Shrink Rap Radio #382
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"Healing Development Trauma"

Dr. David Van Nuys Ph.D., aka 'Dr. Dave' interviews Dr. Laurence Heller PhD
(Transcribed from http://www.shrinkrapradio.com by Gloria Oelman)

Introduction:

On today's show, I'll be speaking with Dr. Laurence Heller about the approach he's developed for working with trauma.

Laurence Heller PhD is the founder of the Neuro-Affective Relational Model, or NARM. He is the co-author of *Crash Course: A Self-Healing Guide to Automobile Accident Trauma* with Diane Poole Heller published in multiple languages and the recent book *Healing Developmental Trauma: How Early Trauma Affects Self-Regulation, Self-Image and the Capacity for Relationship*. This recent book, written with Aline LaPierre, PsyD has also been published in multiple languages.

He was the founder of the Gestalt Institute of Denver, is a Senior Faculty member of the Somatic Experiencing Training Institute and has been a clinician for over thirty years. He teaches all over the world and regularly in many countries in Europe.

NARM is a neuroscientifically informed, somatically oriented and psychodynamically informed approach for working with developmental trauma and works both top-down and bottom-up. He is currently teaching NARM in the U.S. and throughout Europe.

Now here's the interview:

Dr. Dave: Dr. Laurence Heller, welcome to Shrink Rap Radio.

Laurence Heller: Hi, David, I'm glad to be here.

Dr. Dave: Well you're the originator of an approach to treating trauma that you call the Neuro-Affective Relational Model, or NARM and I was fascinated to read your book on that topic and really pleased to have you as a guest on the show today. Now key to your theory are what you describe as 5 biologically based core needs: connection, attunement, trust, autonomy and love-sexuality. Maybe you can take us through a bit of an overview of each of these.

Laurence Heller: Sure and just to clarify too, is that my specific focus is on developmental trauma and that was obviously the name of the book and these are five developmental, what are called adaptive survival styles and the names that you mentioned are the names of the missing, or the compromised resources, that result as a lack of environmental support. So that each one then has a particular kind of organizing principle and a particular way of understanding, which many therapists in my trainings have found really helpful in terms of having a certain kind of clarity of what it is that they're dealing with. So I look at them as adaptive survival skills but also organizing principles for understanding therapeutic work.

Dr. Dave: Okay. Well, let's go through them as I say somewhat briefly, just so that people have kind of got a sense of it. So the first one is connection.

Laurence Heller: So the missing, or the compromised resource, is just as it says, it's connection and what we see with that is that comes from the earliest kinds of trauma. That can be early shock trauma like very early surgeries, or it can come from early, very difficult attachment trauma, let's say a mother who's profoundly depressed and unavailable, or a mother who's physical ill. There are lots of different scenarios where you get really very early trauma and the way then that individuals manage that is by disconnecting. They disconnect from bodily and emotional experience and at the same time they disconnect from social engagement, or from other people. So when I'm talking about connection, I'm talking about not just with the self but the capacity to be in healthy relationship with other people and that's what gets compromised with this earliest developmental trauma.

Dr. Dave: Okay and the next one is attunement.

Laurence Heller: Right. So there again, these are chronologically based, so this tends to be a little bit later, you get the first survival style develops when there's pre- or perinatal trauma or trauma up to six months. If a person has had some kind of connection and then loses it, or if there is just a lack of attunement, then this adaptive survival style's a way of dealing with that. So, that what often happens is that there is inadequate attunement to the child and then the child never learns to self regulate, never learns to attune to their own needs. One of the coping mechanisms is that they often become very good at attuning to other people's needs as part of this survival style. So we see many therapists, many people in other helping professions, tend to deal with this particular survival style. The paradox is that they're very attuned to other people's needs but not so attuned to their own needs, so that's again that's the missing resource, is the attunement.

Dr. Dave: Aha. Okay and then we have trust.

