

# Embedded Suffering, Embodied Self: The Developmental Journey of the Trauma Therapist

Kathy Steele

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## The Body of the Therapist

- The Sitting Disease: physical costs of a sedentary job
- Holding the interpersonal field in our bodies
- Our clients' emotions and re-enactments
- Our own emotions and re-enactments
- How to be mindful of what our bodies are holding
- Learning to hold differently and letting go

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## Trauma Therapy: The Good

- ▶ Understanding the impact of trauma and neglect
- ▶ Focus on resolving traumatic memory
- ▶ Focus on the positive rewards of helping clients heal
- ▶ Focus on therapist as healer
- ▶ So many new approaches and techniques that are helpful
- ▶ Many clients are helped enormously

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## Trauma Therapy: The Bad 4

- ▶ Over-focus on resolving traumatic memory with under-focus on other developmental issues, lack of skills and deficits, and the need for pacing
- ▶ Over-focus on content instead of process
- ▶ Not enough focus on the therapeutic relationship and countertransference
- ▶ Over-focus on parts rather than the defenses, conflicts and avoidances
- ▶ Focus on the therapist as having the answers: the right skills, techniques
- ▶ The intense urge to rescue / save the client
- ▶ Boundary slippage
- ▶ Trauma survivors are as different as they are alike: one size does not fit all

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## Trauma Therapy: The Ugly 5

- ▶ Sustained intensity of the work and how much energy it can take
- ▶ Vicarious traumatization and burnout
- ▶ The frustration of not making progress
- ▶ Desperate rescue efforts
- ▶ The need to hold intolerable negative emotions and knowing
- ▶ Intense negative transference and countertransference
- ▶ Re-enactments
- ▶ Intense defenses and resistances
- ▶ The client as abuser

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### Being a Trauma Therapist

- It is messy, incomplete, imperfect, grueling, and very, very challenging
- It can affect our competence, self-worth, security, and hopefulness
- It involves our own imperfect relational styles, emotions and beliefs, for better and worse
- It involves learning to accept and endure our own pain and vulnerability

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## Trauma Therapy: Doing the Impossible

- Our journey begins by recognizing and accepting the paradox and mystery of our work.

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## Trauma Therapy: Doing the Impossible

- We are supposed to resonate with and be “receptacles” for the client’s intolerable emotions of rage, shame, fear, disgust, disempowerment, hatred, horror, and inevitable disappointment in us.
- We are supposed to remain non-defensive in the face of rejection, dismissal, demands, hatred, ridicule, and vicious blame that normally evoke defense.
- We are supposed to be grounded in reality, clear-headed, and highly focused in a context of confusion, avoidance, dissociation, dissimulation, and distortion.

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## Trauma Therapy: Doing the Impossible

- We are supposed to remain balanced and tolerant of ambivalence in the face of the client’s all or nothing, black and white world.
- We are supposed to bear witness to shattered lives without becoming hopeless, rescuing, overwhelmed, or blaming ourselves or our clients.

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## Trauma Therapy: Doing the Impossible

- We are supposed to “help” by empowering the client, rather than doing for the client, while our caregiving motivational system is highly activated.

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## Trauma Therapy: Doing the Impossible

- We are supposed to develop relationships with people who vigorously avoid relationships or desperately seek them as an external solution
- We are supposed to do all this in a few sessions!

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## The Pain Paradox

- The more we suppress, deny, or avoid real pain, the more suffering we experience.
- The more we can accept pain and make meaning from the experience, the less suffering we have.

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## Embedded Suffering

- The experience of being in suffering without
  - Hope
  - Reflective awareness
  - Perspective
  - Ability to regulate
  - Ability to act with agency
- Involves somatic, cognitive, emotional experience
  - Impacts sense of self
  - Impacts sense of agency
  - Impacts sense of dignity and worth

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## Embedded Suffering

- Involves the desperate need to rid oneself (or one's client) of pain
- The pain is experienced as unbearable (for the client, the therapist, or both)
- There is no reflection
- There is no mindfulness
- There is no relaxation or rest breaks or positive distractions
- There is no acceptance of the moment
- Only the urgency to act and "do" something

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## Embodied Self

- The Embodied Self is the ongoing active construction of self. It is the embodiment of ongoing behavioral patterns — how we engage with our environment— that creates and maintains attunement within our inner and outer lives

(Cook-Cottone, 2006; Cook-Cottone, 2015a, 2015b)

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## Embodied Self

- Integration is not what the self does, it is what the self is. (Loevinger, 1976)
- We are a living work of art that is dynamic and every-changing.
- This applies not only to our clients, but us.

