

How the Neuro-Affective Relational Modell (NARM®) expands the Psychotherapeutic Landscape

- About Subjective Depth and the Effectiveness of Process-Oriented -

Psychotherapy and the Need for Change

The Neuro Affective Relational Modell (NARM®) appears to hit an acupuncture point in the field of psychotherapy and the reasons for that are many. The last decades of psychotherapy research, largely dominated by an evidence-based paradigm, have steered psychotherapy into a questionable direction. Academic psychotherapy has placed a keen focus on methods and techniques, trying to erase the therapist from the equation in order to comprehend more about the effectiveness of therapies (Norcross & Wampold, 2019). Research has been driven by the rationale that we can find out more about the objective nature of therapeutic techniques by cancelling out how they are done and by whom they are being implemented. However, it turns out that the How and the Who seem to be exactly the most promising variables in the quest of understanding therapeutic impact. Young psychotherapists in training nowadays are little encouraged to explore the subjective depth of their experience, including key capacities such as presence, resonance, attunement or compassion. At the same time, the excessive focus on symptom reduction has led to increasing performance pressure to work more efficiently in shorter amounts of time. Along with that the

fear of “doing it wrong” and the effort to avoid mistakes becomes a main concern for a whole next generation of academically trained psychotherapists.

The emphasis on cognitive and behavioural approaches to overcome psychological suffering, has also taken its toll on clients. Many of them have lost trust in conventional psychotherapy, finding themselves objectified in a system that lacks genuine relational warmth and precise attunement. Symptom reduction and creating cognitive insight into internal dynamics is not sufficient, when deeper levels of the client’s sense of self are not addressed and included (De Smet et al., 2020). In fact, this can be a fertile ground for self-blaming and shame, which in turn leads to a decreased sense of agency (“Why can’t I change the way I feel, even if I know that it does not make sense rationally?”). Psychotherapy urgently needs to find the road to affect deeper levels of the felt sense experience, beyond pathology and clinical measures.

Given the upsurge of integrative approaches there seems to be a real hunger for a more relational understanding of healing and more therapists are looking for non-reductionistic

approaches to human suffering and transformative growth.

Most staggeringly, psychotherapy as a discipline has not been able to increase its effectiveness to a substantial degree within the last 50 years of research and practice (Norcross & Wampold, 2011). One main reason for that is that we are still missing proximal accurate feedback parameters to inform us about the effectiveness of sessions (Ong, Hayes & Hofmann, 2022). What exactly tells therapists that they are on the right track with their clients? Although outcome-research has already shifted to process-oriented models, precise parameters of effective change are still missing. However, if we can draw one conclusion from the last decades of outcome-research, two competencies of therapists appear to be paramount: the capacity for relational attunement and the responsiveness to client's individual needs (Norcross & Wampold, 2019).

Introducing NARM

NARM has reintroduced process-oriented psychotherapy, yet in a different way than its humanistic predecessors. In addition to the emphasis on therapeutic congruence, relationality and experiential elements, it incorporates a sophisticated psychodynamic and somatic understanding. Furthermore, it offers concrete guiding principles how to work systematically in the here and now. NARM combines phenomenological, psychodynamic and somatic approaches in a coherent and

practical framework. In contrast to other process-oriented approaches, it offers explicit ways of working directly with the phenomenology of the client, thereby allowing more experiential depth during sessions.

The model sheds a new light on the key function of shame and guilt in arresting developmental growth in what NARM calls the child-consciousness. One major element of the NARM process is to make clients aware of how they unconsciously shape their experience by engaging in a shaming and rejecting self-relation on an almost subliminal level. The NARM approach illustrates that when working in the context of developmental trauma, addressing these dynamics of shame and guilt is vital for affecting lasting therapeutic change.

Moreover, and maybe most importantly, NARM not only introduces another method but rather opens a new discourse of how we look on therapeutic change and transformation in general. It challenges conventional assumptions in a paradigm that has become increasingly goal-oriented. Many therapists, especially in the CBT paradigm, look at change as a linear sequence of working steps. However, often it is exactly this misguided notion of change that directly impedes the effectiveness of therapy on emotional and somatic change.