Laurence Heller: Right. This particular survival style develops in an atmosphere again where the feeling is that you can't let down, you can't trust. You get different kinds of childhood scenarios that end up being dealt with through this adaptive survival style but often where the child ends up playing a role that's powerful in a certain way, they're rewarded for example, for being their parent's best friend when that's not their job but they're also rewarded for not paying attention to their own needs. You see this in scenarios where the child is used as a pawn between two struggling parents – either they're divorcing or they're fighting in the relationship so that the child ends up being used and they end up getting a certain kind of gratification for this special role and at the same time they're being undermined to be authentic and true to what's real for them. Another very common scenario, which I think your listeners will relate to too, is that this survival style tends to develop for example when the child becomes the repository for the parents' dreams. So this is like, the classic example would be the stage mother or the soccer father, or the sports father. Parents who drive their child to fulfill *their* dreams and so you see they're kind of rewarded on a narcissistic level, they're rewarded on an ego level but they're rewarded for selling themselves out in a certain way and that's part of the paradox in

working with this particular adaptive survival style.

Dr. Dave: And strangely it's celebrated on reality TV these days. I don't know if you've seen some of these reality TV shows in which the stage moms are kind of the star, as they push their kid through beauty pageants or other kinds of pageants.

Laurence Heller: No, I haven't seen that. I travel a lot so I don't get to see a lot of American TV but it doesn't surprise.

Dr. Dave: Well you're not missing anything in that way. The next one you talk about is autonomy.

Laurence Heller: Right. So again, the missing or the compromised resource is the capacity for autonomy, the capacity to be able to set limits, to say 'no' directly, to really show up in a relationship, particularly if showing up means dealing with conflict. These people with this adaptive survival style tend to be placaters and peacemakers and they tend to see themselves as quite flexible but the difficulty is, is that they can also at the same time be harboring deep resentment because they don't stand up for themselves and they tend to blame others for that. It creates all kinds of difficulties. They tend to be really nice and openhearted people and good friends but they're surprisingly difficult to work with in therapy because they're so compliant that they'll tend to want to adapt to whatever system the therapist seems to be representing. They'll be the good client but as they're being the good client and being compliant in this way the resentment is starting to build in them and so you get, sometimes they'll sabotage, or you get a lot of different reactions but despite the fact that they're very kind and open hearted people, they're often very difficult for therapists to work with. I do a lot of supervisions with therapists just around this particular survival style.

Dr. Dave: Interesting. So I do sense a kind of age developmental progression here as you suggest and so we move on to the final one, which you've described as love-sexuality.

Laurence Heller: Right. Yeah, again we see that so there are two resources, one or both of which can get compromised and the relationship between the two can become compromised. You know in some families it's just not safe to have an open heart or the child's loving feelings are either ridiculed, or attacked, or undermined in different ways. We of course know that even in our sophisticated society there are a lot of people still have all kinds of difficulty with sexuality so that they can be shamed again for their developing sexuality and ultimately the challenge for this particular survival style is to be able to integrate an open heart with a vital sexuality, which we know from popular culture, from our own experience of our work with clients that's not always such an easy thing for us to do.

Dr. Dave: Yeah. Now you talk about your approach – NARM – as being very integrative and indeed as we go through this, I'm hearing shades of attachment theory. It sounds like an elaboration on attachment theory, which has its roots in psychodynamic theory.

Laurence Heller: Yeah, I'm trained in a number of different psychodynamic

approaches, as well as attachment theory, so you're right in hearing that there are these influences. I'm also on the faculty of the Somatic Experiencing Training Institute so Somatic Experiencing is also part of my background. In the early years, it's been a long time, I did some training in bioenergetics and some of the other somatic psychology approaches, so I bring a lot of different elements to this work.

Dr. Dave: Yes, you do. Now I seem to recall reading, just kind of in passing, there was a sentence to the effect that we all suffer developmental trauma to some degree or another. Am I recalling that correctly?

Laurence Heller: Well, yeah, I mean depending on how we... there's certainly a broad spectrum but I would say that very few of us escape childhood without some developmental trauma. We go from the extremes of neglect and overt abuse to just certain kinds of misattunement and so if we're including misattunement under the category of developmental trauma, then I would say, yeah, we all experience some of that.

Dr. Dave: Aha. So I guess the challenging devil's advocate kind of question that I would put to you around that, is sort of two-pronged. One is that isn't that perhaps over-extending the notion of trauma and also doesn't that make it more or less equivalent to the term neurosis that we've used in the past.

