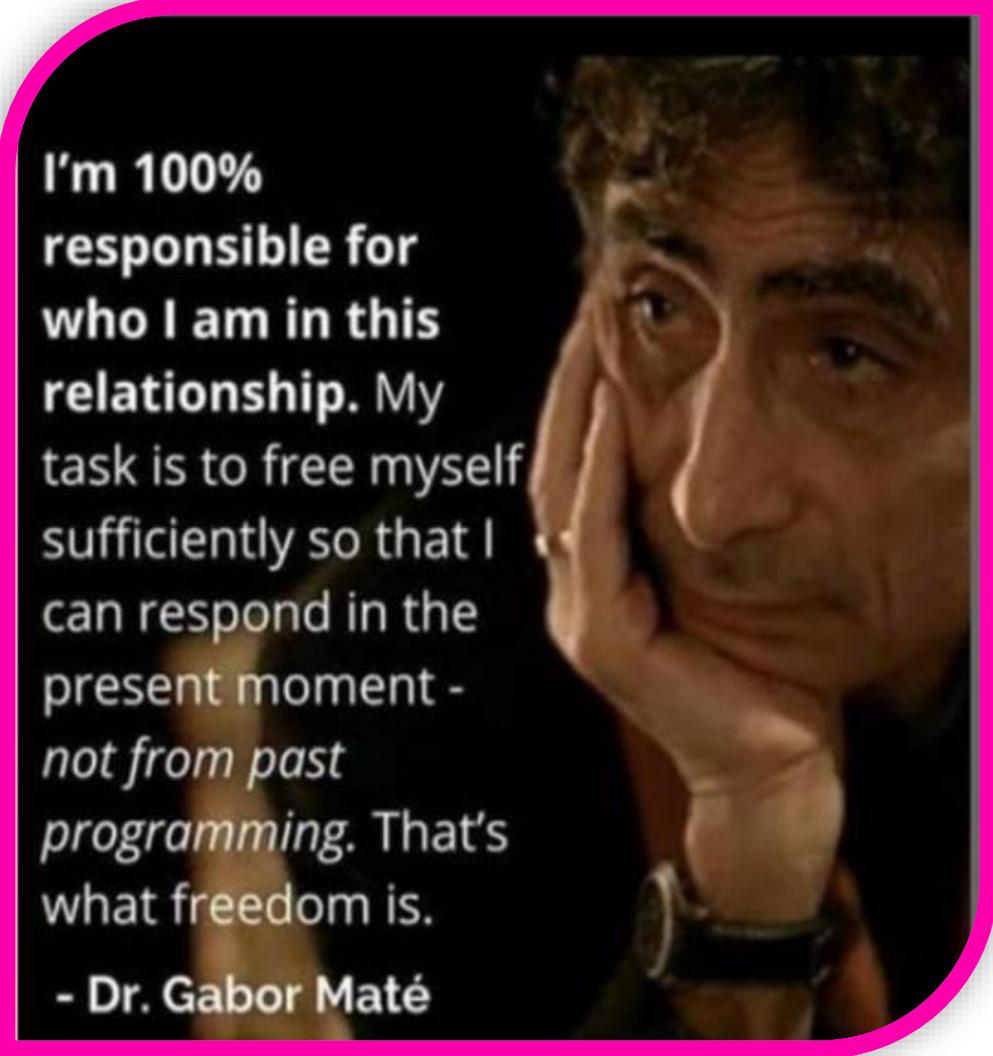




The Dance of Our Wounds in Therapeutic Relationships

Exploring Countertransference and its Connection
to Complex Developmental Trauma.
“The Answer”



I'm 100% responsible for who I am in this relationship. My task is to free myself sufficiently so that I can respond in the present moment - *not from past programming.* That's what freedom is.

- Dr. Gabor Maté



What did you do to stay safe and navigate challenge as a child?



What is in the way of your having greater connection to self and others?