And last but not least, the fascination for NARM might be so contagious because it speaks to questions of the current existentialist *Zeitgeist*: What is identity? And how does the process of

identification underly various forms of psychological suffering?

The purpose of this article is to outline, how the NARM approach can help to answer some of the most pressing issues in conventional psychotherapy. During the following paragraphs, the main constituents of the model will be highlighted with regard to their practical therapeutic application.

Goal-Orientation vs. Process-Orientation

NARM challenges a status quo among therapists, namely that working hard can improve our client's states or reduce their symptoms. Whereas this is certainly not an explicit orientation in most psychotherapeutic schools, therapists tend to "effort" a lot. The underlying assumption is that in order to get somewhere, we need to do something or work for it. However, while discipline and willpower can be effective when it comes to matters of the outside world (e.g., running a marathon, fixing a broken car) they have a paradoxical effect when it comes to internal affairs.

NARM proposes an alternative to the paradigm of goal-orientation by shifting towards a paradigm of radical process-orientation. In that way the model accounts for the fact that many of the most central areas of the human experience cannot be accessed by engaging the will. We can have a first-hand experience of this, if we have ever found ourselves trying to force states such as love, sexual desire, confidence, compassion, or sleep. Accordingly,

many of the states which clients wish for themselves are also not accessible by willpower and the more they effort to "make it happen", the more these states seem to move out of reach. Therapeutic approaches that use goal-oriented strategies systematically, frequently get stuck in analysis and behavioural advice, often resulting in a lack of sustainable outcomes. In process-oriented work, we follow intentions and give space for a careful examination of what is getting in the way of them, rather than pushing through these so-called resistances.

However, process-orientation is not about getting rid of goals. It cannot be equated with aimlessness, just as process-oriented therapists are not just open to whatever happens. Skillful process-orientation is far beyond arbitrary and requires a high capacity for attunement, knowledge, and embodiment on the therapist's part. NARM does not neglect or avoid goal-orientation, it simply does not regard the attainment of goals as the highest organizing principle. Rather it bases its orientation and understanding on the power of intentionality. Whereas intentions connect us to the subjective depth of our wanting, goals represent external and behavioral fixpoints. When we follow an authentic intention, moving towards it is *already* rewarding and integrative from the beginning. The arrival is so to speak already implicit in the walking. Goal-oriented strategies on the other hand are *imagined* to be rewarding in the future. For example, clients would present the wish to gain more resilience in the face of stress, by wanting to be more

thick-skinned and immune to criticism. When being asked what they would hope to get out of this, they might reply that they *imagine* themselves be more centered or calm, when being more immune to criticism. In search of this state of being calm, they engage in goal-oriented strategies that are connected to effort and will. Paradoxically, these behavioral strategies most often do not lead to the desired states but rather get in the way of them. NARM therefore focuses on states and capacities rather than on behavioral goals.

Modes of Information-Processing

From the perspective of Neuroscience, it is well established that sympathetically driven responses, such as will-based discipline or defensive reactivity, block the pathways to our relational and emotional neural circuits (Porges, 2021). Additional studies on brain-asymmetry can account for the different effects of goal-orientation and process-orientation to some extent, showing that our brain operates in two different modes of information processing. The left hemisphere, by tendency, appears to differ from the right hemisphere in the way it relates to the external and internal world. It is inclined to operate in a reflective, logical and analytic mode whereas the right hemisphere organizes perception in a more experiential, intuitive and phenomenological manner (Gilchrist, 2019). Research at Harvard University has identified specific neural correlates of what they called the “narrative

self” and the “experiential phenomenological self”. They showed that these respective brain areas are inversely correlated with each other (Vago & Silberszweig, 2012). In a group of meditators, increased activity of the “narrative self” was associated with more mind-wandering, distraction and distress.