Laurence Heller: Yeah, well that's why I was being careful when I said *if* we include misattunement in there because the classic kinds of what we would call neurotic reactions tend to be a result of inadequate mirroring, or misattunement in different kinds of ways, or distorted mirroring. So, yeah, I think that the word trauma can be fuzzy. It is very interesting though to me and I think it's passed too that in the DSM-5 now developmental trauma is included but yeah, I think that sometimes we have to be careful about how we define our terms.

Dr. Dave: Okay. Now your approach also emphasizes connection and aliveness. In aliveness I hear your bioenergetic background but I wanted to ask well, why these two? I can imagine somebody else might come up with two other words that they thought were really important, so why connection and aliveness?

Laurence Heller: Well, when I'm using connection, I'm using it in the broadest possible sense. So that means connection to self and connection to others and that each one of these adaptive survival styles respond to some kind of environmental failure but even though they are life saving and adaptive, they function in the long term by creating ongoing disconnection. So I see that this connection piece is really basic. As a matter of fact, the original title of the book was *Connection: Our Deepest Desire and Greatest Fear* but then the publisher said that's not a good Googleable title so we had to change the title and they were probably right. But this theme of connection is really basic. So many of the symptoms that we as human beings experience, have to do with difficulties in being in connection to our own bodily and emotional experience and in being in healthy connection in relationship with other people. So there certainly are strong elements of attachment theory that come in and part of how I see the book and the trainings that I do is building a bridge between attachment understanding and the somatic psychotherapy world because I think it's a missing link we're seeing and so my hope is to be able to shed some light on the

connection between attachment and somatic processes.

Dr. Dave: Yes and what about that other word aliveness?

Laurence Heller: Well, you know, it's an interesting thing. It's not used traditionally in psychology and yet what I've come to see, I've been a clinician for over thirty five years, is that is so much of what people are seeking, is that they're seeking… of course they're seeking regulation, they're seeking connection but on some deep level, they're seeking connection to that deep vitality that gives life meaning. And that so often you see is that we get depressed for example when we are disconnected from that vitality, or that aliveness and we get other kinds of symptoms as well. So I see it as an organizing principle that people seem to respond to and it's not pathologising in the sense that we're … and NARM is really a non-pathologising oriented approach in the sense that we're not looking at diagnosing people in a pathological way. When we talk about disconnection from aliveness people tend to respond very positively to that.

Dr. Dave: Yes, yes. Now you mention that you're a Somatic Experiencing senior trainer. How does NARM differ from, or build upon, Sensory, or Somatic Experiencing?

Laurence Heller: Well, NARM very much uses the really powerful tools that are there in Somatic Experiencing as part of the NARM approach. As you undoubtedly read, NARM functions both bottom up and top down. Now Somatic Experiencing is primarily a bottom up approach, it works incredibly well with shock trauma but when there is significant developmental trauma, you get distortion of identity in addition to profound autonomic nervous system disregulation. So by integrating top down approaches, which include various psychodynamic understandings and various other approaches that address identity along with Somatic Experiencing and the focus on the reregulation of the nervous system, you move from what we call in NARM a distress cycle, which is this continuous feedback loop between distortions of identity and disregulations in the nervous system, by being able to address both the top down distortions and the bottom up disregulation, we have a powerful tool.

Dr. Dave: Now, I'm still not totally clear on the distinction between top down and bottom up.

Laurence Heller: Well, Somatic Experiencing works to… ultimately it's based on the idea that when there is shock trauma, there's the mobilization of these energies of flight and fight and that these are very powerful survival energies and that when these survival energies are not able to be completed they get held in the body in the form of bracing and collapse and physiological symptoms and so the orientation is to work bottom up to help… It's really working with the brain stem, the so-called reptilian brain to complete these flight-fight responses and as those fight-flight responses are completed then people get significantly less symptomatic. That's the bottom up piece.

Dr. Dave: So bottom up is essentially working with the body?

Laurence Heller: Working with a body orientation. It sometimes means hands on

work but it doesn't have to. It can mean just bringing awareness to the body, so that people don't get confused, it's not just a touch approach although touch therapists use this as well.

Dr. Dave: Yes. Okay. So that's bottom up and then top down would be, what, more of a psychological approach, a therapy approach?

Laurence Heller: Exactly. Yeah, well integrating issues of identity distortion. In NARM I talk about shame and pride based identifications and how they function and how we can work with those for ourselves and work with those with our clients and how the functional unity and the interplay between these identity distortions and disregulation of the nervous system and how one reinforces the other. That's that distress cycle that I mentioned.