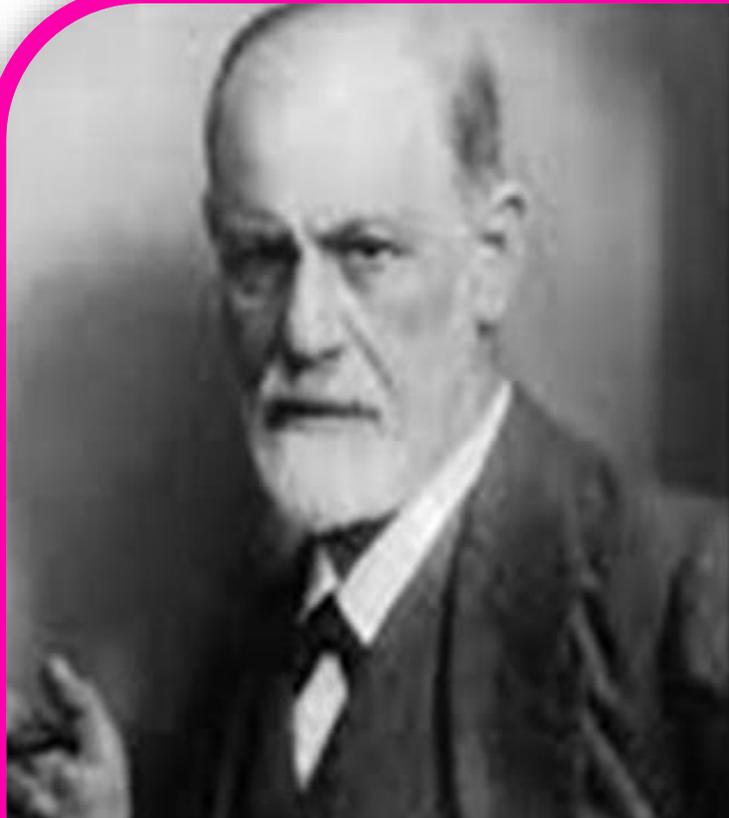
What do you notice internally for yourself as you reflect?

“

“Countertransference is present whenever a therapist brings in their own experiences to the extent they lose perspective of yours. It is there when their emotions and beliefs from their own past and color their response to you, or they let their personal opinions stop them from being objective. It involves a therapist mistakenly prioritizing his or her emotions and needs over yours.”

- *unknown*

”



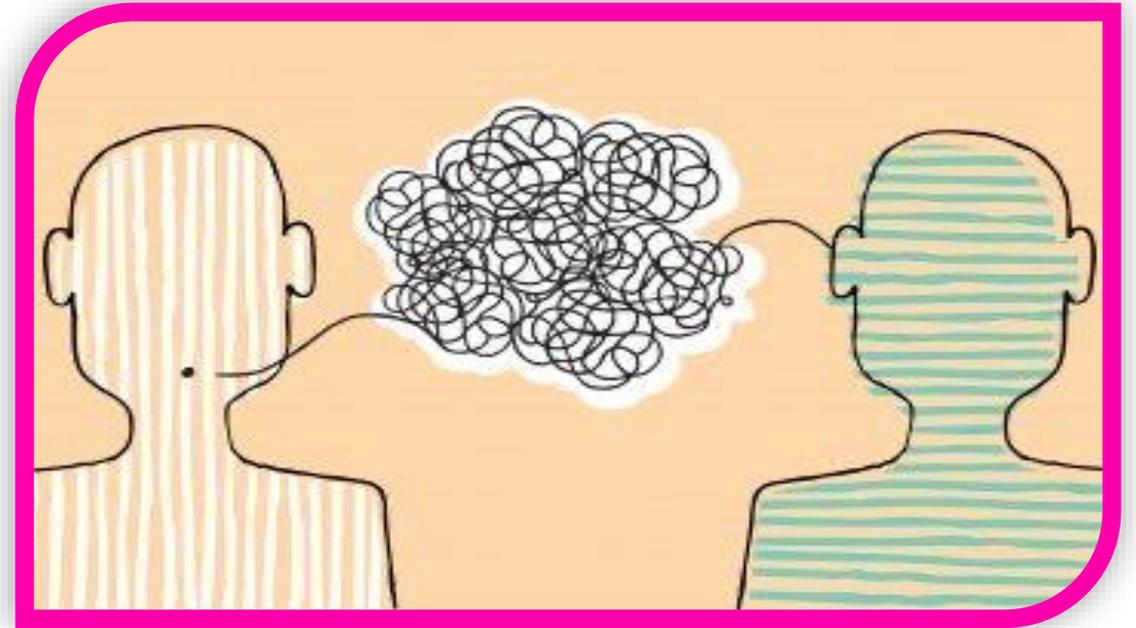
The doctor should be opaque to his patients and, like a mirror, should show them nothing but what is shown to him.

