myself. Then I thought about you and how you encourage me to be kinder with myself...I just let go of it [the judgments]. It was really helpful.”

Understanding regulation on a somatic level is key to implementing effective clinical interventions that can help clients in the process of moving from what in attachment theory is called a disorganized and avoidant attachment to an earned secure attachment. The importance of understanding attachment styles and the need for affective attunement between therapist and client has been addressed by many researchers and clinicians, but the critical role of somatic attunement—knowing how to clinically address the functional unity between disorganized attachment and a disorganized physiology and how to work with the disorganized physiology—is less well understood. The following describes some of the key issues that arise in the therapeutic relationship with individuals who have developed the Connection Survival Style.

The Dangers of Inauthenticity

These highly sensitive clients are extremely attuned to the therapist in both positive and negative ways. They are particularly attuned to inauthenticity. The NARM approach to working with this survival style offers mindful, nonjudgmental ways of being that can help therapists avoid approaching these clients in a mechanical manner. The quality of therapists' presence and their ability to authentically “be” with these clients is of greater importance than any technique. If the therapist's approach is “techniquey,” these clients will experience it as a misattunement. Since individuals with the Connection

Survival Style tend to believe that no one will understand them, they do not respond well when the therapist “does to” them rather than “is with” them. The therapist’s attuned contact offers a corrective experience of connection that allows clients to feel heard, understood, and appreciated, giving them the opportunity to feel received and valued.

Pacing

It is critical to let these clients decide how much of themselves they are ready to reveal and at what pace. It is also important for them to know that they are in charge of how fast or slowly the therapeutic process will unfold. Individuals with the Connection Survival Style already see their lives as problems to be solved, so that if a therapist holds a primarily problem-solving focus, these clients’ vulnerable inner world can be missed.

Many clients have been pathologized as “resistant” when they are simply trying to keep their internal experience manageable. We explain to clients the importance of proceeding slowly and at their own pace. The pacing and rhythm of the therapist are as important as the quality of his or her presence; a therapist can be generally empathic yet not be sensitive to clients’ need to move at their own pace.

Contact and Rupture

Being mindful of the moment-to-moment process of contact and contact rupture is extremely important in working with individuals with the Connection Survival Style. Sharing distress in a compassionate relationship is in itself a new form of connection. While the therapist’s warmth and acceptance are absolutely necessary, these qualities can, at the same time, evoke high arousal along with fear and suspicion. This high arousal can quickly lead to a freeze response, leaving the therapist confused as to what happened. Moment by moment in the therapeutic process, NARM therapists work with the experience of contact and contact interruption. As the therapeutic alliance develops, the NARM therapist tracks and reflects when the client comes in and out of connection without pushing for more connection than the client is able to manage. For example, a NARM therapist might say:

“I notice that as you’re talking right now, you seem distracted and are going away. What are you noticing right now?”

The mindful inquiry into the process of contact and contact rupture is gently repeated many times over the course of the sessions. With these clients, it is important not only to point out when they go away, but also to reflect

moments when they are present. It is important to reflect any increase in their capacity for connection as it becomes evident in a session or in the client’s life. A therapist might say:

“I notice that today, even though we’re dealing with some difficult material, you seem to be staying more connected. Does that fit with your experience?”

If it fits with the client’s experience, the therapist might then offer the following invitation:

“See what is it like if you take a moment to notice how it feels to be more present here today.”

Clients with the Connection Survival Style will, at some point, be disappointed because their therapist will not always live up to their expectations. It is important to communicate to these clients that they have a right to their needs even if their needs cannot be met. With these clients in particular, the process of rupture and repair in the therapeutic relationship is ongoing. Underneath the surface disconnection are needy, angry, and demanding parts, which, of necessity, must emerge and be explored. Therapists should not work with these clients unless they are willing to address the disappointments, suspicions, anger, and resentments that will inevitably surface.

The Challenge of the Transference

Psychodynamic psychotherapies often advocate the use of the transference relationship to facilitate the repair of attachment wounds. They encourage their clients to re-experience their original caregiver relational dynamics within the transference relationship between therapist and client. However, because the process of attachment follows a nervous system-based developmental sequence, it is premature to focus on transference dynamics when self-regulation has been strongly impaired or disrupted by early trauma. The underlying deficits in nervous system organization must first be addressed. From a nervous system perspective, the baby’s nervous system is first organized in an implicit way, responding to and being regulated by the healthy nervous system of the mother. Clients with trauma in the Connection stage come to therapy struggling with the regressed elements of their personality and with ideas about themselves developed in response to early environmental failures. They need help to learn self-regulation. To regulate the nervous system, it is more effective to work consistently with the organized “adult” aspects of the self in order to integrate the disorganized, regressed “child” aspects. By supporting a dual awareness that is firmly anchored in the organizing here-and-now felt-sense experience, we can explore

adaptive survival styles that began in childhood while avoiding painful regression and abreaction and the trap of making the past more important than the present.

It is our sense that many of the problematic transference reactions analysts and psychotherapists describe may be needlessly difficult, or even terrifying, because the therapist has not taken into account that the foundation of nervous system organization and regulation is not yet in place. Focusing on transference or even on the intersubjective prematurely can quickly plunge a client into disorganization and distress. Tending to the basic organization of the nervous system is a fundamental element of working with transference processes that can help avoid the retraumatizing abreactions and regressions that are created when the transference is used as a primary vehicle before clients have developed sufficient neural organization.

Conclusion

Individuals who experience trauma in the Connection stage begin life experiencing rejection and isolation, in turn becoming self-isolating and rejecting of self and others. It is an important development in their growth process when they become aware of the disparity between what they tell themselves—that they are lonely and want contact—and the emotional reality that they avoid contact because contact feels threatening.

Individuals with the Connection Survival Style are sensitive beings whose capacity for intimacy is greatly limited; they have gone into freeze in order to survive. Because of their frozenness, individuals with this survival style are challenged by human warmth. It is not possible for them to come back to their own aliveness, to reach out to feel again, to come back in connection with self and others without facing what, in their minds, is a threat to their survival. For them, small oscillations in feelings, whether positive or negative, represent a major risk. When these individuals allow themselves to feel connected, this feeling is quickly followed by anxiety, fear, and suspicion because connection is counter to their impulse to withdraw. The therapist's attunement to their rhythms of connection and withdrawal is therefore a crucial factor. Their therapeutic process is best assisted by:

Supporting both autonomic and affective regulation by carefully titrating and working with an individual's rhythms of connection and withdrawal.

Exploring the clients' attachment dynamics and the

various ways they turn away from connection. The therapist keeps in mind how much contact a client can tolerate before becoming disorganized and how much expansion is possible before contraction is triggered.

Supporting a client's slow but progressive mindful attunement to his or her emotional and somatic states.

The growth process is not complete until clients with the Connection Survival Style learn how they have incorporated and perpetuated the original environmental failure into their bodies, identities, and behaviors. It is an important aspect of the healing cycle that connection to the body, emotions, and life force allows for greater connection with others, and in turn, that connection with others supports greater connection to self.