Dr. Dave: Okay. Now you've also emphasize somatic mindfulness and I've sometimes joked that we seem to be in a mindfulness bubble inasmuch as so many books and workshops seem to have mindfulness somewhere in their title or description. How is somatic mindfulness different than Vipissana meditation and why is it an important component in the treatment of trauma?

Laurence Heller: Well one is that I think partly we are in this, I don't know about a bubble but we're certainly riding a wave of interest in mindfulness because it's such a powerful tool. And if you compare what I'm talking about in terms of somatic mindfulness with let's say your question, which was about Vipissana, is that Vipissana talks about a kind of an even handed awareness towards all experience. Now for some people who haven't had significant developmental trauma, that's more possible but if you've had very early trauma, particularly like this first developmental survival style, the connection survival style, you've got so much identity distortion and so much autonomic disregulation, that to be able to just try and stay present to your experience, is often overwhelming. And I've consulted with many different meditation lay teachers and groups about why, sometimes when people go on a five day retreat, doing Vipissana or other kinds of meditation, they'll get in panic attacks because one of the ways that we attempt to regulate ourselves is through motor activity and when we don't have that, when we just sit for days and days and days just with ourselves, for some people, it's just too overwhelming. And then they end up feeling bad about themselves because they couldn't do it, or because they had a panic attack and so the somatic mindfulness integrates some of the Somatic Experiencing tools like, that we need to titrate, we need to take difficult experiences just one little piece at a time, we pendulate back and forth between organizing experiences and the disorganization and disregulations there. So, somatic mindfulness integrates that and in that way separates itself from some of the other kind of more classic mindfulness approaches.

Dr. Dave: Great. And you mentioned the non-pathologising attitude and coming out of the existential humanistic tradition myself, I've been very interested in the positive psychology movement and so I also appreciate the stress you place on an orientation toward personal strengths and increasing the capacity for self regulation. Maybe you can expand on that a bit and particularly in relation to self regulation. What exactly are we talking about regulating?

Laurence Heller: Well, we usually focus on the nervous system but ultimately… I think we talk about helping the nervous system regulation, particularly autonomous nervous system, the sympathetic and parasympathetic branches of the autonomic nervous system because they're the most addressable through talk and touch as opposed to the endocrine system and neurotransmitters which tend to be more responsive to medications and addressable through medication but we can actually help people learn how to regulate their nervous system, which then has a cascading influence that, of course when you're regulating nervous system, you're getting regulation of neurotransmitters, you're getting regulation of the endocrine system but you're really getting regulation on all levels of experience. So we focus on that nervous system piece because in some ways it's the most easily addressable.

Dr. Dave: In the course of our discussion here, a couple of times you've referred not only to developmental trauma but also to what you call shock trauma, so say a little bit more about what the difference is between those two, if you will.

Laurence Heller: Well developmental trauma and maybe it would be even better to talk about developmental/relational trauma versus shock trauma. But shock trauma is easier to define in the sense that shock trauma can be like single event, like a surgery, an auto accident, being robbed, being raped, those are shock trauma events where, unless there is some family member perpetrator, those kinds of shock trauma are more easily addressable by a bottom up approach. But when you've got a relational element, for example, when the parents are the abusers, it's not so easy just to complete fight-flight when the child or even the adult that is still coming from a child's consciousness, needs to protect the attachment relationship with the parent and so you can't just work on a nervous system level when there is relational trauma, when the parents were abusers or when they were the neglectors, or even when there was profound misattunement. So that's an important distinction that I make between working with shock trauma, versus working with developmental, or relational trauma.

Dr. Dave: Okay, thank you. Now we've talked about your approach being integrative, which I truly think it is and something I really admire about what you're doing. I'm wondering how, or if, it incorporates elements of other current approaches that deal with trauma such as EMDR, Prolonged Exposure Therapy, Cognitive Processing Therapy?

Laurence Heller: Well of the ones that you mentioned, certainly there are cognitive elements in terms of when you're working with identity distortion, having some of the tools that are available through cognitive work are quite helpful. It doesn't integrate EMDR although many people who have studied EMDR have found ways to integrate NARM into their EMDR practice. In a way it's just the opposite of Exposure Therapy. That's at the other end of the continuum. I wouldn't consider NARM to be at all influenced by Exposure Therapy.