— Sigmund Freud —

- Countertransference is the therapist's unconscious acting out towards the client from a place of unhealed trauma. We then are reinforcing our patterns of survival in the therapeutic relationship.
- Therapist and client brings attachment patterns into the therapeutic relationship. Whatever we had to do "then" shows up in the session.
- When we are efforting and rescuing our clients, we cannot see them in the purest light. We often get in the way of their healing with agenda's and expectations.
- When the therapist acts out of their identification of being "the helper", "the caretaker", the "rescuer" we act as the "good parent" that the client may never have had. The client may feel good in these moments but it does not support the client's adult consciousness to embody that they are incredibly capable to making themselves feel whole and heal.
- Difficulty in being truly present and thus relating to our clients thru the lens of our caretakers or attachment figures. Reinforces spitting and sends the message we cannot handle their emotional distress.



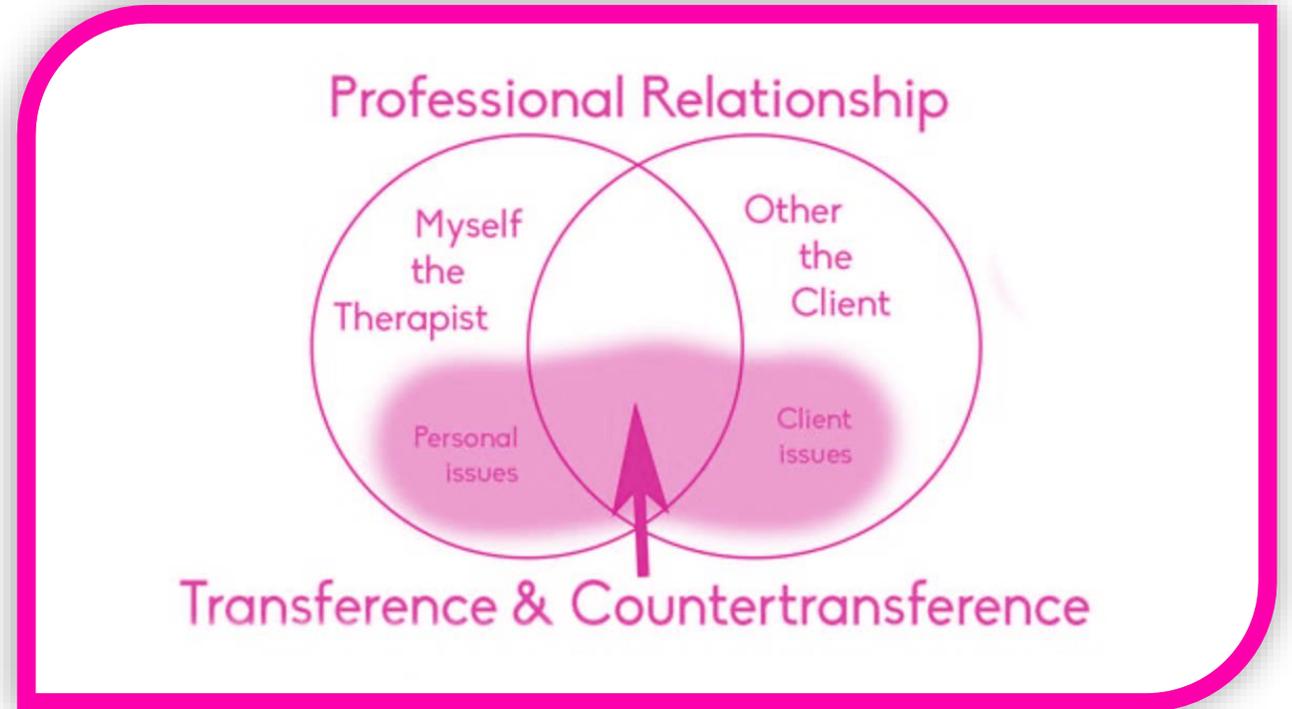
- Spending a significant amount of time engaged in self-disclosure.
- Being overly interested in insignificant details of a person's life may not be attending to or even recognizing the presence of countertransference.
- Physical and/or sexual attraction to the client.
- Overly sympathetic to the client's story.
- Giving the impression to the client that you can save them.