These two ways of processing are not only based on different functions of the brain but also on different laws of “psycho-logic”. The analytic mode functions strategically. It has an agenda and then sets out to single out objects that can fulfil it. For example, when hungry it scans the environment for food and when scared it looks for signs of threat. From this perspective, the internal and external world, does not appear like a landscape that stimulates our curiosity. Rather it shows up like a gameboard where we try to find “the right thing to do” in order to get closer to our goal. It follows a rather strict “if-then logic”, in the sense that objects are regarded as means to end instead of being meaningful in their own right. In contrast, the experiential mode of the right hemisphere functions more receptively. It perceives through a holistic, gestalt-based lens where multiple experiences happen at the same time and no linear sequence of events can be predicted. In this mode there really is no “If-then” because we perceive for the sake of perceiving not in order to figure out a right way or to identify a specific object. Consequently, the right hemisphere also plays a more central role when listening to music or relating to pieces of art.

The assumption that is being put forward here is that experiential depth in sessions is largely dependent on right-brain processes and that left-brain-oriented attention often gets in the way of increased connection to the sense of self. As will be outlined in more detail in the following paragraphs, these two modes of processing play an important role when we as therapists inquire into the internal experience of our clients or invite them to do so.

The significance of process-orientation throughout the therapy becomes apparent when we understand the psychological architecture of developmental trauma. In this inner dynamic, taking sides in either part of the psychodynamic conflict leads to a relational stuck state between therapist and client. In order to understand this, we need to comprehend the core dilemma that underlies every conflict, where the fear of the loss of the attachment relationship is at the center of what seems to be a lack of willingness to change. Instead of efforting to overcome what has often been interpreted as resistance by several schools of therapy, therapists can stay curious to the client's unconscious needs and integrate them.

Understanding the Core Dilemma

The clinical method of NARM is based on a specific, psychodynamically informed understanding of developmental trauma. This term is used in the broad sense of environmental failures that led to a distorted sense of self for

the child. Hence, developmental trauma is viewed as experience that cannot be assimilated by the child without distorting the own self-image and sense of identity. As will be outlined in the following paragraph, the theme of goal-orientation and its adverse effect on the therapeutic process stands in a direct relationship to the dynamics underlying developmental trauma.

When a child experiences chronic misattunement, neglect or abuse, and the natural protesting response of the child is not successful, she is confronted with high levels of anger or even rage towards its caregivers. These feelings elicit strong fear because they threaten the attachment relationship that the child's survival depends on. Anger in the child can lead to potential traumatizing reactions from the caregivers, such as violence or abandonment. However, and even more importantly, anger *itself* is perceived as an internal threat, because the neurological pathways that signal attachment safety feel, so to speak, as if they were under attack. The child faces an impossible task, a core dilemma, where it is connected to the necessity of securing the attachment relationship and at the same time protesting for its own authentic expression and needs.

Since the immature child-consciousness and brain cannot hold love and rage towards its caregivers at the same time, it needs to split off feelings of anger and rage towards them. In order to make sense of its environmental failures, it identifies as the "bad child" and acts

aggression inwards instead of outwards. This acting-in expresses as self-shaming, self-blaming and even self-hate, distorting the relation to the self, including its innocent and natural needs. The child, or better to say the child-consciousness, does all of this in an attempt to maintain a loving representation of the caregivers. This dynamic serves the function of maintaining a certain degree of subjective control in the face of an uncontrollable situation. Even though the child has to give up significant psychological and biological needs, it can maintain a sense of coherence and stability by orienting towards the goal of being a “good child”. In this way, the child preserves the hope for being loved, as a future possibility when meeting the conditions of the caregiver’s relational rules. NARM calls these internalized rules that organize behaviours and emotions adaptive survival mechanisms (Heller & Kammer, 2022).

