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

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

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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 past 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 for understanding therapeutic impact. Young psychotherapists in training nowadays are given little encouragement to place importance on and hone what they as human beings bring into the therapy room, including key capacities such as presence, resonance, attunement or compassion. At the same time, the excessive focus on symptom reduction has led to an increasing pressure on therapists to work more efficiently in shorter amounts of time. Along with that, the fear of "doing it wrong" and the effort to avoid mistakes have become main concerns for a whole 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 developing cognitive insight into internal dynamics appears to be insufficient, if 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 ways to affect deeper levels of the felt sense experience, beyond pathology and clinical measures.

Given the upsurge of integrative approaches to psychotherapy there seems to be a real hunger for more relational understandings 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 substantially increase its effectiveness in the last 50 years of research and practice (Norcross & Wampold, 2011). One main reason for this is that we still lack 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 adopted process-oriented models, precise parameters of effective change are still missing. However, if we can draw one conclusion from the past decades of outcome research, two therapist competencies appear to be paramount: the capacity for relational attunement, and responsiveness to clients' individual needs (Norcross & Wampold, 2019).

Introducing NARM

NARM has reintroduced process-oriented psychotherapy, yet in a different way from 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 for working 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 for more experiential depth during sessions (Heller & Kammer, 2022).

The model sheds new light on the key function of shame and guilt in arresting developmental growth towards psychological individuation. One major element of the NARM process is to support clients to realize how they unconsciously shape their experience by engaging in shaming and rejecting self-relations 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 effecting lasting therapeutic change (Heller & LaPierre, 2012).

Moreover, and maybe most importantly, NARM not only introduces another therapeutic method, but rather opens a new discourse about how we look on therapeutic change and transformation in general. It challenges western assumptions in a therapeutic paradigm that has become increasingly goal-oriented. Many therapists, especially in the popular field of

cognitive-behavioral approaches, 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.

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. Within the following sections, the main constituents of the model and their practical therapeutic application will be outlined.

Goal-Orientation vs. Process-Orientation

NARM challenges a widespread status quo among therapists, that working hard can improve our clients' states or lead to long-term symptom reduction. Although this is certainly not an explicit orientation in most psychotherapeutic schools, therapists tend to "effort" a lot in their work with clients. 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 behavioral goals in 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 experience this firsthand 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 systematically use goal-oriented strategies, frequently get stuck in analysis and behavioural advice, often resulting in a lack of sustainable outcomes. In process-oriented work, therapists instead follow intentions that are connected to what clients wish for themselves on a deeper level. They give space for a careful examination of what is getting in the way of them, rather than pushing through these so-called resistances. Although the limited effectiveness of behavioral goal orientation is already being acknowledged in several therapeutic modalities, what remains largely unrecognized is how clients apply the same behavioral, outcome orientation when they attempt to connect with their inner world. As will

be discussed in more detail later, this process of objectification plays a central role in working with developmental trauma.

However, process orientation is not about getting rid of goals. It cannot be equated with aimlessness, nor are process-oriented therapists simply open to whatever happens. Skillful process-orientation is far beyond arbitrary, but requires knowledge, perceptive abilities and an embodied capacity for attunement 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 of the exploration. Rather, it bases its orientation and understanding on the power of intentionality. While intentions connect us to the subjective depth of our wanting, goals represent external and mostly behavioral fixpoints. When we follow an authentic intention, moving towards it is in each step *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 to be more centered or calm, once they were more immune to criticism. In search of this state of being calm, they engage in goal-oriented strategies which are connected to effort and will (e.g. critical self-talk, negating emotional states, etc.). Paradoxically, these behavioral strategies do not usually lead to the desired states but rather get in the way of them. NARM therefore focuses on states and capacities that clients truly desire for themselves rather than on behavioral goals or strategies they have in mind.

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, can block the pathways to our relational and emotional neural circuits (Porges, 2021). Additional studies of brain asymmetry explain some of the differential effects of goal and process orientation by showing that our brains operate in two distinct modes of information processing. The left hemisphere tends to differ from the right hemisphere in the way it relates to the external and internal world. It tends to operate in a reflective, logical, and analytical mode, while the right hemisphere organizes perception in a more experiential, intuitive, and phenomenological manner (McGilchrist, 2019). Research at Harvard University has identified specific neural correlates of what has been called the "narrative self" and the "experiential phenomenological self". The findings showed that these respective brain areas are indeed inversely correlated (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 modes 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 sets up an agenda and then seeks strategies 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 or safety. In this mode, the internal and external world does not appear like a landscape that stimulates our curiosity. Rather the world seems to us like a gameboard where we try to find “the right thing to do” in order to get closer to our goal. The analytic mode follows a rather strict “if-then logic”, in the sense that objects are seen as means to ends, instead of being meaningful in their own right. In contrast, the experiential mode, associated with the right hemisphere, functions more receptively. It perceives through a holistic, gestalt-based lens, with multiple experiences being registered at the same time and without reducing perception to a predictable, linear sequence of events. In this mode, there really is no “If-then”, because we perceive for the sake of experiencing, not for the sake of finding a right way or to identify a specific object. Not surprisingly, the right hemisphere also plays a more central role when we are listening to music, relating to works of art or sitting in contemplative meditation.

