Chapter 7

Integrating Dramatherapy With the NeuroAffective Relational Model™ (NARM) for Healing Developmental Trauma

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This chapter introduces the integration – or league – of dramatherapy with the NeuroAffective Relational Model™ (NARM) for healing developmental trauma. I use the word league inspired by a line in one of Shakespeare's sonnets (2004/1609, p.99), 'Betwixt mine eye and heart a league is took', as this model has been drawn from both my passion for dramatherapy and the vital clarity that NARM has offered me to address and work with developmental trauma. This chapter presents this integrated model of work by unfolding how dramatherapy and NARM developmental theories and practice influenced by embodied and relational healing can be incorporated to support therapists in their work with the traumatised population.

As a dramatherapist working with trauma, I discovered that although dramatherapy provides unlimited creative and embodied means, it does not offer a clear framework to share and build on with clients in trauma-focused work. I have found that this lack of structure may present its challenges in practice, including an impact on the therapists' health and confidence as practitioners support clients with often very complex presentations. On the contrary, NARM is a therapy specifically designed to address trauma symptoms such as nervous system dysregulation, attachment, and identity distortions (Gruber et al., 2021). It thus provides a well-defined theoretical, practical, and relational framework to support clinicians in their work with developmental trauma. NARM is a somatic-oriented method of therapy based on mindfulness interventions including sensing, naming, and learning from one's present somatic sensations. Although mindfulness driven, NARM is mainly a talking therapy restricted to verbal communication. Compared to dramatherapy's creative and expressive means, it offers more limited ways of exploration and expression towards healing. In my practice as a dramatherapist and NARM practitioner, I found that an alliance between these approaches started to develop and that a combination of these filled the gap I encountered if solely relying on one or the other. I discovered that the integration of the two models helped my sense of confidence as a therapist and led to positive therapeutic outcomes for my clients.

Bessel van der Kolk (2014) refers to developmental trauma as 'the hidden epidemic', highlighting how childhood trauma, its effects, and healing have been left unaddressed and unexplored for years. In this chapter, I define developmental trauma as the repeated traumatic experiences, such as neglect or abuse, which occur mainly during early development and childhood, as well as the aftermath of those. As awareness of developmental trauma increases, research findings keep evidencing its effects on the somatic level and biopsychosocial experience. Trauma-specific models which consider embodied experience in healing are therefore becoming more widely recognised and researched (Maercker, 2021). We now know that traumatised children develop into adults with symptoms such as chronic shame, negative view of self, difficulty in managing emotions, relational disturbances, and patterns that are deeply stored in the autonomic nervous system.

As evidence on body and healing from trauma is expanding, it seems essential to review how embodied methods in dramatherapy can inform newer therapy models, and explore how new knowledge on multifaceted topics can enlighten and improve dramatherapy practice further. In the following paragraphs, I present a model of work which I have used as an initial framework that still has room for expansion and growth. I introduce this integrated therapy model by firstly presenting the NARM's developmental framework (Heller & LaPierre, 2012), and by discussing it in relation to dramatherapy's developmental paradigms of Embodiment-Projection-Role (Jennings, 1999) and Neuro-Dramatic-Play (Jennings & Gerhardt, 2011). I then explore the NARM process based on mindfulness and the four pillars in therapy (Heller & Kammer, 2022) in relation to embodiment and non-verbal core processes in dramatherapy (Jones, 2007). I finally discuss the relational aspect of healing in developmental trauma to further explore the therapists' somatic responses and their role in practice.

The aim of this chapter is to contribute to the field of trauma research and practice by sharing how an integration of dramatherapy, especially its embodied-based methods, with a specialised model for healing developmental trauma can offer safer and more effective ways of healing. My hope is to propose how a league between approaches with mutual aims can support a therapist's quest towards healing and to point out key learnings and suggestions for future practice.

