

THE ROLE OF FANTASY IN COMPLEX TRAUMA

Kathy Steele

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ADAPTIVE FANTASY

- Imagination (or adaptive fantasy) is an active experience that takes into account reality *and* the inner world,
- Improves adaptation and change, with more flexible internal functioning
- Fosters better integration among self-states within the client and with the client's relationships with others.
 - (Levy & Boaz Shalgi, 2022)

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MALADAPTIVE FANTASY

- Maladaptive fantasy isolates the client from their true sense of self
- And from an accurate sense of reality and connection with others.
 - (Levy & Boaz Shalgi, 2022)
- It fosters rigidity and limited adaptation
- It maintains psychological defenses

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INCORPORATING WORK WITH FANTASY IN THERAPY

- Psychoeducation about fantasies and their functions
- They help us understand who we are and who wish to be, and how we want the world to be
- What fantasies we have and how we relate to them are important, as they can influence our behavior and thoughts and feelings
- Normalize fantasy – everyone has fantasies (not specific to sexual fantasies)
- Fantasies are like thoughts and dreams – just part of inner life.
- They give insight into scripts, core beliefs, schemas, etc.

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INCORPORATING WORK WITH FANTASY IN THERAPY

- Be curious about your own fantasies as a person and therapist, in order to get more comfortable with working with them
- Be curious and invite your client to be curious about their fantasies
- Explore reluctance to share: shame, guilt, etc.
- Explore fantasies
- What is the theme?
- What is focused on the most in a fantasy??
- What emotions does the client have?
- What reality is being compensated for?

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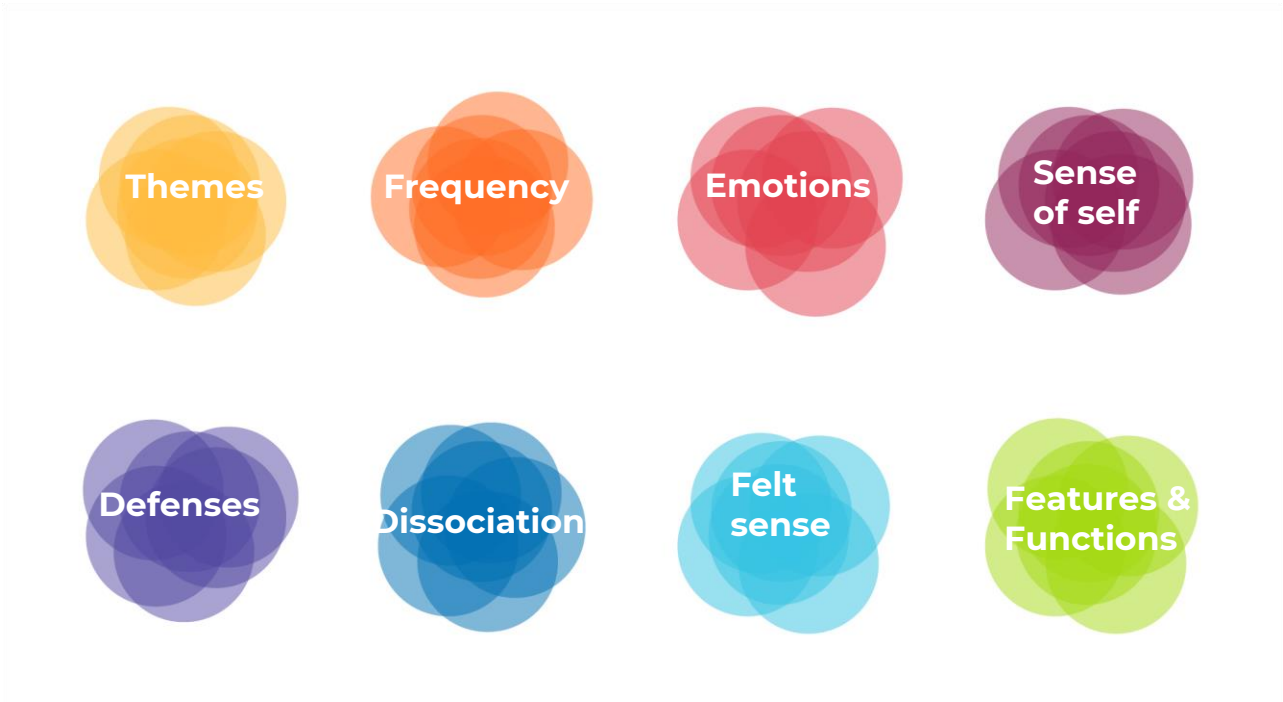
INCORPORATING WORK WITH FANTASY IN THERAPY