Considering the above, it is likely that experiential depth in sessions is largely dependent on right-brain processes, and that pure left-brain attention often gets in the way of increased connection with a more coherent sense of self. As will be discussed in more detail in the following sections, these two modes of processing play an important role when we, as therapists, inquire about or invite our clients to inquire about their inner experience.

The significance of process-orientation throughout therapy becomes clear when we understand the psychological architecture of developmental trauma. This so-called “core dilemma” at the heart of every psychodynamic conflict, is driven by the fear of losing the attachment relationship and is at the root of what can seem like a lack of willingness to change in clients. In this internal dynamic, taking sides in either part of the psychodynamic conflict leads to a relational stuck state between therapist and client. Rather than trying to overcome what has often been interpreted as resistance by various schools of therapy, therapists can support their clients in a different way. Inviting them to explore both sides of the dilemma allows for the dilemma to turn into a conflict which can be worked through and integrated.

Understanding the Core Dilemma

The clinical method of NARM is based on a specific, psychodynamic understanding of developmental trauma. This term is used in the broad sense of environmental failures that have led to a distortion of the sense of self in the child. Thus, developmental trauma is viewed as experience that cannot be assimilated by the child without distorting the child's sense of self and identity. As will be outlined in the next section, the issue of goal orientation and its adverse effect on the therapeutic process is directly related to the dynamics underlying developmental trauma.

When a child experiences chronic misattunement, neglect, or abuse, and the child's natural protest response is unsuccessful, the child is confronted with high levels of anger or even rage toward his or her caregivers. These feelings evoke intense fear because they threaten the attachment relationship on which the child's survival depends on. The child's anger can lead to potentially traumatizing responses from caregivers, such as violence or abandonment. But more importantly, anger itself is perceived as an internal threat because the neural pathways that signal attachment security feel as if they are under attack. The child is faced with an impossible bind, a core dilemma, in which he or she is faced with the need to secure the attachment relationship while at the same time protesting for his or her own authentic expression and needs.

Because the immature child consciousness and brain cannot simultaneously hold love and anger toward its caregivers, it must split off feelings of anger and rage toward them. In order to make sense of the experienced environmental failures, it identifies as the "bad child" and directs the aggression inward rather than outward. This acting-in dynamic takes the form of self-shaming, self-blaming, and even self-hatred, distorting the relationship to the self, including its innocent and natural needs. The child, or the child's consciousness, does all this in an attempt to maintain a loving representation of the caregivers. This dynamic serves the function of maintaining a degree of subjective control in the face of an uncontrollable situation. Even though the child must give up significant psychological and biological needs, he or she can maintain a sense of coherence and stability by focusing on the goal of being a "good child". In this way, the child retains the hope of being loved as a future possibility if he or she fulfills the conditions of the caregiver's relational rules. NARM calls these internalized rules that organize behaviors 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?"). From a NARM perspective, these 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 guilt and shame that come with this, represent direct internal organizing forces that drive symptoms. The child-consciousness reduces a high level of 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, these dynamics persist and present as oversimplified scripts, such as seeking behavioural advice from others or relying on internal strategies (e.g. using self-pressuring, trying to control emotions, etc.). As stress levels increase, they rely on these strategies with even more force despite the fact that they are actually not benefiting from them at all. While these various strategies present themselves as potential solutions in the minds of clients, in reality they are what interfere with an increased connection to the self and one's own healthy needs. Although research in this area is still scarce, it seems likely that the use of these strategies correlates with 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 internal organization becomes heavily left-brain dependent, rather than engaging the natural right-brain functions that 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 specific, goal-oriented ways. Seemingly understandable requests for advice or eagerness to work on oneself can often be expressions of what are ultimately a deep patterns of self-rejection. As a result, clients will tend to invite the therapist to engage in the reflective, goal-oriented mode of processing. In other words, the therapist will tend to feel the "fix-me-demand" from their clients. However, when therapists become goal-oriented as a reaction to their goal-oriented clients, they inadvertently confirm unconscious beliefs associated with self-rejection and shame. In contrast, a focus on exploratory interventions that activate the experiential mode of processing invites clients to connect with their actual sense of self rather than with their preconceived notions about themselves.