Dramatherapy and NARM in Theory

Introduction to the NeuroAffective Relational Model™

NARM is a developmentally oriented and neuroscientifically informed model of psychotherapy developed by psychologist and academic Dr Laurence Heller to support mental health professionals in their work with trauma (Heller, 2018). It was developed in parallel with the ground-breaking theories of van der Kolk (2014) and Levine (2010) on

the impact of developmental trauma on the body and the nervous system. Emerging from earlier psychotherapeutic orientations including Psychodynamic Psychotherapy, Attachment Theory, Cognitive Therapy, and Somatic Experiencing, NARM bridges traditional psychotherapy with somatic approaches within a context of relational practice and mindfulness. It is 'a somatically based psychotherapy that focuses on supporting an individual's capacity for increasing connection and aliveness' (Heller & LaPierre, 2012, p.2). By working in the present moment and through somatic mindfulness, NARM aims to support individuals to become more aware of their body and mind experiences, and to disidentify with survival patterns that maintain chronic nervous system dysregulation. Through careful observation and noting physiological shifts during the therapy process, NARM ultimately supports clients to re-connect to their personal strengths and self-healing capacities as a means towards greater nervous system regulation and emotional resilience.

The NARM theoretical framework is based on five core biological needs and developmental stages essential to emotional and physical health and wellbeing (Heller & LaPierre, 2012). These are the need for Connection (0–6 months), Attunement (6–18 months), Trust (18 months–4 years), Autonomy (2–4 years), and Love and Sexuality (4–6 and 11–15 years). Depending on how these essential needs are met in the first years of life, the capacity for healthy attunement and response to these needs as adults is developed. Specifically, a good enough meeting of the above needs supports the development of a greater capacity as adults (1) to be in touch and attune to the body and emotions with the ability to reach out for and take in nourishment; (2) to trust oneself as well as others to find a healthy balance between dependence and interdependence; (3) to feel autonomous enough to set boundaries and say no without guilt or fear; and (4) to live a life with an open heart and to be able to integrate loving relationships with a vital sexuality. In NARM, these capacities are seen as essential in promoting self-regulation, positive self-image and authentic connection to self and others and thus wellbeing.

When the environment or caregivers fail to meet those core developmental needs efficiently, children are faced with a main dilemma between their survival and the authentic connection and expression of themselves. This dilemma leads to recurring painful emotions of anger, shame, and chronic fight-flight nervous system activation extending to physiological collapse. In order to survive such emotional states, children adapt by disconnecting from themselves and from what NARM refers to as their 'life force' (Heller & LaPierre, 2012, p.32). The impact of this ongoing disconnection is observed in the body in areas of tension, weakness, or disconnection. Muscular tightening, bracing, and collapse are some of the physical manifestations of adaptation which further compromise essential capacities for wellbeing. As a result, authentic connection, expression, and response to oneself and needs are being compromised,

leading to a limited capacity to attend, sooth, and regulate, and therefore to the development of symptoms.

According to NARM, childhood adaptations will lead to the development of five main patterns of surviving the impact of unfulfilled core needs. Each survival style is named after the associated unmet need and reflects difficulties in the corresponding capacities (Gruber et al., 2021). Therefore, individuals with the Connection Survival Style adapt by disconnecting from themselves, their body, and others as connection has been too threatening or unbearable. In the Attunement Survival Style, sensing and expressing one's own needs is compromised often in favour of others. Individuals with the Trust Survival Style learn to shut down their need for dependence and interdependence in fear of being betrayed. Whereas in the Autonomy Survival Style, they give up on authentic expression or boundary setting in fear of being abandoned. Lastly, people with the Love-Sexuality Survival Style learn to associate love with looks and performance leading often to difficulties in healthy integration of love and sexuality. These adaptive survival strategies are seen as necessary for one's own health and safety as responses to a hostile environment. As life continues and the threat has passed, these adaptations are held in the body and imprinted in the nervous system. A limited awareness of those becomes an obstacle to one's authentic needs and wishes.

Dramatic Development and Developmental Trauma

Following NARM's developmental framework, I continue my discussion exploring its relation to two of the most widely recognised developmental paradigms within dramatherapy, the Embodiment-Projection-Role (EPR) (Jennings, 1999) and Neuro-Dramatic-Play (NDP) (Jennings & Gerhardt, 2011). As EPR and NDP reflect the developmental stages of dramatic embodiment, expression, and play, I intend to explore how the two developmental models may converge, and whether an alliance between those may be beneficial in the healing of developmental trauma.