Psychologically, children create an unconscious but very powerful agenda of goal-oriented change that is based on a chronic pattern of self-rejection (“How can I be different, in order to be loved?”). Hence, from a NARM perspective, these so-called strategies of the child-consciousness to become “a better person” lie at the core of various forms of suffering. The acting in of anger due to fear of loss and the accompanied guilt and shame that come with that, represent direct organizing principles that drive symptoms. The child-consciousness reduces a high complexity to a seemingly simple orientation, which usually goes along

the lines of “If I could *just* be... then I would be loved”. In adult clients, they present themselves as oversimplified scripts such as looking for behavioural advice or relying on internal strategies (repeating inner affirmations, controlling emotions, etc.) with even more force, despite the fact that they are actually not benefiting from them. While these various strategies present themselves as potential solutions in the minds of clients, in reality they are what is impairing an increased connection to the self and own healthy needs. Although research in this area is still scarce, it seems likely that the use of these strategies corresponds to the reflective mode of processing, whereas the actual sense of self is accessed through the experiential mode of processing. In other words, one could assume that when children undergo developmental trauma, their inner organization becomes heavily left-brain dependent instead of the natural right brain functions, which would be neurologically more age appropriate.

“Good Intentions” and Interventions

It is crucial to understand that these strategies still function as unconscious working models in clients, directing their attention in a specific and goal-oriented way. Seemingly understandable requests for advice or eagerness to work on oneself, can often be an expression of what ultimately is a deep pattern of self-rejection. As a consequence, clients will always invite the therapist to engage in the reflective,

goal-oriented mode of processing. Or in other words, the therapist will always feel the “fix-me-demand” to a certain degree from their clients. However, when therapists become goal-oriented as a reaction to their goal-oriented clients, they inadvertently confirm subconscious beliefs of self-rejection and shame. In contrast, directing towards explorative interventions that activate the experiential mode of processing, invites clients to connect to their actual sense of self rather than to their preconceived notions about themselves.

In order to understand the logic of this way of processing, it is important to recognize that the experiential mode is much more sensitive to *intentions* than to *interventions*. The place we come from as therapists when we do certain interventions affects the client’s phenomenology more than the intervention itself. The stronger internal dynamics of self-shaming and self-rejection are in place, the more this principle applies. We need to understand that goal-orientation on the therapist side, even if it is meant with “good intentions”, is subconsciously processed as a lack of acceptance by the client. In that case, both therapist and client collude around the orientation “how can you be different?”, which is a repetition of the lack of connection and attunement that the child has experienced in the first place. Goal-oriented intentions to change a client’s state, even when we want to help the client, close the window of experience in the here and now. Yet it is exactly this window of experience that is needed for

effective (and affective) change. Therefore, these key components of the importance of the therapist’s intention as well as the necessity of working in the here and now, are fundamental when we want to allow transformative growth and sustainable change.

Working in the Here & Now

What do we actually mean when we speak about working in the here and now? When therapists work in the here and now, they pay moment-to-moment attention to the phenomenology of the client. While there is a conversation in the form of content of themes and narratives, the experiential level of the client is monitored and included systematically in the process. The HOW becomes equally if not more important than the WHAT. Therapists pay attention to aspects such as “does the client change breathing patterns? Does the posture suddenly straighten or collapse? Is there an atmosphere of expansion or tension in the room, when the client recollects a certain memory?” NARM invites clients to be with their immediate experience, while they are talking about the experience. In that way, the gap between cognitive reflection and self-image on the one hand, and actual sense of self on the other hand can be addressed and integrated step by step. The emotional, somatic and energetic elements of distorted identifications of the client are processed, while they are showing up in the here and now during the course of the session. Bridging the gap

between explicit and implicit elements of the client's experience seem to be a promising factor regarding future research of sustainable outcomes. The following paragraph will outline, why this is important with regard to therapeutic effectiveness as well as why this kind of work can be demanding for therapists. When working in the here and now, therapists need to draw on their subjectivity in order to connect to the subjectivity of the client. This requires the therapist to be present not only as a professional but also as a person, which of course comes with a considerable amount of vulnerability.

Who we are as Therapists

The NARM approach points the spotlight to an uncomfortable truth for us as therapists: When we are working with clients on deeper levels of experience, *who we are* is more important than *what we do*.