To understand the nature of this type 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 offer interventions affects the client's phenomenology

more than the intervention itself. The stronger the internal dynamics of self-shaming and self-rejection, the more this principle applies. We need to understand that goal-orientation on the part of the therapist, even if it is done with "good intentions", is unconsciously processed by the client as a lack of acceptance. In this case, both therapist and client collude around the orientation of "how can you be different?" which is a repetition of the lack of connection and attunement that the child experienced in the first place. Goal-oriented intentions to change the client's state, even when we want to help the client, close the window of experience in the here and now. Yet it is this window of experience that is needed for affective (and effective) change. Therefore, these key components of (1) the importance of the therapist's intention and (2) the necessity of working in the here and now are fundamental if we want to facilitate transformative growth and sustainable change.

Working in the Here & Now

What do we mean when we talk about working in the here and now? When therapists work in the here and now, they pay moment-to-moment attention to the client's phenomenology. While there is a conversation in terms of the content of themes and narratives, the experiential level of the client is monitored and systematically involved in the process. The HOW becomes as, if not more important than the WHAT. Therapists pay attention to aspects such as "Is the client changing their breathing patterns? Is the posture suddenly straightening or collapsing? Is there an atmosphere of expansion or tension in the room as the client recalls a particular memory?" NARM invites clients to be with their immediate experience as they talk about it. In this way, the gap between cognitive reflection and self-image on the one hand and the actual sense of self on the other can be addressed and integrated step by step. The emotional, somatic and energetic elements of the client's distorted identifications are processed as they emerge in the here and now during the session. Clinical experience of working in this way suggests that bridging the gap between explicit and implicit elements of the client's experience is essential for lasting therapeutic change. Although the art of bridging these elements is certainly complex to operationalise, it appears to be a promising mediator of therapeutic outcome for future research.

The following section outlines why this link between explicit and implicit elements is important in terms of therapeutic effectiveness, but also why this kind of work can be demanding for therapists. Working in the here and now requires therapists to draw on their subjectivity in order to connect with the client's subjectivity. This requires the therapist to be

present not only as a professional but, more importantly, as a human being, which of course involves a considerable amount of emotional investment and potential vulnerability.

Who we are as Therapists

The NARM approach points the spotlight on an uncomfortable truth for us as therapists: When working with clients at deeper levels of experience, who we are is more important than what we do. In fact, it seems that the earlier the traumatization (and therefore the more right-brain processes are involved), the more important the dimension of intentionality on the part of the therapist becomes for the client's inner experience. Therapists who frequently work with individuals who suffer from these conditions know how sensitive they are to even the slightest signs of what they perceive as the therapist's "wanting to change them". NARM therefore aims gently to move the paradigm of “doing” towards a paradigm of “being”. Within the doing paradigm, client and therapist tend to focus on analysis, cognitive reflection and behavioural strategies. Within the paradigm of “being”, however, the therapist cultivates a therapeutic neutrality, partly related to the analytic concept of evenly spaced attention, which does not push for change. Rather, there is an awareness of the polarities inherent in any psychodynamic conflict. It is important to note that when therapists cultivate a state of being, this does not mean that they are not working towards change and integration for the client. In fact, this orientation enables them to really meet the client more effectively in his or her wish for change, however, they do not feel responsible for making it happen for the client. While it is possible and realistic in some cases to achieve short-term behavioural outcomes through a solution-focused change orientation on the part of the therapist, more sustainable and transformative growth needs to address the underlying sense of self.

Research in the field of Interpersonal Neurobiology (IPNB) suggests that one reason why conventional 'talking cures' often don't work is that they lack access to the relevant emotional memory systems 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 of ourselves) relies more on explicit/autobiographical memory functions (Siegel, 2020). Accordingly, our sense of self cannot be changed by reflecting cognitively on our self-image, simply because they are wired through different neurological pathways (Schore, 2019). Consequently, the effects of implicit memory cannot be made the object of therapeutic inquiry. We cannot talk about them, we can only be a participant-observer of them as they shape subjective experience in the here and now. Again, we see that if we want to influence the sense of self and the implicit memory systems involved, the way

to do so is through the phenomenological world of the client. Consistent with this, other studies have highlighted the central integrative function of the brain areas associated with phenomenological processing. These parts of the brain seem 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 a field where capacities are more important than techniques, we need to develop a different attitude to our professional development. We cannot increase our effectiveness as therapists just with reading a new book or taking another training course. Rather, we need to find ways in which our theoretical understanding can find its way into the embodiment of who we are.