The EPR and NDP models were developed by Sue Jennings after observations of early years, and the attachment relationship through the lens of children's dramatic development through play. EPR follows the progression of dramatic play from birth to 7 years and is formed by the three stages of Embodiment, Projection, and Role. The stage of Embodiment refers to the time in development when we experience self and others by and through the body. The NDP model is an extension of the Embodiment stage which starts six months before birth and lasts until six months after birth. Here, sensory, rhythmic, and dramatic play have crucial importance in children's healthy attachment and wellbeing. Jennings (2015) speaks about the way in which trauma distorts infants' healthy development and suggests that returning to those early play stages can support healing. The stage of Projection, starting from 13 months to 3 years, refers to the play outside our body, and includes play with objects, art, and others. Lastly, the Role stage, which develops between 3 and 7 years, refers to as if play through enacting roles and

creating stories and characters. As these models have widely informed dramatherapists' work, I want to explore how their integration with NARM as a trauma-focused model of therapy can improve clinical practice.

In my work, I have integrated Jennings's dramatic development paradigms with the NARM theory on developmental needs and capacities. As both are informed by attachment theory, they highlight the impact that the lack of caregivers' attunement has on children's development. EPR elaborates specifically on the importance of all aspects of play for healthy attachment, development, and expression, whereas NARM introduces the five core needs as essential to one's overall capacity for healthy connection to self and others, and for wellbeing. EPR suggests that children or adults will have less capacity in one or all of these dramatic domains depending on which one was interrupted in childhood. NARM, on the other hand, suggests that individuals will develop certain survival strategies that later become obstacles to the fulfilment of needs essential to wellbeing.

A combined theoretical framework can be used to support therapists' working hypotheses and interventions by bringing together body and mind. EPR and NDP offer a structure informed by dramatic development and play, whereas NARM introduces a comprehensive theoretical and practical framework to address developmental trauma. This may be particularly useful when working with trauma due to the complexity of client presentations and how this can affect therapists' responses. For example, when clients present themselves with a limited capacity to name what they feel and to connect to themselves, we can suspect that difficulties stem from the first months of life during the Connection and Embodiment developmental stages. This can form a working hypothesis that the need for connection to self has been too threatening or unsafe. The therapists' attention may shift towards supporting safe reconnection to self and increasing the capacity for the body to become a safe place again. NARM suggests that healing happens when individuals reconnect with parts of themselves that they have been disconnected from because of trauma. This allows reconnection to their self-healing resources and capacities (Heller & LaPierre, 2012). The focus is therefore not necessarily on exploring what happened to them but on how interventions can support the connection to feeling safe again.

In Table 7.1, I introduce the developmental stages and associated needs and capacities as suggested by NARM in relation to the stages of Embodiment-Projection-Role, and their correlated embodied activities to promote associated therapeutic aims. This integrative framework offers an understanding of clients' difficulties under a developmental perspective and a path towards embodied interventions based on dramatic development to encourage re-connection and thus healing. Engagement with embodied activities such as sensory, rhythmic, or dramatic play may offer an opportunity toward restoring a sense of self in the body and inviting clients to remain

present in the here and now within a safe and supportive relationship. This may allow moving away from past adaptations and negative associations between the embodied sense of self and safety. For example, clients whose needs were not adequately met during the Connection or Embodiment developmental stages may present with difficulties related to their bodies such as persisting disconnection from their embodied experience, their felt sense as well as others. Interventions that allow them to reconnect with their bodies in safe ways may support these individuals to regain a sense of body and thus self. Due to this being the basis of healthy development, it can be predicted that these clients will experience challenges associated with the following stages. The question of how much progress one may make without resolving or at least acknowledging difficulties in this first stage will be considered when speaking about long-term therapy effectiveness.