Dr. Dave: Hm, hm. You know I just happen to come across a new title by Phillip Zimbardo that is on trauma and I have no idea what he's up to. Do you know what he addresses in that book?

Laurence Heller: If it's a new book, I don't know. I've read something that he's written but it's been some time. Certainly I don't know what his new book is about.

Dr. Dave: Okay. It's kind of an unfair question but I thought you might know. I'm going to have to look into that on my own. So what's the role of catharsis in NARM?

Laurence Heller: Well, again maybe it's important to define our terms but I define NARM as a non-cathartic oriented therapy. It's more around learning how to contain and deepen affect. That doesn't mean though that we discourage people from having deep emotions but what is clear in NARM is what I don't encourage is abreaction where people lose, kind of, revert back to childhood situations, relive them. In my experience that's not so helpful in terms of renegotiating trauma. There's much more of a possibility with abreaction and catharsis is often part of that, that the client can get retraumatised. So I always talk about, when in teaching in the various trainings that I do on NARM, the importance of helping the client always keep one foot in the here and now and the somatic mindfulness piece is one of the tools that I use, that we're never focusing more on the past than on the present experience. You know you mentioned before we talked, about your connection with Gestalt in earlier years and gestalt was I think the very first, at least wide spread, phenomenological therapy that really focused on what people are experiencing in the moment and NARM is also very much that way. We're really emphasizing what's going on right now and how are we distorting our experience in the present moment. How does the persistence of adaptive survival styles distort our experience in the present moment? So in a sense it's a shift from the psychodynamic model too, in that it's not an approach that says what we are today is the result of what happened twenty five years ago. We're saying that something's happened twenty five years ago, let's say developmental trauma, we then developed adaptive survival styles to deal with those and it's the persistence of those survival styles that distorts present experience. So it's very much a here and now approach, even though we don't ignore personal history by any means but it's still that one foot in the here and now that's so important.

Dr. Dave: Yeah and I can see that the here and now emphasis being connected with Gestalt at the same time I have the sense that maybe you might have evolved away from Gestalt a bit because I think, at least as I saw it being demonstrated by Perls and others, there was kind of lot of emotional catharsis and when you talk I hear you talk about titrating and pendulating, you know, moving between emotional intensity and backing off of it ,is the impression I get.

Laurence Heller: That's absolutely right, yeah from the perspective of the way Perls and some of the people worked in Gestalt back then, it's quite different. We used to use batakas and beat pillows and I joke with my trainees, there's no pillow abuse in NARM.

Dr. Dave: Yeah, right, I came up on that. Now I'm wondering if you're familiar with recent work on memory reconsolidation suggesting that there's a window in which the emotional impact of traumatic experience can be more or less reprogrammed?

Laurence Heller: Superficially, I've read some of those articles. I'm somewhat skeptical, I need to be convinced because so much of what goes on in trauma is really in the body and in implicit memory, so I would need to understand more to make an informed opinion about it. But of course I'm open to anything that might work but

when we're just talking about explicit memory, you know memory that's mediated through the hippocampus, for example, that's one thing but so much of, particularly developmental trauma and even shock trauma, ends up being implicitly held in the deeper structures of the brain and in the body. My question is and I don't have enough information to know for certain, is this going to be as effective as people hope it will be?

Dr. Dave: Yeah, I guess what's behind my question is kind of a speculation that maybe that's part of what would be at play in the effectiveness of your approach but probably neither one of us understands enough about that research to speak with any authority on it.

Laurence Heller: Well maybe I was talking specifically about that there are certain kinds of medications that if you give it immediately after a trauma, that's what I was thinking, maybe you're talking about something else

Dr. Dave: No, I'm thinking of that what's been asserted is that there is a point in the kind of emotional reliving and release of that, where it's possible to kind of disassociate the negative emotion that was linked to that experience.

Laurence Heller: I've read a little bit about that but I don't have enough knowledge to have an informed opinion at this point.

Dr. Dave: Well, good for you for 'fessing up (laughs). Now speaking of research, is there any research support for NARM, or is it kind of too young?

Dr. Dave: It's kind of too young but the interesting thing just in the last few months a neurologist has volunteered to actually… because she was very excited by the book and she's basically volunteered her services. So we're planning on in the next year to actually have some evidence-based studies that we'll hopefully have available in the not too distant future as NARM continues to develop and the trainings expand in various places.