- How aligned or divergent from reality are the fantasies?
- How much time does the client spend in fantasy?
- How fixed is the fantasy? Or does it change in some ways?
- How positive or negative is the fantasy
- Negative fantasies are more associated with psychopathology in general.

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ADAPTIVE FANTASY

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ADAPTIVE FANTASY

- Client is able to know the difference between fantasy and reality
- The fantasy is conscious and malleable
- Adaptive fantasy enhances the client's capacities in reality
- Adaptive fantasy is limited rather than extensive and does not substitute for daily life
- Can involve a future orientation to explore what change will involve and what goals the client wants to have

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ADAPTIVE FANTASY IN PLANNING FOR THE FUTURE

- Directed fantasy can be used to plan for the future.
- What do you want the future to look like?
- How realistic is it?
- What would you need to do in the present to make your imagined future more likely?
- Do you include any negative experiences in your fantasy?
- How will you cope with hard situations in the future?

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ADAPTIVE FANTASY: FUTURE ORIENTATION

- 26 year old male fantasizes about having a family and stable job.
- He adjusts his reality, taking courses in college and finding a slightly better paying job.
- He stops drinking and partying so much.
- He reflects on what kind of person he would like to be with.
- He is interested in what helps motivate him and what he needs to do to achieve his goals.

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ADAPTIVE FANTASY: FUTURE ORIENTATION

- 64 year old female fantasizes about retirement.
- She imagines herself in realistic situations (for example, hiking with friends locally rather than scaling Mt. Everest)
- Her fantasies of trying different activities and lifestyles lead her to be curious in daily life about new activities and people.
- She also considers what she wants to stay the same in retirement, to provide a sense of continuity and stability.
- Slowly she explores new experiences in reality to see if they fit what she wants for herself in retirement.

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ADAPTIVE FANTASY: FUTURE ORIENTATION

- 55 year old male fantasizes about retiring to a new location.
- He gradually realizes that his fantasy is extremely limited, only visualizing himself walking on the beach with a beautiful ocean sunrise.
- He begins to imagine what his whole life would look like if he moved, and realized he had no other plans to fulfill his life other than moving to the beach.
- He shifted his fantasy to include a more comprehensive picture and realized he would be more satisfied staying where he was and making plans to go to the beach often.

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ADAPTIVE FANTASY IN TRAUMA RESOLUTION

- Any fantasies that supports trauma resolution must be distinguished from reality by the client
- The client must know and accept what really happened alongside the fantasy of being rescued, comforted, etc.
- The fantasy must not be a substitute for reality
- Substitute endings can be helpful for clients who are able to accept reality and have a creative imagination

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SUBSTITUTE ENDINGS FOR TRAUMA RESOLUTION

- Client can imagine the young self being rescued either by adult self or by an ideal figure
- The client can imagine being comforted in the past, and reminded that the trauma will end. The adult can tell the child self how things are in the present
- The client can imagine something happening to the perpetrator, such as having a heart attack or shrinking to a very small figure, or being imprisoned
- Client can imagine telling abuser that abuse will no longer be tolerated

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MALADAPTIVE DAYDREAMING

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MALADAPTIVE DAYDREAMING (ELI SOMER, 2002...)