Table 7.1 EPR and NARM Integrative Developmental Framework

Developmental stages	*NARM core needs and capacities*	*EPR developmental stages*	*Embodied methods to promote healing*	*Associated therapeutic aims*
0–6 months	Connection	Embodiment (NDP)	Sensory, rhythmic, and dramatic embodied play	To safely start reconnecting with the body's felt sense and others
6–18 months	Attunement	Embodiment (NDP) Projection	Sensory, rhythmic, and dramatic embodied play Play beyond the body, with toys, art, and with others	To develop capacity to recognise needs, obstacles and to overcome those
18 months–4 years	Trust	Projection Role	Play beyond the body, with toys, art, and with others Play through roles and stories	To develop capacity to trust and rehearse healthy dependence and interdependence
2–4 years	Autonomy	Role	Play through roles and stories	To explore capacity for setting healthy boundaries, saying 'no' and developing confidence in self
4–6 years 11–15 years	Love and sexuality	Role	Play through roles and stories	To discover, witness, and embrace all aspects of self, strengths, and flaws; to increase capacity for love of self and others

Other clients may present in therapy with more capacity to sense their bodies and connect to themselves but with challenges related to one of the other developmental stages. For instance, a client may present in therapy with difficulties in trusting others and maintaining relationships. As these difficulties seem to relate to the stages of Trust, Projection, and Role, therapy explorations can focus on the client's relationship with dependence and interdependence, and conflicts arising between the need for those. Projective play with objects may support clients in that stage to represent their fears and dilemmas, looking at them from a third perspective and from a distance. Storytelling and role further offer other means to experience patterns and rehearse changes and desired new ways of being. A final example to illustrate how this framework can be used is that of a client whose problems are related to setting boundaries or expressing themselves authentically. Here, difficulties may emerge from the developmental stage of Autonomy and Role. This time, the therapist interventions may be more focused on discovering barriers and fears to set boundaries. Clients in that stage may be supported through storytelling or role-based activities to help them discover more about themselves through the embodiment of new possibilities and perspectives. Consequently, in this model of work, it is both the embodied awareness

and experience that support clients in disidentifying with old behavioural patterns to promote effective results in therapy.

Having discussed this integrative theoretical framework, it is useful to highlight an element of shared language between the two approaches. NARM speaks about needs, capacities, and survival strategies, shifting from pathologising symptoms and behaviour. It validates and humanises individuals' experiences and supports them to deconstruct outdated responses that have obsolete usefulness. EPR in dramatherapy, on the other hand, discusses basic human needs of play, embodiment, and creative expression. It does not pathologise one's limited capacity for one or the other, but rather suggests revisiting those basic needs as means towards healing. These common concepts may be particularly useful when working with clients who have been chronically stigmatised or shamed about their experiences as they appear to promote acceptance and compassion towards human nature and ways of surviving. Such language may be valuable to therapists who wish to address complicated themes with clients and to invite them to explore those creatively through the safe distance of dramatic play. In that respect, the integration of these theories offers a structure through which chaos can be explored and contained to ensure the safety of both therapist and clients.

Dramatherapy and NARM in Practice

Heller (2018) suggests that all therapeutic approaches are based on an inherent metaprocess, or an underlying method that invites clients to pay attention to certain aspects of their experience more than others. In this section, I discuss NARM and dramatherapy underlying metaprocesses as well as their core approaches towards healing. I then further explore how these may meet and support one another in an integrative method for the healing of developmental trauma.

NARM and Mindfulness

The main process that underlies the NARM model is that of mindful awareness of self in the present moment (Heller, 2018). In recent years, there has been increasing evidence of the benefits of mindfulness in mental health outcomes, and it is now widely used as an intervention (Coronado-Montoya et al., 2016). The NARM method is built on two specific aspects of it: somatic mindfulness and mindful awareness of one's survival styles.

As Levine (2010) suggests, it is through the physical body's awareness that the mind can comprehend. NARM's metaprocess of somatic mindfulness reflects the fact that the body's internal sensations are crucial in the healing process. As we know, exposure to repeated trauma affects the person's nervous system function and relationship with their embodied felt sense (Levine, 2010; van der Kolk, 2014). Traumatised individuals learn to numb or disconnect from their body self to survive unbearable feelings. The

implicit cost of this is that their capacity to connect to pure joy, expansion, and aliveness also gets dulled. NARM as a model informed by the tradition of mindfulness and the knowledge of the nervous system invites individuals to stay present, name, and tolerate organised internal states. Somatic mindfulness is used as a method to increase capacity to recognise one's own somatic responses, thoughts, and feelings with the aim of supporting nervous system regulation. It is through this process that the clients' capacity for emotional regulation and experiences of joy and aliveness can grow. Sensing, naming, and identifying internal sensations is considered indeed one of the main steps to recovery (van der Kolk, 2014).