Research suggests that what has been conceptualised 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 relationship and understanding as moment-to-moment resonance is fundamental. When we acknowledge this premise, the process of our personal integration work as therapists becomes a necessity rather than an add-on. In this respect, NARM seems to appeal particularly to those therapists who see their human presence and 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 while extending 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?”. 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 for initiating reorganization and integration. In this, the model aligns with other humanistic traditions that assume that there is a self-organizing intelligence associated with the subjective sense of self that does not need to be directed in any particular way. However, it is very important to note that when this capacity to be in touch with the subjective sense of self is severely compromised in clients, we cannot rely on their self-organizing intelligence during the therapeutic process. In this case, there is a need for informed guidance through exploring the complexity of what is getting in the way of this intelligence. Therefore, the

NARM approach focuses specifically on what is in the way of a natural unfolding by addressing the distorted lenses that clients rely on when attempting to connect with their inner world. Once more subjective depth can be accessed by the client, the therapeutic process naturally organizes itself towards more integration and connection, if we as therapists do not get in the way.

To better understand these mechanisms, it is helpful to contrast subjectivity with the process of objectification. Subjectivity is characterized by an unfolding stream of consciousness in the here and now. It represents experience that is, in the words of the philosopher John Dewey, "pregnant with connection" (Kirby, 2012). Objectification, on the other hand, describes the process of reducing this complexity of connection to singular objects in order to fulfil certain functions or goals. For example, as therapists we might look for specific indicators of a particular diagnosis in order to derive the right treatment plan. Similarly, clients may express a desire to access specific memories from the past in the hope of alleviating suffering in their present lives. This "if-then" logic of objectification looks for objects with a preconceived goal in mind. A helpful marker of this phenomenon is a lack of curiosity on the part of the client, along with a firm belief that they 'already know'. When clients look through a fixed self-image, they tend to objectify their experience with the result that they become disconnected from their subjective sense of self.

When we objectify our internal states, we are looking at ourselves, whereas when we are embedded in subjectivity, we are - as it were - inside our experience. In chronic patterns of suffering, clients tend to be unaware that they are not being with themselves, but rather looking at themselves through fixed lenses. These ways of looking at themselves are directly linked to the process of self-shaming and self-rejection that disconnects them from their subjective sense of self. Being trapped in these adaptive survival mechanisms directly compromises subjective depth. In other words, what they experience when looking through these distorted lenses is not their subjective sense of self, but how they objectify themselves. This difference can be subtle but of major importance. Therefore, from a NARM perspective, any 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 to 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 are shaping their subjective experience, *as it happens*. This direct feedback loop in the process has a much more immediate effect than analytical reflection on themes that clients present.

In clinical practice, we see that clients often seem to be caught in an experience to which they feel subjected (e.g., "I am helpless," "I am left alone"). However, when we take a closer look and begin to deconstruct what we call subjective experience, it is actually composed of various habitual processes of self-relation. These microdynamics of self-relation profoundly colour the client's experience and sense of identity. They often go unrecognized by therapists and are consequently mistaken for emotions. When therapists empathize with these states, this does not have a transformative effect, as it would be the case with primary emotions. Primary emotions are transient and directly related to the client's healthy needs. Although they may evoke fear, when held in relationship they lead to a deeper connection with the self. Emotional strategies and self-rejection, on the other hand, seem to be chronic and lead to more and more disconnection the more we "listen" to them. For example, "feeling left alone" is not an actual feeling but an assumption, usually combined with self-relational shame and similar strategies of emotional avoidance. Only after carefully deconstructing all the elements that contribute to this experience can we reveal what the real primary emotions are that seem to be associated with it. This is where NARM provides a systematic way to untangle primary emotions from emotional strategies and symptoms. In this way, clients can learn how they are an active agent in shaping their experience and find ways to relate to themselves with more compassion and understanding. Many clients report that experiencing this state of agency has made all the difference for them compared to other therapeutic methods with which they have worked.