- Extensive, sometimes compulsive, absorption in fantasy for several hours a day
- Inability to stop daydreaming
- Very detailed fantasies, including plot lines and characters
- Having real-life reactions to fantasies, like facial expressions, body movements, or verbalizations
- Difficulty concentrating or focusing on other things
- Sleep problems (especially falling asleep)
- Replaces relational interaction
- The urge to continue fantasizing when interrupted

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ASKING ABOUT CONSCIOUS FANTASY AND DAYDREAMS

- What takes place in your daydreams?
- How vivid and detailed are they?
- Are you part of the fantasy or do you simply observe other characters acting?
- What is the most important/intense/meaningful part of the fantasy?
- Can you stop yourself from daydreaming? Do you want to?
- Do your daydreams interfere with your daily life?

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MALADAPTIVE FANTASIES OF THE FUTURE: THERAPY

- Clients often come to therapy with fantasies of what they will be like when they complete therapy
- They are often unrealistic
- They do not anticipate what type of work they must do to achieve these changes or how hard it is to change
- Fantasies of future self may incorporate idealized images rather than realistic ones about self, others and the world

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ASKING ABOUT CONSCIOUS FANTASIES OR DAYDREAMS

- What is helpful or what is the best part about your daydream/fantasy to you?
- Do you experience any difficulties related to your daydreams?
- What major emotions are part of your fantasy?
- Do you ever share your fantasy with anyone else? What is it like to share it with me? Do you have concerns about sharing?

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ADDITIONAL INTERVENTIONS WITH CONSCIOUS FANTASIES OR DAYDREAMS

- May have an obsessive compulsive aspect, so treatment of OCD may help some clients
- Mindfulness and training the mind to stay present
- Reminders to stay present
- Reminders to stop fantasizing
- Finding positive experiences in the present
- Motivational interviewing for stopping fantasies

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“UNCONSCIOUS” FANTASY

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UNCONSCIOUS FANTASY AS DEFENSE

- Many traumatized clients have somewhat unconscious fantasies – they are not aware or are only vaguely aware of them.
- However, these fantasies motivate them to engage in particular relationships and behaviors that are imagined outcomes of the fantasy, so they influence how the client thinks and behaves in the present
- These fantasies typically involve idealization or devaluation of self and/or other

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UNCONSCIOUS FANTASIES

- These fantasies serve as major defenses against
 - Vulnerability
 - Helplessness / powerlessness
 - The pain of unmet needs
 - The pain of being unloved
 - Traumatic events and emotions
 - Responsibility and choice
 - Other

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UNCONSCIOUS FANTASIES

- The therapist may have to infer these fantasies as they are not typically clearly verbalized by the client
- We can see them in the narrative of how the client describes themselves in the present and future; how they think about the therapist; how they think about the perpetrator; how they generalize about others; and how they view the world and justice and fairness.

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THE SENSE OF SELF IN FANTASIES

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UNCONSCIOUS FANTASIES AND SENSE OF SELF

- These reinforce a solid sense of self in clients who actually feel quite fragile.
- Fantasies involve a particular idealized or devalued sense of self
 - Powerful, idealized self
 - Rescuer
 - Guru / helper / admired and sought after self
 - Top dog / winner / controlling and competent self
 - Victim, helpless, devalued self
 - Helpless and needing rescue
 - Getting needs met through victimization

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MERGING IDEALIZED AND DEVALUED FANTASIES

- Typically, an unrealistic sense of self (idealized or devalued) is paired with the opposite in the other
- Idealized self and devalued other
 - “I am smart; you are stupid”
 - “I am a helper; you can’t live without my help.”
- Devalued self and idealized other
 - “I am so bad and incompetent; you are so strong and wise; you can help me.”