Additionally, NARM supports clients to recognise their adaptive survival styles and organising principles through mindful awareness. As the capacity for re-connecting to internal experience and self-regulation develops, clients start to become more self-aware of adaptations they had to make and to explore identity distortions. They are invited to explore the patterns preventing them from being present in their life and are encouraged to delve into this inquiry on the cognitive, emotional, and physiological levels of experience (Heller, 2018). Through this awareness, they acknowledge the conflicts in their experience and reconnect with their sense of agency to further resolve these.

Dramatherapy and Dramatic Embodiment

Although NARM uses aspects of mindfulness to allow reconnection and expansion, and invites observations on a somatic level, it is limited to verbal means of reflection and exploration. Jones (2007) summarised the core dramatherapy processes that support change within dramatherapy. These active and often non-verbal processes all involve embodied participation to a degree. Amongst the existing dramatherapy approaches (Johnson & Emunah, 2021), embodiment through theatre and drama techniques, or dramatic embodiment, is considered indeed one of the main vehicles to promote change. Langley (2006) suggests that it is the engagement in the dramatic process that promotes self-awareness and leads to transformation. Thus, dramatic embodiment, by inviting clients to shift their attention into the experience of the dramatic process, can be considered as dramatherapy's underlying metaprocess.

As earlier described, due to the impact of trauma on a physiological level, the benefits of dramatic embodiment within therapy will be considered. Through dramatic embodiment, clients are invited to express and encounter material in the here and now, in a way that 'the self is realised by and through the body' (Jones, 2007, p.113). As Levine (2010) suggests, having a relationship with the physical self is critical to connect to oneself and take appropriate action. In dramatherapy, the body is seen as the primary means by which communication occurs between self and other. Traumatised bodies

are overexerted in recognising pain and suffering, and often have limited space and capacity to achieve optimal levels of arousal and self-regulation. By allowing healthy reconnection to self through dramatic embodiment, creativity, and play, clients are offered a greater chance to enhance their relationship with their physical self. This subsequently increases their capacity for self and nervous system regulation especially when interventions based only on words have proved not to be enough.

This invitation for engagement with one's own body can be observed in other core dramatherapy processes as well. Those of dramatic projection, play, and role are especially reflected within the EPR and NDP models. Within dramatic projection, aspects of self or experiences are projected into dramatic materials or into enactment. Clients externalise inner conflicts and open a dramatic dialogue between the internal situation and the external expression of that situation (Jones, 2007). Dramatic projection offers clients a safe distance through which they can view aspects of themselves or experiences that have been too overwhelming to process otherwise. In addition, playing is seen as a process which promotes a flexible attitude towards situations and held ideas. Playing allows clients to experiment with new behaviours and take on new roles. It promotes a liberating sense of flexibility that can support clients to move away from survival strategies and maladaptive identifications (Cattanach, 1994). Finally, through role, clients are invited to explore themes in an as if dramatic reality, either directly by embodying characters or indirectly through projective objects such as puppets. Similar to play, role offers opportunities to discover new ways of being and expressing oneself. It is a chance to rehearse the desired change, making it less threatening and more visible.

To summarise, dramatic embodiment allows clients to engage and work through traumatic material without relying solely on verbal expression. Dramatic means may then take the lead in allowing clients to reconnect with their physical selves in less direct and thus safer ways.

NARM and Dramatherapy Approaches to Healing

Having discussed the underlying processes for each modality, I will now discuss their specific applications to healing. I will then reflect on how similarities between those support an alliance between the two models leading to an integrative method towards healing.

To begin with, the NARM approach consists of four pillars that provide a structure to the sessions (Heller & Kammer, 2022). The first pillar clarifies the therapeutic contract and invites clients to set their intention for the session. The second pillar continues with exploratory questions, gathering information and inviting clients to explore what gets in the way of their intention in all levels of experience (somatic, cognitive, and emotional) by remaining focused on the present moment. Then, the therapist's attention moves to

the third pillar which supports the client's sense of agency and ownership over their life story, by recognising the unconscious identifications and strategies that distort their sense of reality. The fourth and final pillar is a process of anchoring shifts in embodied experience of authentic connection. A conscious awareness of such moments is encouraged by reflecting on psychobiological shifts in all levels of experience. For NARM, it is through this process of connection that the capacity for self-regulation gets developed.