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## Embodied Self

- The ability to accept reality (our adaptive construction of reality) as it is
- This often means accepting a “common shared reality,” but not always
- Then acting in the world on that acceptance through
  - Meaning making
  - Cognitive, emotional, physical, relational, communal, and spiritual changes and adaptations

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## Embodied Self

- As therapists, we have to accept that our client’s suffering in the moment cannot be always be fixed immediately
- We must resist the urgency of always “doing” something “now” to get rid of suffering/pain
- Rather we need to help our clients engage with us and with themselves in the moment.

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Embedded Suffering	Embodied Self
<ul style="list-style-type: none"> <li>• Content-oriented</li> <li>• Focus on extinguishing experience / emotion</li> <li>• Focus on past experience</li> <li>• Focus on pain and suffering</li> <li>• Lack of meaning and purpose</li> <li>• Focus on deficits</li> <li>• Hope for rescue</li> <li>• Non-realization and lack of integration</li> </ul>	<ul style="list-style-type: none"> <li>• Process-oriented</li> <li>• Focus on understanding and accepting</li> <li>• Focus on the present (presentification)</li> <li>• Focus on positive experience (acceptance)</li> <li>• Generative meaning and purpose</li> <li>• Focus on nourishment</li> <li>• Hope for self agency</li> <li>• Realization and integration</li> </ul>

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### From Embedded Suffering to Embodied Self

- The journey of the therapist is two-fold
  - To support the client in moving from embedded suffering to an embodied self
  - To support ourselves as therapists in accepting and experiencing embedded suffering in ourselves and in our clients, and to move toward a more embodied self
  - That encompasses and integrates our professional self and personal self

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### Embodied Self

- We have to deal with our own urgency in the face of the client's suffering
- And with the suffering/pain we might experience because we feel helpless and hopeless to "do" something
- The first task is to understand and accept our own suffering.

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## Embedded Suffering to Embodied Self

- As therapists we must take into account our own humanity:
  - Our own fallibility
  - Our own vulnerability
  - Our own dynamic flux
  - Our situation and the world around us

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## Development of the “Trauma” Therapist

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## Development of the Therapist



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## The Journey of the Trauma Therapist

Like all journeys, the journey of the trauma therapist is to find a way home, back to yourself.

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## The Whole Person of the Therapist

- We are affected physically, emotionally, and mentally by our work:
- How we define ourselves
- The stories we hear
- The relational experiences in the room (positive and negative)
- The pressures of our profession to produce, help, not make mistakes, etc.
- The controversies in our field

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## The New Trauma Therapist

- We are both too uncertain and too certain about our work
- We both hold back and go too fast.
- We cannot see what we are unable yet to see
- There is sometimes little nuance in our approach
- We are overly focused on content and unsure of process
- But we are enthusiastic, fresh, warm, caring, energetic, willing to learn: these qualities are of great help to clients

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## Maladaptive Belief Systems of the Therapist

- I can help everyone who comes to me for therapy
- I am responsible for relieving the suffering of my client
- Trauma clients need more of me than the usual client
- I need to be available most of the time for my clients
- I must give my clients what they demand ("I don't know how to say 'no.'")
- I am afraid that saying "no" will hurt my client
- I cannot tolerate my client feeling hurt by me
- I cannot tolerate my own discomfort when I do not help the client / give what the client demands / when I need to say "no"

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## The Middle Stages of Being a Trauma Therapist

- We feel more settled with our own competence, more aware of our limitations
- We still are fresh and eager to learn
- We are more nuanced and careful, while more willing to take calculated risks
- We are careful about continuing our own therapy and consultation
- We may experience our first episode of burn-out or vicarious traumatization

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## The Late Stages of Being a Trauma Therapist

- We continue to be eager to learn
- Our personal and professional selves become more congruent
- While we value our competence, we are ever more aware of what we do not know
- We tend to be more integrative and flexible in therapy without losing boundaries or our focus on mutually shared therapeutic goals
- We may encounter our own existential issues as we age

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## The Therapist as Wounded Healer

- Our own history of trauma or other kinds of suffering may be activated by the client's suffering, which mirrors our own.
- Thus, dealing with our own history is essential, to the degree possible, before working with trauma survivors
- And dealing with new aspects of our suffering that come up in reaction to our patient's suffering is also important

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## Balancing Hope

- Hope must be balanced with realism
- What is likely to be possible, given what I know about myself and my client?
- And given the time we likely have together?
- What are reasonable short term goals, versus long term goals?

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## Relentless Hope

- Our clients can maintain a defensive fantasy that their childhood could be different, and/or that the therapist will provide perfect love and care and rescue
- Therapist may have a parallel fantasy that all will be well once traumatic memories are processed, or that the therapeutic relationship will be completely healing.