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UNCONSCIOUS FANTASIES IN INVERSE NARCISSISM

- 62 year old female
- “If I hadn’t been so broken, I would have been a spiritual advisor and could have helped millions. I could have been another Oprah, and would have had millions of followers who could learn from my experiences and teachings.”
- Focus of the fantasy was on feeling admired, loved, and feeling completely whole and incredibly wise.
- Idealized self: Utterly and completely healed and wonderful, almost godlike

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UNCONSCIOUS FANTASIES IN NARCISSISM

- 62 year old female (same client)
- “But I am so broken. I suffer more than anyone else I know. My trauma was some of the very worst. There is no way I can heal from this. Nobody can possibly understand how much I suffer.”
- Devalued self – utterly and completely broken and irreparable; sense of being misunderstood

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FANTASY OF POWER

- 69 year old male, recovering alcoholic, autism spectrum, and history of undetermined trauma (poor memory). Was severely bullied and very thin as a boy
- He is an adolescent and is strong and can beat up bullies and take care of himself.
- Fantasy is relatively constant, keeping him distracted in daily life. He constantly works out in the gym to the point of self injury, so he can match the fantasy.

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UNCONSCIOUS FANTASIES OF CONTROL AND POWER

- 47 year old female imagines herself as the president of her company (she is mid-level management).
- In her fantasy everyone admires her, and she motivates everyone to do their best. No one ever leaves the company (in her current job she views people leaving their job as a betrayal of her and as not caring about her)
- In her fantasy, she is always able to get what she wants and needs at work and is entirely successful.

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WORKING WITH IDEALIZED SELF FANTASIES

- What is good about / what helps about this fantasy?
- Is there anything not good about this fantasy?
- How do you feel when you have this fantasy?
- Are there any experiences in daily life that help you have that good feeling? (trying to link to something in reality)
- When did that fantasy develop? How were you feeling about yourself at the time?

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WORKING WITH DEVALUED SELF FANTASIES

- What is good about / what helps about this fantasy?
- How do you feel when you have this fantasy?
- Is there any part of you that distinguishes between this extreme version of who you see yourself to be and a more realistic one? (even if you don't "feel" it is true?)
- When did you first imagine yourself that way?
- Are there experiences in daily life that don't fit very well with that view of yourself?
- Do you have compassion for yourself as that suffering figure?

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WORKING WITH DEVALUED AND IDEALIZED SELF FANTASIES

- What would the “good” self say to the “bad” self?
- How is it to communicate between these two senses of who you are?
- Can each side have a bit of compassion for the other?
- What do you suppose keeps these two parts of yourself separate?
- Can you imagine something in between these two extremes?
- What is that like?
- Do you have concerns that people (including therapist) will not accept the “bad” self? How do you manage that?
- What are the values of each self? Do they clash or are they similar? How does that affect you to realize something about the values of each part?

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FANTASY IN THE DEVELOPMENT OF DISSOCIATIVE PARTS

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FANTASY IN THE DEVELOPMENT OF DISSOCIATIVE PARTS

- Dissociative parts are based on fantasy.
- All parts are based on fantasy representations of how the client views self and others in the past
- Parts may be based on imaginary playmates, admired characters in books or movies, or constructive from the child's fantasy

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FANTASIES OF BEING STRONG, INVINCIBLE, AND INVULNERABLE

- Example of personified defensive fantasies
- Parts based on fantasies of strength and power (e.g., Superman-like parts)
- Male parts in a female because “boys are strong and not abused”
- Female parts in males because “girls are not abused”

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NIGHTMARE FANTASIES OF THE ABUSIVE “MONSTER”

- Clients typically develop one or more dissociative parts based on the abuser
- These parts may be experienced as monstrous or demonic or like a menacing shadow, as the child cannot represent the abusive caregiver in human form
- These parts are often experienced as all knowing, all powerful and ever present (“He’s always watching me”)
- The “internal abuser” may be (is not always) more consistently abusive and more sadistic than the actual abuser