On the other hand, core aspects of dramatherapy practice that promote healing and change have been researched and summarised by Cassidy et al. (2014). Authors found four main processes that seem to underpin dramatherapists' interventions. These are working in the present moment, the here and now, establishing safety within the therapy space, working alongside the client by offering them control and choice over their therapy, and enabling clients' active involvement through the creative expressive means.

When comparing both therapies' main approaches to healing, it is evident that they share a common ground. They both remain focused on working in the present moment. They also invite an exploration of themes through curiosity and openness in a collaborative rather than directive manner, although within dramatherapy therapists may be actively involved in creative activities to support clients' explorations. Furthermore, both therapies focus on offering clients control and choice in therapy, thus sharing a commitment to promoting a sense of agency. The main difference between NARM and dramatherapy is the way through which they build on those main processes. NARM does this through verbal ways and by promoting somatic mindfulness, whereas dramatherapy works through non-verbal means that offer more options towards communication and explorations, whereby the body is directly (e.g. play, role) or less directly (e.g. dramatic projection) involved. Lastly, dramatherapy has been developed over the years to help a variety of clients rather than specific client groups. Consequently, dramatherapists who work with traumatised populations have integrated similar principles in their work, yet following a variety of different approaches (Sajnani & Johnson, 2014). NARM on the other hand, by putting forward processes based on mindfulness and the four pillars, offers a comprehensive framework to address developmental trauma.

I suggest that an alliance between the main aspects of the two modalities could effectively promote change and support therapists' practice. This alliance constitutes an original model that can be utilised to guide practice, although I also encourage that interventions remain experimental and informed by mindful presence and curiosity led by the client's needs.

In Table 7.2, I propose an integration of the four pillars structure as outlined by NARM with embodied means proven to promote change in dramatherapy. Following the structure of NARM's four pillars in therapy, I suggest dramatic means to support these pillars and overcome obstacles, specifically through embodied and non-verbal forms. For example, if clients find it hard to clarify and thus connect to their therapeutic intention verbally, therapists can invite them to explore or represent it through dramatic means. As discussed earlier, difficulties in finding one's own wish might relate to one of the very first survival adaptations. Non-verbal methods may therefore constitute more accessible means to represent and work through obstacles. By encouraging clients to represent aspects of themselves or their wishes in non-verbal ways, such as through movement, imagery, or art, an opportunity is created to re-establish a relationship to themselves and their future. Imagining another possibility, enacting or embodying it, may lead to its emergence and then verbalisation. When the intention is established, therapists can facilitate an exploration of themes or obstacles linked to clients' therapeutic intention through either verbal or embodied methods. Offering this choice is important as it also supports the third pillar in allowing clients to take control over when and which embodied means in therapy feel safe or suitable. It is important that embodied activities are presented in the form of invitations to those who have been violated because of trauma. By choosing or suggesting preferred ways of working, clients learn to regain agency. Finally, noticing positive shifts, such as authentic connection and expansion within or outside a dramatic activity, can support growth and change. An offer to represent such shifts through a dramatic form (e.g. movement) may further anchor and enhance somatic memory and embodied change.

Table 7.2 NARM pillars integrated with dramatic processes in therapy

NARM pillars in therapy	*Dramatic processes in therapy*
Setting the therapeutic intention	Representing or exploring intention through dramatic projection
Asking exploratory questions and exploring obstacles	Exploring creatively through dramatic embodiment, projection, play, and role
Reinforcing agency	Offering choice and control within and outside the dramatic activity
Reflecting and anchoring positive shifts	Tracking and reflecting back positive shifts within and outside the dramatic activity Anchoring shifts by inviting dramatic embodiment

To conclude, the NARM framework of mindfulness, core needs, capacities, and the four pillars can equip therapists with a structure to build on their sessions, while the dramatherapy core processes based on embodiment provide them with flexible tools to address, explore, and anchor moments of positive embodied connection further. With dramatherapy methods, the healing experience does not remain on a mindful somatic level but on an active embodied one to create new somatic memory. These processes promote flexibility and lead to greater emotional resilience. Clients may reach states of greater connection to themselves through dramatic embodiment, which may further enhance the rewiring of neural pathways (Heller & Kammer, 2022). Ultimately, greater tolerance of experience may promote and instil change.