Countertransference
Emotional Entanglement

“The dance”



Your
Answer
is here

The Answer was once the solution and now is the problem.

- Our Answers were what we developed at the time that someone less than nurturing, traumatic or scary was happening. It was an adaptation. for safety and connection to our caregivers.
- We need connection to caregivers as it is life or death for a child.
- When experiencing trauma as a child, the child will never make themselves good in a chaotic or abusive environment.
- They will turn it on themselves in the form of self hatred, guilt or shame and essentially begin the process of self annihilation.
- The process of splitting occurs.
- The Answer begins to form as an adaptation to what is happening in the environment.
- Is there any curiosity you have in this moment for your own adaptations' that developed as a child?

In your office this can be a whole session. Finding what is Over- and Under- developed. Corresponds with Character Type chart on page 8. This is to begin to get an idea of what the client does under stress and what resources are needed.

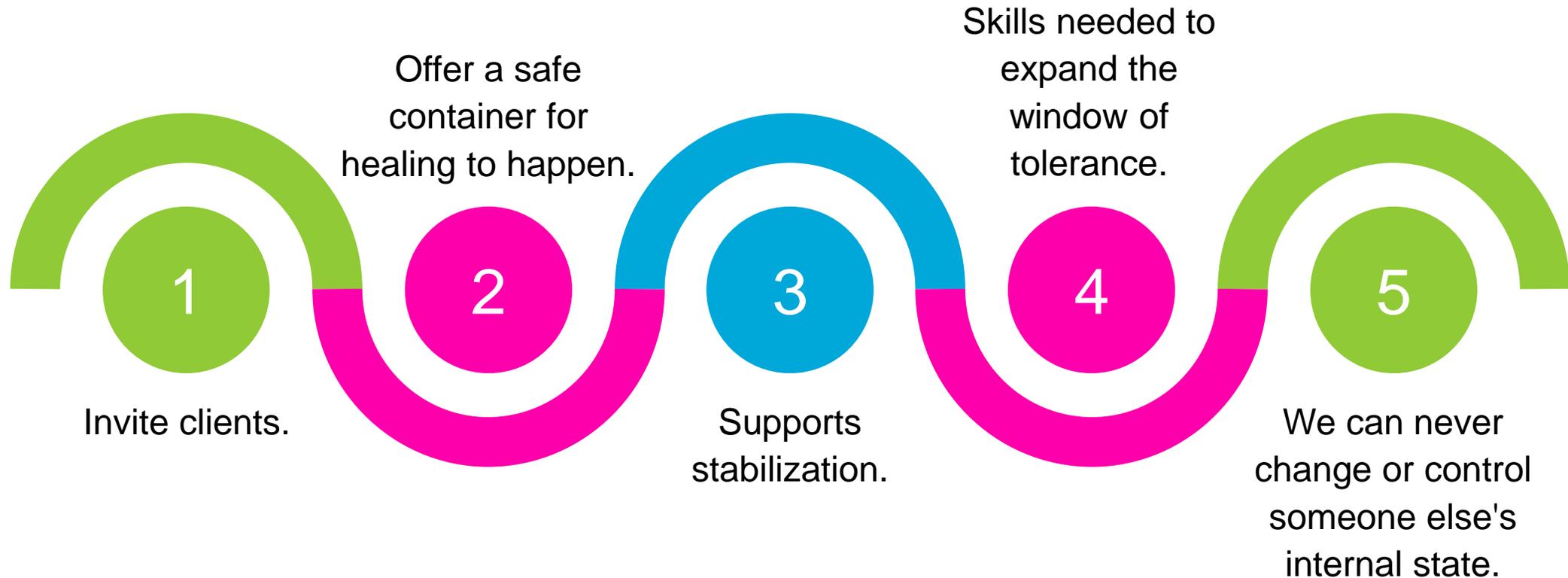
- What are you most proud of?
- What is difficult for you to do?
- What do you do when under stress?
- How do you handle extreme pressure?
- How are you with deadlines?
- How do you get your “way”?
- Is it easy for you to say “no”?
- Do you cry easily?
- What do you do when you are upset?
- Do you cry in front of others?
- Would you call yourself a “rule follower”?