Dr. Dave: Excellent, excellent. So if I were a fly on the wall during a NARM session and I know you have a chapter on this, what would one see, what would one hear. Give us a sense of what the sessions go like.

Laurence Heller: I've got to be careful because sometimes if I say something people might take this further than I intend but it's very much here and now orientated. So for example, part of the process is learning to be able to track your experience, both emotional experience and the sensations in your body in the here and now, so it's often starting there. Like with any other therapy I begin with what is it that people are looking for, which is an important part of what I teach, that it's important to have a clear contract, a clear understanding of what it is at least that the client is wanting from the therapy. Doesn't mean that we always have to accept that but it's important to have that clear contract. Then we start looking at symptoms, that's often a very useful place to start in that symptoms are often like road maps to areas of disconnection and then we work with the relationship to the resources that are disconnected. So for example somebody comes in and they're complaining that everybody takes advantage of them and they try to be flexible and nice and so they're

into seeing people at work just won't take 'no' for an answer. And then I will bring it back, with the right timing of course as we need to do always in therapy, to their difficulty in setting limits, so that they're not just seeing themselves as victims of their environment but as seeing their part. That's what I call agency in NARM. You know responsibility is a word that has sometimes negative connotations but that we are actors in our own story and that what is it that we do and the fact that ultimately we can see that we even train people, in certain ways, not to take us seriously. Or if we never say 'no' then people will have a tendency to ask all kinds of things of us and then you get in this vicious cycle. So we're exploring these patterns of coping that people have developed which create the symptoms in their life. And when appropriate of course we look at the historical context, what were the developmental traumas that they've experienced but we don't make that the primary focus, what happened in the past. We don't ignore it but it doesn't become like what I call an archeological dig.

Dr. Dave: Hm, hm. What about transference? Does that play any role in the work that you do?

Laurence Heller: Yeah, of course, transference is a, from my perspective at least, a pretty universal phenomenon and exploring transference is one of the ways that we can explore how these adaptive survival styles are expressing themselves in the here and now; by exploring how they're expressing themselves in the relationship. On the other hand, I do want to say because this is, I think, an important distinction, is that working with people, particularly with what I call the connection survival style, that a premature focus on the transference relationship can actually be retraumatising for them when they never got the basics of self regulation. Autonomic regulation is one of the very earliest developmental tasks that an attuned mother provides, or attuned caretaker in some cases, that they provide for their child and if that piece is missing because there was early trauma of whatever kind, then premature focus on the transference relationship can actually be retraumatising for some people. So I want to just put that little caveat in there.

Dr. Dave: Hm, hm. I'm sure it varies but do you have any sense of the kind of the average length of time that you would work with people?

Laurence Heller: Yeah, again it does vary. It depends on really what people want and how long they've been struggling, the depth of their struggle. So it could be as short as three months, or as long as several years. It's hard for me to be any more precise than that.

Dr. Dave: Yeah, yeah. Well in that regard it really is in tune with psychodynamic therapy and so it's not making any sort of magic bullet claim.

Laurence Heller: No, it's not. We're talking about people who have had developmental trauma where there've been significant impact on their whole relationship to self and their whole internal world. You know just solution-focused work, from my perspective, when dealing with that kind of trauma, isn't enough.

Dr. Dave: I'm wondering what led to this transition? Here you are working as a senior trainer for Somatic Experiencing, which is kind of more focused and discrete in

a way I would imagine but then somehow you then transition into this sort of more broad encompassing kind of work. Can you say anything about what it was in you, or your life, that kind of moved you in that direction?

Laurence Heller: Well, that's actually what I'm now calling NARM, has been part of my work forever as well, so that I became intrigued by Peter Levine's work in the late eighties and saw that he had really developed some unique tools for working with what we're now calling autonomic nervous system disregulation and I was fascinated by it and I thought this was really valuable but I never actually stopped working on my big interest, which is developmental trauma. So they've been running parallel. So for years now I've been running special seminars in various topics, like shame and guilt and many, many other topics, which were NARM topics but it's only in the last few years that I've started NARM training program – a two-year clinical training program. I live here in Los Angeles; I've got a training program going here now. We've got one starting in the San Francisco area, after the first of the year I've got another one starting in Los Angeles. I've got trainings in Denmark and Switzerland and Germany and the Netherlands. I've been doing certain kinds of trainings in these areas for a long time but it's now only in the last few years that this two-year clinical training program has come together.