Embodiment in the Relational Aspect of Healing

I now turn my discussion to the relational aspect of therapy as being another significant element towards healing developmental trauma (Herman, 2015). I further discuss its implications as an embodied dynamic process for both client and therapist. It is important to show how this embodied process may manifest within an integrative model and how therapists can manage or learn from their somatic involvement and responses.

The therapeutic relationship has been widely explored and proved to be one of the main factors of effectiveness in psychotherapy (Clarkson, 2003). In the field of developmental trauma, the relational aspect of healing seems of even greater importance. Because trauma has occurred within relationships, healing can only take place within a relational context (Herman, 2015). The therapeutic relationship can therefore be viewed as a co-embodied process and alliance between client and therapist whereby this space in between can also be explored through the integrative approach previously described.

Because dramatherapy is a creative form of therapy that often involves the therapist's active somatic involvement, the impact of this on therapists' wellbeing should be considered. In NARM, the therapist's bodily sensations are carefully examined by inviting therapists to mindfully track these and how they may impact on their practice. Both NARM and dramatherapy address the importance of the relationship between client and therapist in healing. The significance of the relational element of the NARM model is emphasised throughout its theoretical framework (Heller & Kammer, 2022; Vasquez, 2022). Apart from clients' embodied responses, NARM highlights therapists' capacity to use what they feel somatically as another method towards healing. It particularly addresses interventions led by the therapists' survival responses and how awareness of those prevents their interferences with the therapy process. This also refers to therapists' risk of developing secondary traumatisation and burnout. The therapists' wellbeing is addressed through the lens of mindful acceptance of their needs and limitations. In dramatherapy, the therapeutic relationship has been explored through a third element, that of the art form (Jones, 2007). This triangular relationship is seen as a key process within dramatherapy for the opportunity that it offers clients and therapists to explore relational themes that emerge in the therapy space through the dramatic medium. The art form offers another avenue and opportunity for complex or covert dynamics to be embodied and processed, leading to greater chances for relational healing.

Additionally, the NARM relational model describes a dynamic and embodied structure that supports and encourages therapists to remain interested in theirs and their clients' responses, and to use those effectively. Likewise, in dramatherapy, it is suggested that the therapist's capacities to work alongside the client in the present moment and to offer them control and choice contribute to change (Cassidy et al., 2014). In that

respect, the therapeutic relationship allows trauma survivors to re-establish their capacity for healthy connection to themselves and others, whilst also enabling a safe encounter within their own body in relation to another.

Within this integrative model of work, I suggest that the same openness and curiosity that are required in explorations with clients are maintained in relation to therapists' own somatic and survival responses. Reflective practice through dramatic methods may be particularly useful as a means for self-care when working with trauma. As embodied means are essential in trauma healing, they might also be vital for therapists to look after themselves whilst engaging in relational healing. This gives an opportunity to model an authentic therapeutic relationship built on respect and care for both self and the other.

Conclusion

I started this chapter with the first line of a Shakespearean sonnet that has a personal resonance for me and my journey to become a therapist. It has allowed me to reflect on the league that has been formed between NARM and dramatherapy, and how it can support 'being with' traumatised clients. In this chapter, I have explored how dramatherapy as an embodied therapy can be integrated with NARM as a modality specifically developed for healing developmental trauma. My aim was to especially address how dramatic embodiment alongside a comprehensive theoretical and practical framework on trauma may support clients and therapists in their quest towards healing. Additionally, it seemed of vital importance to address the relational aspect of healing and how integrative models of work may support therapists to feel confident, contained, and safe in their work.

As a dramatherapist, I felt prepared to enter the professional world with many creative tools and a great capacity to reflect on my work in both verbal and non-verbal ways. During my first years of practice, I lacked a clearer framework to support me with very complex dynamics whilst working with traumatised individuals. Interestingly, therapists from various backgrounds and experiences have suggested that NARM provides the essential knowledge and skills to be able to work with clients in a way that is 'enjoyable, effective, and may be more sustainable' (Vasquez, 2022, p.98).

