Development of Attunement Survival Style



Has its roots in the first two years of life.

Adequate: Baby received nourishment and learns regulation through attuned gaze, touch and secure holding. Needs are lovingly met.

Inadequate: Gross misattunement to basic needs. At first protest, then despair and resignation. Held in nervous system.

Babies "depress" their needs to match the lack of nurturing available, and some learn to attune to mothers' needs rather than their own. Done in attempt to earn attachment (which is life)!

Attunement Survival Style

Depressed and empty

I feel unfulfilled

I don't deserve

I am highly attuned to others

I'm ashamed when I need

Eating is filled with issues

I don't even know what I need

Feeling pleasure is hard for me

I'm afraid to express my needs

I fear people will leave me

I'll never get what I want

I'm proud on how little I can get by on

Common themes/dynamics



- **I need attunement but can't be safely attuned to.**
- **"You should know what I need!" " I love you…I take care of you…you have to love me." Angry pursuer.**
- **Too risky to express my needs clearly and directly (fear of rejection and disappointment and then self-shame).**
- **Low energy, dorsal dominant, poor muscle tone ("undercharged"). Pleading, yearning, "puppy dog" eyes, sense of emptiness in belly.**
- **Needs = "selfish", "a burden", abandonment, disappointment, shameful**
- **To protect attachment child gives up own needs to meet the needs of parents (ADAPTIVE!). Becomes family therapist/confidant, shoulder to cry on.**
- **Cost: Burn out, feeling bitter and unfulfilled, disordered eating, depression.**

Attunement Survival Style

Inhibited subtype: Depress feelings and needs. Needs are bad. Pride in restricting and deprivation. Restricted eating.

Unsatisfied subtype: Chronic sense of unfulfillment, very demanding while feeling there is never enough and feeling not enough. Overeating.

Moving to resolution

In NARM, we support clients to:

- Attune to their own needs. Express needs clearly and directly and take in the nourishment of a need being met.
- Work with what is getting in the way of increased capacity for feelings, aliveness, fulfillment, pleasure, and somatic expansion.
- Confronting tendency to act in or act out big feelings.
- Grieving the lack of attunement in childhood and resulting resignation and shut down.
- Integrating cut-off anger/healthy protest stymied in early development (“riding the wave”). Inner child portrayal: Express needs with responsive parent.

Moving to resolution

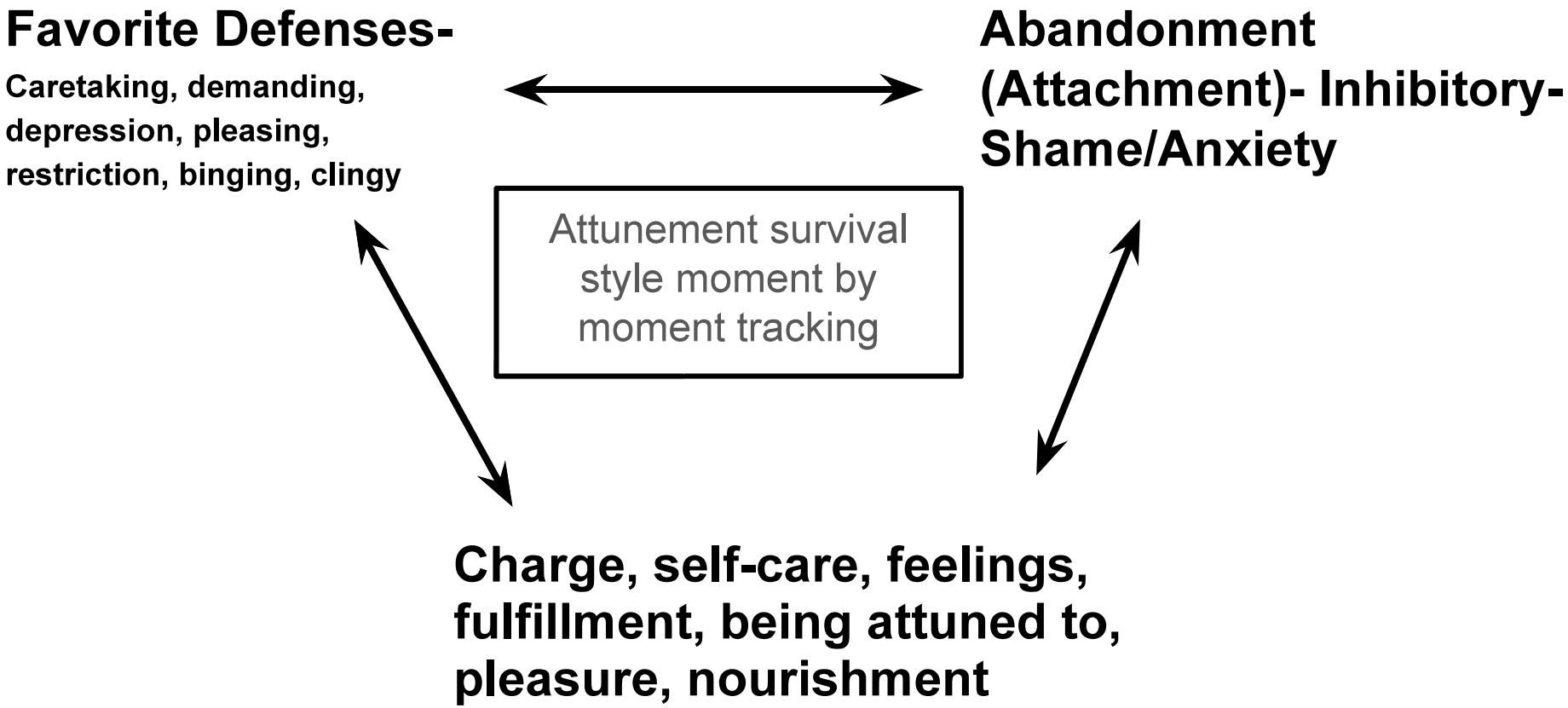
- **Healthy entitlement: I can attune to my needs AND be in relationship.**
- Working through core dilemma: “I want fulfillment, but I fear it.”
- Can I be with my feelings (sadness, anger, grief) when my needs are not met without rejecting myself? Remembering my inherent goodness/self-compassion.

Common countertransference dynamics: Wanting to feel indispensable, fear client will leave if I don’t meet their needs, going over time, a “never enough” feeling, burn out, gratification of client dependency.

The overall arc of therapy shifts from reliving experiences of abandonment and scarcity to learning how to tolerate expansion and pleasure on a physiological and emotional level.

The Reality

The Abandonment Already Happened


Favorite Defenses-
Caretaking, demanding, depression, pleasing, restriction, binging, clingy
Abandonment (Attachment)- Inhibitory- Shame/Anxiety
Attunement survival style moment by moment tracking
Charge, self-care, feelings, fulfillment, being attuned to, pleasure, nourishment