

HEALING DEVELOPMENTAL TRAUMA

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

Laurence Heller, PhD

Aline LaPierre, PsyD

This excerpt illustrates how the specialized use of connection through NeuroAffective Touch™, an aspect of the NARM™ approach, can be transformative when working with preverbal developmental and relational deficits.

Chapter 11 Healing the Relational Matrix

NARM™ and NeuroAffective Touch™ in the Long-Term Treatment of Early Developmental/Relational Trauma

*The process of separation/individuation can take place only
when connection has been established on all levels of experience.*

Building Bonds of Attachment

From this session on, Emma wanted to be touched. Extensive training and experience in working with touch has taught me to allow touch interventions to evolve out of the client's need. I approach the use of touch slowly, always asking for permission and direction, and inviting the client to give feedback, to guide or stop the interaction. Being touched helped Emma feel the surface of her skin and literally locate herself in time and space—*an antidote to her dissociation*. We discovered that Emma had no integrated image of her body and its boundary—of where she stopped and another started. Consequently, she lived in symbiotic confusion. She reported feeling as though she did not inhabit her body and more often than not, felt herself spinning “*somewhere above my head*,” a common description of dissociated states.

Touch is a valuable tool with which to address breaches in the development of the relational matrix that cannot be reached by verbal means alone. There is now documented evidence for the critical role of touch in human psychology and biology. Basic research conducted by Tiffany Field, PhD, director of the Touch Research Institute at the University of Miami School of Medicine, shows that touch is at the foundation of relational experience. It is a fundamental mode of interaction in the infant-caregiver relationship. When we consider the somatic reality of an infant for whom language is not yet formed and the neuronal and biochemical processes that underlie verbal thought, we can understand how paying attention to the body and to the relationship between bodily experience and mental states is critical to support the developmental progression and integration of the capacity to relate to self and others.

EMMA: I can feel your hands, but I don't have a sense of anyone attached to them. It's enough to just feel your hands. It would be too much to have a person attached to them. This way, I can just feel myself as not alone.

Emma perceived my touch as a source of comfort even though she could not yet experience me *as a separate person*.

EMMA: I trust your touch. When I get a massage, I have to force myself to like it ... but your touch comes right in. It's as if you're touching my emotions. Sometimes, during a massage, I actually feel something good, but it only lasts a second, then I shut down and I'm numb to the rest of it. It doesn't happen with you. They [mother, father, aunt] all had an agenda for me. It was never about me. It was about me being a certain way to please them. That's what humans do.

Typically, I began sessions by asking Emma to identify an area of her body that she perceived as wanting attention. Usually, she led me to her belly, mid-back behind the respiratory diaphragm, or to her right hip or jaw. My touch was quiet and consistent, my intent to nurture, and my movements deliberate and slow, trying to offer a quality of presence that her body could receive. After silently holding a chosen area for a while, I usually opened a verbal dialogue by describing my experience—the emotional valence, the density, the wave pattern I felt in her tissues.

ALINE: Today, I sense you suspended and sort of pulling in ... my belly is getting tighter. I sense your belly as very still, a little frozen even, as if you're holding your breath and waiting for something bad to happen....

EMMA: Yes ... there was a message from my aunt.... I haven't called her back. I'm afraid she's going to invite me to a family reunion, and I won't know how to say no.

ALINE: I see ... that makes sense then: your body isn't sure if things are safe.

EMMA: Things aren't safe. I know I'm going to lose myself. I always do when I talk to my family. Her belly visibly contracts.

ALINE: Emma, I'm going to place my hand over your belly. Take a moment to see if that feels right or not.

EMMA: *After some time*.... The more I think about my aunt, the tighter I get there. I had no idea until you touched me.

ALINE: Let's take a moment to allow your belly to settle before continuing to talk about your family.

EMMA: *Pause*.... I'm really scared. No ... actually, I'm scaring myself into that horrible state where I feel totally worthless and incapable....I was building up to an anxiety attack.

ALINE: And now?

EMMA: No more words. I just want to be quiet and feel my body quiet down. I don't have to go just because she invites me.

Touch helped Emma build a conscious connection to her felt sense and became an essential aspect of the dialogue evolving between us. Tracking sensation in my own body as well as in hers was an important source of relational information. While I made physical contact with her, I used words and metaphors to link sensations with feelings and thoughts in order to strengthen the feedback loops between her nervous system, viscera, and cortical functions. My touch was intended to awaken and support a sensory exploration of her internal states, and my words were an invitation for her to verbalize her experience. Knowing that I was sharing my own experience as an invitation for her to share hers, she in turn compared her experience to mine and we explored the similarities and differences—when we were in alignment and resonance and when we were not. Emma learned that when she paid attention and made connections between her sensations, feelings, and thoughts, her internal world became more manageable, and new insights and solutions could emerge.