Having presented this integrative model of work, it will be interesting to assess the application of this framework and its impact in practice. Due to its emphasis on the main processes in dramatherapy, this model has been developed to support practitioners trained in dramatherapy through its integration with a developmental trauma framework. It may be useful to explore further this integrative model's efficacy in clinical practice in three main areas. Firstly, by considering the way in which its structure may improve clinical outcomes. Secondly, by looking at how its application

supports dramatherapists' confidence and wellbeing. Lastly, by examining its application in groups since it has mainly been used in individual work.

To conclude, I hope that, as valuable dramatherapy processes and new concepts in NARM have been brought together in this chapter, the connections between trauma healing and embodiment will keep evolving and expanding further.

References

Cassidy, S., Turnbull, S., & Gumley, A. (2014). Exploring core processes facilitating therapeutic change in dramatherapy: A grounded theory analysis of published case studies. The Arts in Psychotherapy, 41(4), 353–365. https://doi.org/10.1016/j.aip.2014.07.003

Cattanach, A. (1994). The developmental model of dramatherapy. In S. Jennings, A. Cattanach, S. Mitchell., A. Chesner, & B. Meldrum (Eds.), The handbook of dramatherapy (pp. 28–40). Routledge.

Clarkson, P. (2003). The therapeutic relationship (2nd ed.). Whurr.

Coronado-Montoya, S., Levis, A. W., Kwakkenbos, L., Steele, R. J., Turner, E. H., & Thombs, B. D. (2016). Reporting of positive results in randomized controlled trials of mindfulness-based mental health interventions. PLoS ONE, 11(4), Article e0153220. https://doi.org/10.1371/journal.pone.0153220

Gruber, S. M., Stein, P. K., Kammer, B. J., & Heller, L. (2021). Perceived effectiveness of NeuroAffective Relational Model Therapy in treating characteristics of complex trauma. NARM Training Institute. Retrieved from https://narmtraining.com/articles-research/

Heller, L. (2018, December 26). Introduction to the NeuroAffective Relational ModelTM [NARM]. Dr Laurence Heller. Retrieved from https://drlaurenceheller.com/narm-introduction/

Heller, L. & Kammer, B. J. (2022). The practical guide for healing developmental trauma. North Atlantic Books.

Heller, L. & LaPierre, A. (2012). Healing developmental trauma: How early trauma affects self-regulation, self-image, and the capacity for relationship. North Atlantic Books.

Herman, J. L. (2015). Trauma and recovery: Aftermath of violence from domestic abuse to political terror. Basicbooks.

Jennings, S. (1999). Introduction to developmental playtherapy. Jessica Kingsley.

Jennings, S. (2015, September 15). Trauma: The body, the play and the drama. British Association for Counselling and Psychotherapy. Retrieved from www.bacp.co.uk/bacp-journals/bacp-children-young-people-and-families-journal/september-2015/trauma-the-body-the-play-and-the-drama/

Jennings, S. & Gerhardt, C. (2011). Healthy attachments and neuro-dramatic-play. Jessica Kingsley.

Johnson, D. R. & Emunah, R. (2021). Current approaches in drama therapy. Charles C Thomas.

Jones, P. (2007). Drama as therapy: Theory, practice and research (Vol. 1). Routledge.

Langley, D. M. (2006). An introduction to dramatherapy. Sage Publications.

Levine, P. A. (2010). In an unspoken voice: How the body releases trauma and restores goodness. North Atlantic.

Maercker, A. (2021). Development of the new CPTSD diagnosis for ICD-11. Borderline Personality Disorder and Emotion Dysregulation, 8(1). https://doi.org/10.1186/s40479-021-00148-8

Sajnani, N., and Johnson, D. R. (2014). Trauma-informed drama therapy; Transforming clinics, classrooms, and communities. Charles C Thomas.

Shakespeare, W. (2004). Shakespeare's sonnets (original work published 1609). (Edited by B. A. Mowat and P. Werstine). Simon & Schuster.

van der Kolk, B. (2014). The Body keeps the score: mind, brain and body in the transformation of trauma. Penguin Books.

Vasquez, J. A. (2022). Meaning making: Understanding professional quality of life for Neuroaffective Relational Model trained trauma therapists (Publication No. 29069087). [Doctoral Dissertation, Our Lady of the Lake University]. ProQuest Dissertations & Theses Global.