Dr. Dave: Okay, so you have a specific two-year program that we might have some listeners that would be interested in that, so maybe you can just say a bit more about the structure of that and what kinds of people would qualify to take part in that training.

Laurence Heller: Yeah, it's oriented towards psychotherapists. You don't have to have had a somatic background, including Somatic Experiencing but it's helpful if people have some kind of somatic background – sensory motor, some Somatic Experiencing, or some of the other somatic psychotherapies because it is a somatically oriented therapy. We focus on teaching the basic tools and techniques that I presented in the book, to helping therapists learn how to use those tools specifically in their practice. As I said, it's two years and it's, depending on where, in the States it's four days, three times a year and in Europe it's five days, twice a year, for two years. There's certain personal work that's required and some supervisions but it's a training program designed to help people integrate and utilize these tools.

Dr. Dave: Okay. Now you did write an earlier book titled *Crash Course* about shock trauma, which we've mentioned several times in the course of our discussion here. So maybe you can just tell us a bit about the treatment approach advocated in that book.

Laurence Heller: Well, that book was written very strongly in the Somatic Experiencing tradition because Somatic Experiencing is, really from my perspective, *the* most powerful tools that we have for working with that kind of shock trauma. The book came out of work that Diane Poole Heller and I were doing at the time in Colorado and it came about indirectly, in that we started working with some people who had been symptomatic from automobile accidents for a long time and we started having a tremendous amount of success and the insurance companies started noticing that and one actually wanted to fund a study but I'm sure we saw hundreds of people with auto accidents over a many year period and we started to see what a huge impact automobile accidents have on people's lives. Just about everybody has either been in

one or knows someone and there's so much unrecognized trauma that we thought it would be really helpful to write a book that was more oriented… it was designed to help therapists but it was really designed also for the general public, so that people who've been in auto accidents and then ended up having sleep disturbances and panic attacks and all kinds of other things, could begin to understand what was going on, particularly in their nervous systems. So that book came out of that experience and the book's been around now for ten years. It's amazing that every year it sells a little bit more, so it speaks to the ongoing need out there.

Dr. Dave: Have you heard from readers?

Laurence Heller: We've heard from hundreds and hundreds of readers. You know, so often, after even what seems like a relatively minor accident, people have these tremendous reactions and we've heard from so many people saying, you know for the first time, somebody finally gets what I've been going through and expressing relief and gratitude just to understand that they're not crazy. Because when you get autonomic nervous system disregulation, which is what happens after an auto accident, you get these ups and downs, where at one point you're dissociated and shut down and frozen and then there'll be a certain trigger and you've got this high activation and that gets to be unbearable and then you shut down again and go into freeze and dissociation and so it feels like an inner roller coaster that many people have ridden. Of course not just from automobile accidents but from all kinds of shock trauma, so we've gotten a lot of people who've said how helpful it was just that somebody finally could help them understand what it was that they were going through.

Dr. Dave: Yeah, I really resonate to that as I hear you talk about it and the kind of energy and excitement that comes into your voice. I've been in some automobile accidents, I'm not aware of any lasting sequelae but I certainly get excited as I hear you talk about it, so I might have to think about that some more.

Laurence Heller: There are easy ways to find out if there's anything left over.

Dr. Dave: Yeah, how's that?

Laurence Heller: I don't want to suggest it and have people retraumatise themselves but you can just bring up one single frame from the event and just track what happens in your body and if you find that there's a certain kind of arousal, or what we call activation, if you start to feel activated in your body, that tells you that there's probably something unresolved, that's left over. I had a guy – I did a talk one time years ago and he'd been in an avalanche in Nepal or something like that and there were sixteen people and of those sixteen people, eight people didn't survive and he said to me 'I have no, there's nothing left over from that, I mean I'm fine' and I said 'well, just bring up an image of a snowfield and notice what you feel in your body' and he did that and he had this shudder and then he realized that… Sometimes you see that we can disconnect from what's really going on and by just bringing up this image and tracking what he was experiencing in his body, he saw 'no, wait a minute, there is a lot here that I didn't realize,' so.