In fact, it seems that the earlier the traumatization (hence the more right-brain processes are affected), the more important the intention of the therapist becomes for the process. Therapists who frequently work with individuals who suffer from these conditions, know, how sensitive they are to even minor signs of what they perceive as the therapist "wanting to change them". NARM aims to gently move the "paradigm of doing" towards a "paradigm of being". Within the paradigm of doing, client and therapist tend to orient towards analysis, reflection and behavioural

strategies. However, within the paradigm of being, therapists cultivate therapeutic neutrality that does not push for change but rather holds an awareness for the polarities that are inherent in every psychodynamic conflict. It is important to note that when therapists cultivate a state of being this does not mean that they are not orienting towards change and integration for the client. Rather they do not feel responsible to make it happen for the client. While it is possible to achieve short-term behavioural change, more sustainable and transformative growth needs to address the underlying sense of Self. As research in the field of Interpersonal Neurobiology (IPNB) suggests, one reason for this is that conventional "talking cures" often lack access to the relevant emotional memory-systems, which are involved in the deeper organization of the psychological self. Our sense of self (how we actually experience ourselves) relies more on our implicit memory, whereas our self-image (how we think about ourselves) relies more on explicit/autobiographic memory functions (Siegel, 2020). Accordingly, our sense of self cannot be modified by reflecting on our self-image, simply because they are wired through different neurological pathways (Schoore, 2019). Consequently, the effects of implicit memory cannot be made an object of therapeutic inquiry. We cannot talk about them, we can only be a participant-observer of them as they shape the subjective experience in the here and now. Again, we see that if we want to affect the sense of self and the respective implicit memory

systems, the road leads through the phenomenological world of the client. In accordance with that, other studies have underlined the central integrative function of brain areas associated with phenomenological processing. This part of the brain appears to mediate between higher order functions and unconscious sensorimotor and interoceptive signals (Vago & Silbersweig, 2012).

Guiding an unfolding process in the here and now in an informed way can be quite challenging for therapists. In an area where capacities are more relevant than techniques, we need to develop a different attitude towards our professional development. We cannot increase our effectiveness as therapists with a new book or a next training. But rather we need to find ways how our theoretical understanding can find its way into the embodiment of who we are.

Research indicates that what has been conceptualized as “therapeutic presence” or “therapeutic congruence” plays a significant role in therapeutic impact (Malet, Bioy & Santarpia, 2022). In process-oriented therapy, the extent to which therapists embody the capacity to offer relation and understanding as a moment-to-moment resonance, is fundamental. When we acknowledge this premise, the role of our personal integration work as therapists becomes a necessity rather than an add-on. In that regard, NARM seems to appeal especially to those therapists who consider their presence as human beings and their personal

integration as an integral part of their professional work and lifelong learning.

Subjectivity and Objectification

Another orientation that characterizes NARM is that it integrates object-relational theories but extends the focus specifically towards the experiencing subject. The model offers an inquiry into the question “Who is it that is experiencing all these object relations?”. And one of the most intriguing aspects of the NARM method is that it works with the deconstruction of subjectivity itself.

NARM is based on the understanding that a deeper access to subjectivity is a key mechanism to initiate reorganization and integration. Here, the model aligns with other humanistic traditions, assuming that there is a self-organizing intelligence in connection to the subjective sense of self, which does not need to be directed in a certain way. However, it is very important to note that when this capacity to be in connection to the subjective sense of self is strongly compromised in clients, we cannot rely on its self-organizing intelligence during the therapeutic process. In this case it needs an informed guidance through what is getting in the way of this intelligence. Therefore, the NARM approach specifically focuses on what is getting in the way of the natural unfolding, by addressing the distorted lenses that clients rely on when attempting to connect to their inner world. Once more subjective depth can be accessed by the client, it naturally organizes the

therapeutic process towards more and integration and connection, when we as therapists do not get in the way.