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FANTASIES OF THE CONSTANTLY TERRORIZED AND NEGLECTED CHILD

- Child parts are representations of times in the client’s life when terror and/or need and/or shame are overwhelming.
- The client views these parts as frozen in time and unable to be helped (by the client)
- Fantasies of rescue and caretaking are often held in these child parts

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OTHER FANTASIES AND DISSOCIATIVE PARTS

- Playful child that appears to hold joy, but has defensive functions to avoid pain
- Sexualized parts that use seductiveness and sex as defenses that gain pseudo-intimacy without the risk of vulnerability
- Parts that are objects (e.g., trees, rocks). These may serve a variety of defensive functions to protect, hide, soothe the client
- Parts that are dead or impaired. These serve as defensive functions against pain.

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FANTASIES OF REVENGE

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REVENGE FANTASY IN TRAUMA RESOLUTION

- Do revenge and punishment fantasies help clients resolve trauma?
- They do not seem to have much effect at all on trauma resolution. (Seebauer et al., 2014)
- And can lead to further dissatisfaction with justice outcomes in those who feel chronically disempowered (Lillie & Strelan, 2016)
- And may make a client more fearful of their own anger & rage
- What is more helpful is realizing safety and using safe imagery (safe space, etc.)
- And feeling more empowered in daily life
- And improving emotion regulation and tolerance with anger

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DEFENSIVE FUNCTIONS OF REVENGE / PUNISHMENT FANTASIES

- Solidifies sense of self as empowered and just
- Helps client avoid feelings of fear, shame, vulnerability, helplessness and suffering
- Projects on to the other these experiences, further distancing the client from them
- Validates the client's rage, which may feel overwhelming and shameful
- Maintains idealization, only now switched: The perpetrator is evil and the client is all good

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FANTASIES OF RAGE AND REVENGE

- 39 year old female had daily fantasies of torturing her abuser.
- She had a history of sitting outside his home at night with a gun, but never acted out.
- The most intense moment of the fantasy was seeing the perpetrator's face full of fear, helplessness and suffering.

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FANTASIES OF RAGE AND REVENGE

- 53 year old female was let go from her job.
- She had persistent fantasies of finding ways to hurt her boss, from damaging his car, to putting dead animals in his office, to faking documents that would get him in legal trouble.
- She never acted these out..
- She had a history 30 years prior of one incident of cutting a boyfriend's clothes up and dumping all his possessions out the window during a breakup (also involved alcohol and drugs)

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TREATMENT OF FANTASIES OF RAGE AND REVENGES

- These fantasies serve to fuel rage which strengthens a fragile sense of self
- They create a just world, in which every wound is met with equal or greater wounding.
- “I want him to feel what I feel.”
- The fantasy is if equal or greater hurt is inflicted, the client will no longer feel hurt or will feel sufficient satisfaction with the revenge that life can go on.

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TREATMENT OF FANTASIES OF RAGE AND REVENGES

- Mentalizing – What do you imagine the perpetrator was thinking? (making the perpetrator less of an all powerful monster)
- How do you deal with your vulnerability and helplessness?
- What are your values around payback, justice, forgiveness, and compassion? How do these fantasies fit with your values?
- How much punishment would be enough, and then what?
- Who would you be without these fantasies and without this rage?

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FANTASIES ABOUT THE THERAPIST

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DEVALUED FANTASY OF THE THERAPIST

- The therapist has been merged with the perpetrator and is not seen as a “real” person
- Therapist is viewed as evil, manipulative, sadistic, stupid, or incompetent
- “You just want my money”
- “You don’t care about me. You have a lot of clients. I am just one of many. You act like you are so bored.”
- “I know you want something from me; I just don’t know what it is yet.”
- “You can’t possibly help me or understand me.”
- “You offer such ridiculous, small interventions. How can you not know that these are of absolutely no use to me? Did you just read and pull those out or something?”