Resourcing within the Difficulty

Almost all contemporary approaches to psychotherapy claim to work in a resource-oriented way. However, there is a great deal of variation in the understanding of what resource orientation means and how it is implemented. Many methods utilize techniques to create resourceful experiences in the form of imagery or by drawing on specific "positive memories". Although this clearly can have beneficial clinical effects by creating states of positive affect and safety, there are several drawbacks to these approaches. First, constructed imagery or affirmations only work within a certain range of nervous system activation and tend to break

down in states of very high arousal. Second, they tend to be short term and must be actively kept alive with some discipline on the part of the client.

Third, and most importantly, they are used as alternative neural pathways in an attempt to counterbalance traumatic networks. In almost all cases, this means that they carry a lower affective charge, which means that they are less easily activated. By creating alternative "islands of positive affect," we send an implicit message to our clients that the traumatic memory is to be avoided in its full intensity and therefore needs to be counterbalanced on the "more resourced side". Despite the clinical value of this perspective as a temporary necessity in some cases, it is important not to stay here.

Effective therapy needs to support clients in developing the capacity to tolerate aversive states and difficult emotions, which is essential for building psychological resilience. This is especially true because any adaptive identification of clients is, by definition, afraid of certain emotions. From the perspective of the child-consciousness, emotions such as fear and anger are threatening. When clients encounter these challenging states, the identification with these immature states of consciousness will result in a powerful motivation to escape them. Interventions that provide refuge to an island of resources outside of this challenging territory in these moments are a welcome opportunity to do so. 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 longer term.

This is particularly relevant when it comes to therapists' countertransference reactions. It is a common clinical observation that therapists who feel overwhelmed by the emotional intensity of the client's experience tend to draw on these regulatory models to "resource" the client. In doing so, they unintentionally confirm the misconception that the client's emotions are dangerous or threatening and need to be balanced in some way.

The Art of Embodied Psychotherapy - Guiding without Directing

It is striking that the most common responses from therapists when asked how their work has 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 suggests that NARM trainings have significant positive impact on therapists' professional quality of life (Vasquez, 2022).

Anecdotal reports from clients indicate that they often feel immediate effects during the first session and continue to benefit even after a small number of sessions. This may be due in part to the fact that NARM enables clients to shed light on their unconscious tendencies to force

themselves into emotional states or to exert effort to influence their inner world. The futility of these attempts has an enormous share in the client's internal stress level and thus in 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 state of well-being.

NARM is fundamentally a therapy of self-relation that places significant importance on the process of relational attunement between therapist and client. It views the presence of the therapeutic relational field as a prerequisite for helping clients become aware of their own distortions in their relationship to themselves. Accordingly, NARM advocates the vital importance of open-hearted relationality in therapy in answering what Norcross and Lambert have identified as the most pressing question of psychotherapy research in recent decades: "Do treatments cure disorders, or do relationships heal people?" (Norcross & Lambert 2011, p. 4).

The art of embodied and relational psychotherapy is to facilitate an experiential process that moves between reflective insight and phenomenological listening. This means using words without letting cognitive reflection cloud the vision, and engaging the body without getting lost in arbitrary sideways of sensations and feelings.

Understanding these and other organizing principles underlying developmental trauma and personality organization allows therapists to offer more than just "following the process". Particularly in the humanistic tradition, therapists have used heuristics such as orienting to "aliveness" or "following the energy" which have not necessarily resulted in the expected change for clients. At the other end of the psychodynamic and analytic spectrum, therapists have arrived at sophisticated hypotheses and interpretations about their clients without access to the client's phenomenological organization and subjective experience.

NARM attempts to integrate these modes of processing. NARM therapists hold very specific, psychodynamically informed hypotheses for their clients, but at the same time they are guided by the moment-to-moment experience of the client. Therapist and client are both participant-observers in an experiential unfolding. The NARM approach offers clinical principles that allow for working in the here and now without imposing too much structure and protocol on the process. Therapists can have a sense of direction without needing to have a plan, by allowing themselves to be guided by feedback signals from the nervous system and the whole organism.

It is this balance between structure and open process that leaves room for different approaches to be combined within this way of working. Therefore, NARM has the potential

to inform process-oriented therapists from various psychotherapeutic disciplines and provides a meta-framework that many therapists can intuitively understand.

To summarize NARM's main contribution to the psychotherapeutic landscape: the model defines a whole new way of working effectively beyond analytical interpretation and behavioral strategies. It changes the way therapists understand will-based processes, the limits of efforting, and the way we think about psychotherapeutic change in general. It also highlights the largely unrecognized function of shame and guilt, revealing their key role in arresting individuation and separation in psychological development. Most importantly, it provides powerful guiding principles for working in the here and now, directly addressing the phenomenological organization of clients. This organization, as it relates to identity and identification, appears 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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