In order to understand these mechanisms more accurately, it helps to contrast subjectivity from the process of objectification. Subjectivity is characterized by an unfolding stream of consciousness in the here and now. It represents experience that, in the terms of the Philosopher John Dewey, is “pregnant with connection” (Kirby, 2012). Objectification on the other hand describes the process of reducing this complexity of connection down into singular objects to fulfil certain functions or goals. For example, as therapists we might look for specific indicators of a certain diagnosis, in order to derive the right treatment plan. Likewise, clients might voice the wish to access specific past memories with the hope to alleviate suffering in their current life. This “if-then logic” of objectification looks out for objects with a preconceived goal in mind. A helpful diagnostic marker for this phenomenon is the lack of curiosity on the client side along with a firm conviction of “already knowing”. Whenever clients look through a fixed self-image, they tend to objectify their experience with the consequence of disconnecting from their sense of self. When we are objectifying our internal states, we are *looking at* ourselves whereas when we are embedded in subjectivity, we are, as it were, *inside of* our experience. Regarding chronic patterns of suffering, clients tend to be unaware of how they are not *being with* themselves, but rather *looking at*

themselves through a fixed lens. This mode of looking at themselves is directly linked to the process of self-shaming and self-rejection, which disconnects them from their sense of self. Being caught in these adaptive survival mechanisms directly compromises subjective depth. In other words, what they are experiencing when they are looking through this distorted lens is not their subjective sense of self but how they are objectifying themselves. This difference can be subtle but is of major importance. Hence, from the NARM perspective, every distorted belief that clients hold about themselves can be understood as a direct function of compromised subjective depth.

Agency and Strategies

Object-relational theorists have already addressed the implications of objectification and the resulting distortions of identity. However, in contrast to psychodynamic therapies, NARM does not use interpretations but a phenomenological approach in working with how clients organize their inner world. By tracking moment to moment changes in the client’s organization, NARM therapists can support them to see how they shape their subjective experience, *while it is happening*. This direct feedback loop in the process has a much more immediate effect, as opposed to analytic reflection of themes that clients present.

In clinical practice, we see that clients often seem to be caught in an experience that they

feel subjected to (e.g., “I am helpless”, “I am left alone”). However, when we take a closer look and start to deconstruct what we call subjective experience, it is actually composed of various processes of self-relation. These microdynamics of self-relation profoundly colour the experience of clients and their sense of identity. They often remain undiscovered by therapists and, as a consequence, are mistaken for emotions. When therapists are being empathic with these states, this does not have a transformative effect, as it would be the case with primary emotions. Primary emotions are transitory and directly connected to healthy needs of the client. Even if they can bring up fear, they result in a deeper connection with the self when being held in relation. Emotional strategies and self-rejection on the other hand appear to be chronic and lead to ever more disconnection, the more we “listen to them”. For example, “feeling left alone” is not an actual feeling but an assumption, mostly combined with self-relational shame and similar strategies of emotional avoidance. Only after carefully deconstructing all the elements that contribute to this experience, we can reveal what the real primary emotions are that seem to be connected to it. It is precisely here, where NARM offers a systematic way of untangling primary emotions from emotional strategies and symptoms. In that way, clients can learn how they are an active agent in their experience and find ways to relate to themselves with more compassion and understanding. Many clients report that experiencing this state of agency

made the significant difference for them in contrast to other methods that they had worked with.

Resourcing within the Difficulty

Almost all contemporary approaches of psychotherapy claim to work in a resource-oriented way. However, there is a big difference in the understanding of what resource-orientation means and how it is being implemented. Many methods utilize techniques to generate resourceful experiences in the form of imagination or by drawing on specific “positive memories”. Although this clearly has a beneficial clinical effect by creating states of positive affect and safety, there are several disadvantages to these approaches. Firstly, constructed images or affirmations only work in a certain range of nervous system activation and tend to collapse in states of very high arousal. Secondly, they tend to be effective only short term and have to be actively kept alive with a certain discipline on the client’s side.

But thirdly and most importantly, they are used as alternative neural pathways in the attempt to counterbalance traumatic networks. This means in almost all cases that they carry less strong affective charge, meaning that they are less easy to activate. By creating alternative “islands of positive affect”, we send the implicit message to our clients that the traumatic memory is to be avoided in its full intensity and therefore needs a counterweight on the “more

resourced side”. Despite the clinical value of this perspective as a transitory necessity in some cases, it is important not to stay here.