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IDEALIZED FANTASY OF THE THERAPIST

- Therapist as savior and rescuer
- Therapist as good / perfect parent
- Therapist as solution to suffering
- Fantasy of unlimited availability, wisdom and love
- Fantasy that therapist is not human, does not make mistakes ,and is always a “stronger, wiser” other.
- Absolves the client from responsibility for work in therapy and prevents realization of the past.

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SEXUAL FANTASIES

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SEXUAL FANTASIES

- Sexual fantasies may not be directly about sex, but are sometimes about power, control, rage, shame, vulnerability, etc.
- Important to explore the same as any other fantasy
- One caveat: A very few clients may find it exciting to share details of sexual fantasies (most find it shameful or embarrassing). For these few clients, details should be avoided, with a focus on process

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SEXUAL FANTASIES

- Sexual fantasies typically involve the same defensive strategies as other fantasies.
- May also be merged with fantasies of love and care
- Therapist needs to feel relatively comfortable asking about them

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SEXUAL FANTASIES

- What is the client focused on?
- Is the client part of the scene, watching the scene,
- What important dynamics are present – yearning for love, power, sadism, re-enactment of trauma?
- Is there anything in the fantasy about wishes for a different sexual preference or identity?
- Is erotic transference involved?
- What might the client be avoiding?

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FANTASIES OF UNRESOLVED TRAUMA

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FANTASIES OF PREOCCUPATION WITH UNRESOLVED TRAUMA

- Being held captive
- Death
- Suffering / pain
- Being rescued
- Being a rescuer
- Violence

(Sommer, Abu-Rayya, & Brenner, 2020)

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FANTASIES OF PREOCCUPATION WITH UNRESOLVED TRAUMA

- 38 year old male with chronic fantasies of being raped. Fixation was on the moment of penetration, in which he disappeared into a white cloud.
- Also looked at sadistic pornography for several hours each day.
- History of sexual abuse from ages 4 – 11 by a cousin who was six years older. Very poor memory of the abuse

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FANTASIES OF PREOCCUPATION WITH UNRESOLVED TRAUMA

- A young woman who was emotionally abused fantasized about being in a concentration camp, starving, lonely, abused, but somehow finding a way to survive
- She also imagined being beaten and then rescued

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FANTASY OF UNRESOLVED TRAUMA

- A 52 year old woman was preoccupied with a fantasy of urine being transferred via a tube between her and another person, sometimes from her to the person, other times from the person to her (including the therapist). It was severely painful; something she felt she had to endure and did not understand.
- History of severe emotional, physical and sexual abuse, neglect and extreme poverty. Recalled being a severe bed wetter, sleeping with many siblings in a bed rotten from urine.

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THE THERAPIST'S FANTASIES

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THE THERAPIST'S FANTASIES OF SELF

- Fantasies of who we are as a therapist are important to explore
- May be somewhat idealized or devalued
- “I am an expert and help all my clients. It’s easy.”
- “I am not a very good therapist.”
- Sense of therapist-self may vacillate according to how well or poorly the client is doing, indicating the therapist does not yet have a stable therapist-self.
- Therapist-self should become congruent with personal-self over time. This is a developmental task of the therapist.

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THE THERAPIST'S FANTASIES OF THE CLIENT

- Therapists often have fantasies of what the client will or could be like after therapy.
- These may involve quite unrealistic ideas
- Must take into consideration the prognostic factors of the client
- What does the client want and what is the client's fantasy?
- What is more realistic?
- Can we stay with where the client is, rather than where we wish they could go?

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THE THERAPIST'S FANTASIES OF THE CLIENT IN SESSIONS

- Therapists often have fantasies of what the client experienced
- These images may be highly dysregulating
- Try not to make images of the abuse, but rather focus on the client in the present
- Intrusive fantasies of having certain feelings (anger, sexual, etc.) need to be explored in consultation and/or personal therapy. They offer rich material for the therapy if the therapist is not afraid of acting on them.

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