The Void

The empathic and nurturing intention of my touch was deeply regulating for Emma's nervous system, and the resulting direct and implicit connection to a caring other contrasted with her memories of childhood neglect and with the fear and disconnection she still experienced as an adult.

EMMA: I'm not fighting to get something that I wasn't getting anymore. I can see that I'm getting something real, that I'm not making it up. It's very sweet, and soft, and satisfying.... I didn't know that before, but now I do. I can really feel the difference when I'm not getting anything and when I am. It's such a relief. After every session I realize that my trust is growing, but when I go home I feel the emptiness. I got held and then I'm alone and I want more.

The contrast between the contact during our sessions and the contact hunger she experienced when alone at home brought up the grief of years of neglect and lonely yearning. She was realizing, on a conscious as well as on a visceral level, how painful the absence of connection had been and how much she had yearned for it even without knowing what it was she had been yearning for. Emma could now put words to her early experience. She described a frightening inner void, a painful emptiness that is one of the far-reaching effects of early developmental trauma, particularly neglect.

EMMA: It's like there was a cold, dark, bottomless, never-ending void. It was always there, and it never stopped. Now I have moments when I feel that it's good to be alive. And I can feel that it isn't my fault. I'm not empty because I'm defective. It's because I never got what I needed.

Becoming Attached

Without the comforting touch connection, Emma's overwhelmingly painful emptiness had been unspeakable. We used our growing relational matrix to explore the adaptive survival strategies she had developed to insulate herself from the unbearable pain of neglect and isolation. Emma expressed the fear that if she opened herself to relationship, her pain would be even more unbearable.

EMMA: I feel really embarrassed that I might like you more than you like me. It feels dangerous that I'm letting myself need you. Isn't that dependency? Isn't that wrong? I'm afraid you're going to "drop the baby," and I don't think I could survive that one more time.

She began to regularly use the expression "drop the baby" when she talked about past experiences of misattunement and neglect. She was terrified that I too would drop her if she let herself trust our connection. Emma wanted reassurance that it was safe to allow herself to become attached to me.

ALINE: Emma, let's look at this together. We know that your body and nervous system are hungry to be touched ... and that you experience relief when I attune to you and give you the attention you need and never had. And we also know how painful it was for you to grow up so isolated without anyone caring for you. I understand how vulnerable this must feel ... there's a lot riding on our relationship. So let's see if we can create safeguards so that the baby is protected. The last thing I want is to drop the baby or for you to experience being let down or abandoned yet again.

We explored how to proceed in a titrated way that would allow her to manage the new experiences of expansion that come with feeling connected. Emma realized that the fear of being dropped was particularly strong on days when I touched areas close to her heart. We made a concerted effort to fine-tune our interactions; the more specifically my touch could meet her body's needs and emotional yearning, the better she became at giving me directions and regulating her own affect. We identified areas where touch felt safe, calming, and brought comfort, and others that triggered emotional pain. We found that she did better when I changed my holding position often rather than when I held one position for a long time. We also explored the resources she had with which to comfort herself at home between sessions. She found that the longer she could be on the massage table and in contact during a session, the easier it was to hold onto what felt good when she went home. She realized that what was most resourcing was to remember, in her body, how it felt to be held during sessions.

EMMA: I know from the reading that being touched is bringing up my baby experience ... the part that really needed a mother. They all dropped me ... my mother, my aunt ... and my father.

ALINE: And what happens when you connect with the part of you that knows?

EMMA: Well ... I'm telling myself that you're not them, and that it's okay to remember how it feels when we're together in a session. That it isn't me being too needy but more that it's about healing something I needed and didn't get.

I took this to mean that she was developing some object constancy and capacity for self-soothing and self-regulation. After several sessions, during which I held one hand under her spine and very lightly massaged her belly with my other hand, creating a "sandwich" with her digestive track as its center, she had the following clarity:

EMMA: The touch puts me in touch with my pain ... but in a good way. There's something crying in me, crying as it lets go. The touch is filling me, and it's going into the pain in a good way. I'm getting there, cell by cell. It's like when I cut my finger. It takes time to heal, and there will be a time when I'll be full. I need to be touched. I'm not feeling so guilty about needing to be touched anymore.

Emma was learning to receive. Slowly, she was learning to take in and integrate the experience of connection.