Effective therapy needs to support clients to develop the capacity to tolerate aversive states and difficult emotions, which is essential for psychological resiliency. Especially because any adaptive identification of clients is, by definition, afraid of certain emotions. Viewed from the child-consciousness, emotions like fear and rage are threatening. When clients meet these challenging states, the identification with these young states of consciousness will result in a powerful motivation to get away from them. Interventions which offer a refuge to a resourcing island outside of this challenging territory in these moments, are a welcomed opportunity for that. This is not to say that these interventions cannot be useful in the context of very high arousal but rather that therapists need to be aware of their limitations in the long term.

This is especially relevant when it comes to countertransference reactions of therapists. Not seldomly, therapists who feel overwhelmed by the emotional intensity of the client’s experience, start to draw on these regulation models to “resource the client”. By doing that they unwillingly confirm the misconception that their emotions are dangerous or threatening and need to be balanced out in some way.

The Art of Embodied Psychotherapy - Guiding without Directing

It is striking that the most frequent statements of therapists, when being asked how their work improved with the NARM method are that (1) they work with more ease and (2) they feel more effective in their sessions. Interestingly, recent research findings indicate that NARM trainings have significant positive effects on the professional quality of life of therapists (Vasquez, 2022).

Anecdotal reports from clients show that they can often feel immediate effects during the first session and continue to benefit, even in the course of a small number of sessions. This might partly be attributed to the fact that NARM enables clients to shed light on their unconscious tendencies to pressure themselves into emotional states or use effort to affect their internal world. The futility of these attempts has an enormous share in the inner stress level of clients and hence on the overall health of their psychological organization. Accordingly, sessions in which these “silent stressors” are explicitly addressed, can have immediate effects on the client’s states of well-being.

NARM is fundamentally a therapy of self-relation that places a significant importance on the relational attunement process between therapist and client. It considers the presence of the therapeutic relational field as the prerequisite for helping clients to become aware of their own distortion in their relation to themselves. Accordingly, NARM advocates for

the vital significance of open-hearted relationality in therapy, in answering what Norcross and Lambert carved out as the most pressing question of the last decades of psychotherapy research: “Do treatments cure disorders or do relationships heal people?” (Norcross & Lambert 2011, p. 4)

The art of an embodied and relational psychotherapy is to enable an experiential process that moves between reflective insights and phenomenological listening. Using words without letting analytical reflection cloud the vision and including the body without losing oneself in arbitrary sideways of sensation and feeling.

The understanding of these and other organizing principles underlying developmental trauma and the organization of personality, allows therapists to offer more than merely "following the process". Especially in the humanistic tradition, therapists have used heuristics such as orienting towards “aliveness” or “following the energy”, which did not necessarily result in the expected change for clients. On the other end of the psychodynamic and analytical spectrum, therapists have arrived at sophisticated hypotheses and interpretations about their clients, without being able to access the phenomenological organization of clients.

NARM attempts to integrate these modes of processing. NARM therapists hold very specific, psychodynamically informed hypotheses for their clients, however at the same time they are letting themselves being guided

by the moment-to-moment experience of the client. Therapists and clients are both participant-observers of an experiential unfolding. The NARM approach offers clinical principles that allow working in the here and now without imposing too much structure and protocol on the process. Therapists can have orientation without needing to have a plan, because they can let themselves be guided by feedback signals of the nervous system and the overall organism.

It is this balance between structure and open process that leaves enough space for different approaches to be combined with this way of working. Therefore, NARM has the potential to summon process-oriented therapists from various psychotherapeutic disciplines and offers a meta-framework that many therapists can intuitively understand.

To summarize the main contribution of NARM to the psychotherapeutic landscape: The model defines a whole new way of working effectively beyond analytical reflection and behavioural strategies. It changes the way therapists hold their understanding of will-based processes, the limitations of efforting and the way we think about change in general. Moreover, it highlights the heavily unrecognized function of shame and guilt by uncovering their key role in arresting individuation and separation in therapeutic work. And most importantly, it provides powerful guiding principles of how to work in the here and now, directly addressing the phenomenological organization of clients. This organization in relation to identity and

identification seems to be the most promising area of future clinical research to understand what lies at the root of chronic symptoms and psychological suffering.

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