- How do you deal with conflict?
- In an emergency situation what are you likely to do?
- Is it easy for you to ask for help?
- Is it difficult for you to accept help?
- How convincing are you?
- What are you likely to do when someone tells you “no”?
- How do you handle feedback or criticism?

- So it sounds like you are really good at _____ and it is harder for you to _____. (leave room for feedback from client, allowing them to correct you or agree with you.)
- And I’m guessing that when we are processing and you get close to pain you might _____. (again getting feedback from client, allowing them to correct you or agree with you.)
- You are identifying the strength, what is over developed and what is under-developed. Then predict what might happen when the client gets close to pain.
- I wonder what support you would need to begin to develop _____ (naming what is underdeveloped.. i.e. more of an ability to self-soothe) This becomes part of what you do in Phase 2, Preparation Phase.

Character Type	Possible Neg. Belief	Over-Developed	Under-Developed	Needed to hear
The Invisible One	I'm in danger. I'm going to die.	Disappearing, Survival Defenses, Sensitivity	Safety, grounding, staying present, feeling	"You are welcome here." "You are safe now."
The Emotional One	I'm in danger. It's not safe to feel safe.	Merging into other person. Knowing how others feel. Sensitivity.	Boundaries, ability to self-soothe.	"It is okay to feel safe when you are safe."
The Nice/ Non-threatening One	I'm helpless. I'm powerless.	Getting pity. Being a victim.	Personal power. Self-soothing.	"I'm here for you." "You can get your needs met."
The Independent One	I'm alone.	Competency. Ability to take control.	Asking for help. Trusting others to help.	"You can get support." "It's okay to ask for help."
The Rock	I don't matter. My needs don't matter.	Being dependable. Tolerating negative. Enduring suffering.	Knowing what they want. Asking for what they want. Action.	"What you want matters."
The Chameleon	I'm not enough.	Adaptation to environment. Ability to manipulate and adapt.	Being honest. Knowing who they are. Being straight forward.	"It's okay to just be you." "You matter."
The Hero	I'm not safe. I'm powerless.	Setting firm boundaries. Withstanding pain.	Being vulnerable. Connecting with authentic emotions.	"It is safe to connect."
The Doer	I need to be perfect. I'm not enough.	Energy, working hard, taking action.	Play. Connection. Self care.	"You don't have to work so hard." "It's okay to play."
The Life of the Party	I don't matter.	Energy. Fun. Action.	Rest. Being grounded and authentic.	"You matter." "You don't have to work to be noticed."

- What others do can trigger us deeply but it is not the underlying cause of how we are feeling in that moment.
- Not having awareness of our own Countertransference may support the idea that we are trying to make something happen that's not or take something away that is happening.
- Nonviolent communication is in alignment with Trauma Informed Care.
- Nonviolent communication promotes healthy connection.
- Instead of making the Answer go away, we want to support the idea of appreciating it and how helpful it has been in our lives. Appreciating how it helped us stay connected to our caregivers and navigate fear and chaos.
- Inviting curiosity – Curiosity and Trauma cannot co-exist
- Remembering our role as the therapist is to set conditions for healing to happen.
- Language – would you like to try something? I would like to invite you to just notice being here. And what tells you you're here in this moment.



Think of a client you work with and invite reflection

What do I feel
when I am with this
client?

What keeps me
from being effective
with this client?

Do I feel frustrated
with this client?

How does this
client affect me
compared to other
clients?

If the clients
Answer is
resistance, how to I
take that
information in?

PEOPLE HAVE 2 NEEDS

ATTACHMENT

AUTHENTICITY

WHEN AUTHENTICITY THREATENS ATTACHMENT

ATTACHMENT TRUMPS AUTHENTICITY

GABOR MATÉ

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