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## The Cost of Caring

- We do care about our clients and how they are doing.
- When they are not doing well or not making progress, our caring may become confused with caretaking
- We may then “need” the client to get better

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## When Helping You Hurts Me

- Balance between helping others (clients) and caring for ourselves
- Can you think of a time when you tried to help a client at your own expense?
- Or when you worked with a client and the interactions were so toxic that you were seriously impacted by them?

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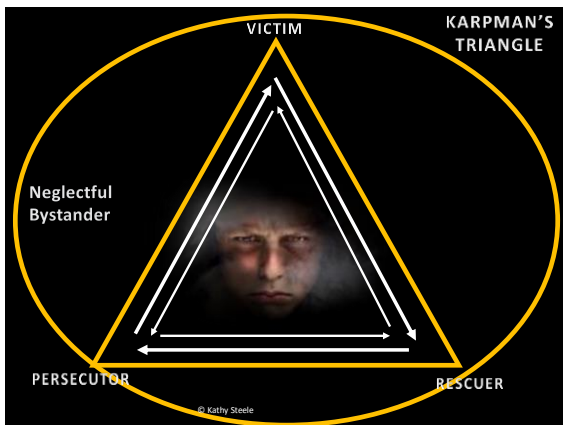
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## Attachment Bondage

- The therapist feels compelled to continue working with a client even though it is not a good fit, or the client is not improving, or the therapist is overwhelmed, because the therapist:
  - believes the “attachment” should not be interrupted
  - is afraid of hurting (or not helping) the client
  - is afraid of the client’s reaction (afraid to set limits)
- This is an **IN**secure attachment and cannot support a forward-moving therapy or development of earned secure attachment.

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## Attachment Bondage

- We therapists may be avoiding our own intolerable feelings of being unable to fix the client, or disappoint the client
- We must find ways to be reflective enough to recognize attachment bondage or open enough to hear a colleague gently confront us

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## Vicarious Traumatization

- The very fact that people do terrible things to each other affects us.
- Hearing these events up close and personally has tremendous impact.
- May throw us into existential crisis
- Or massive avoidance strategies

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## Vicarious Traumatization

- A disruption in the trauma therapist's perceived meaning and hope (McCann & Pearlman, 1990)
- VT is acquired through having **empathy** for our patients

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## Managing Our Existential Crises

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## Existential Issues

- Isolation and aloneness
- Meaning
- Suffering
- Freedom and responsibility
- Death and mortality

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## Existential Crisis

- How does it impact us to live on the edge of the abyss, pondering existential questions that have no actual answer, yet feel crucial to resolve?

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## Existential Crisis

- We can live in the moment with existential issues in the background.
- When they become foreground, we can lose the moment and experience crisis
- But shared exploration of these issues can bring us back home to ourselves

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## The Opportunity for Embodied Engagement

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**Embodied Engagement**

**The art of acting**  
 in the present,  
 including being  
 engaged with  
 ourselves as  
 dynamic, living  
 beings who are  
 constantly evolving,  
 as well as  
 with others,  
 and our world.

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**Embodied Engagement**

- We embrace the mysteries and paradoxes of our work, and ultimately of our own lives
- We welcome our own humanity with humility (including our incompetence, limitations, and vulnerability)
- We accept existential struggles and share them with others
- We engage in the best ways we know how, with ourselves, with others, and with the world

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**Embodied Self: Areas of Growth**

- Liveliness
- Interest
- Movement of experience
- Generativity
- Integrity (Integrativeness)
- Dignity
- Spirituality
- Ethics
- Nourishment

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What I discovered on my journey

I am less certain than I used to be of my therapeutic approaches, and that is OK

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What I discovered on my journey

Treatment is often not quick or easy, and sometimes not successful

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What I discovered on my journey

I am not effective with all clients and a few of my clients will not improve significantly, and I can still be a good therapist

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What I discovered on my journey

Periods of burn out and secondary traumatization are developmentally normal and are not a failure

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What I discovered on my journey

We will experience our own existential struggles and crises, which can impact the quality of our personal and professional lives

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What I discovered on my journey

When we care for our clients at the expense of our own needs, we do not help ourselves or our clients

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### What I discovered on my journey

Our work is a rich and precious opportunity to make meaning and participate in the full span of human experience

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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 be like after therapy and what the client is capable of in 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 of therapy?
- 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's Trauma and Suffering

- Therapists may have fantasies of what the client's trauma or their current suffering experienced
- These images/sensations may be highly dysregulating
- Try not to make images of the trauma, but rather focus on the client in the present
- Try not to imagine what the client's suffering is like. Stay grounded in your own experience

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