Dr. Dave: Let's talk a little bit about the military situation where PTSD is like a huge

thing in our society with all these people coming back from having served abroad and under horrendous circumstances. There was recently a Sixty Minutes show – I'm giving away how much TV I watch – but on Sixty Minutes they did a profile of a program working with Vets in the VA, because the VA, this is a huge thing, they've got to come up with the best practices and the most effective practices that they can. Well, they did not mention Somatic Experiencing so I'm wondering why isn't that more visible maybe than it is in the VA, or is it more visible and I'm just not seeing it?

Laurence Heller: There are a bunch of people who were my students on the East Coast in the Silver Spring area, who integrated oriental medicine with Somatic Experiencing and were doing it in the Walter Reed and having a great deal of success. I think it's unfortunate that they haven't gotten… It was clearly acknowledged and recognized and as far as I know, it's been a few years since I've been back out there but that program is ongoing and they've done very well. Why it's not gotten more publicity, that's a question I can't answer.

Dr. Dave: Yeah and that kind of thing is often as political as anything else. Well I've gone through all my questions here. I wonder if there's anything that we haven't touched on that you'd want to say?

Laurence Heller: Well that's an interesting question. Okay, one of the things that I mentioned about NARM and applying this to developmental trauma, is that it's resource oriented. Which means – and it relates to the positive psychology piece that you mentioned there – is that we don't just focus on what went wrong. And we don't just focus on history because there's a meta process that goes on in therapies, is that we can become experts at focusing on what went wrong. It doesn't mean that we avoid that either but we also focus on the strengths, the inner wisdom that helps people to survive sometimes unbelievably difficult developmental situations and yet here they are and they've made it. That would be an important piece that I want to add is that it's dealing with the pain and the difficulties in ways that are manageable but it's also not forgetting about a certain focus on reflecting the strengths that people have and the resiliency that people have and in supporting people's increasing resiliency.

Dr. Dave: Well that's a good note for us to close on then, a nice upbeat note, so Dr. Laurence Heller I want to thank you for taking time to be my guest on Shrink Rap Radio today.

Laurence Heller: Well, thank you David it was nice to talk with you.

WRAP UP:

Connection and aliveness; I'm still struck by those two terms as interesting pegs upon which to hang a theory of mental health. I can certainly see how the idea of connection has evolved out of attachment theory and I see the roots of aliveness in the work of Wilhelm Reich and all the body therapists who have followed in his wake. Personally, I think it's greater aliveness that resonates most strongly for me. There is this part of me that longs for the intensity and aliveness of youth. I think that quest is at the heart of at least some spiritual disciplines, as well as for many who seek out psychedelic experiences through drugs or other practices. At the same time, for

myself, I'm aware of a rhythm of moving toward and moving away. At times I want connection and then I need space just as badly as I needed connection and similarly there are times when I'm drawn to the intensity of a greater experience of aliveness, followed by the need for retreat and restoration. This is not to deny Dr. Heller's insights; these are just my reflections toward the end of the day, the interview having been conducted many hours earlier. So, even these reflections bear the mark of the biorhythm of the day. And I certainly can't argue with his five biologically based core needs – connection, attunement, trust, autonomy and love/sexuality. They do make sense from a psychodynamic and attachment theory point of view. I have to applaud Dr. Heller's very integrated synthesis. It's clear to see how his thinking has evolved out of his own history, training and experience with a number of therapeutic modalities.

He's reorganized that information into a schema that brings sense and direction to therapeutic intervention and as far as I can tell his approach does not do violence to the converging insights we've been hearing from other major theorists over the course of these interviews. As you've heard he's not promising overnight miracle cures, or a silver bullet and I especially like his non-pathologising approach and his determination to identify and build upon the client's inner resources and strengths, while at the same time not denying the painful symptoms and difficulties to be overcome.

Consequently it's not surprising to find that his workshops are in great demand around the country and that his two books have been translated into multiple languages. I think that the book we focused most on in our interview, *Healing Developmental Trauma,* will have particular appeal to seasoned therapists who are looking to deepen their work and understanding. I think his earlier book, *Crash Course*, will have a strong appeal to all out there, especially those who've experienced an automobile accident or other sort of shock trauma. And as always you're invited to order these books using our Amazon widget in the right hand side bar on the http://shrinkrapradio.com website.