HANDOUT · 2018

Relational Complications in Current Trauma Therapy

Michael Soth

A handout produced jointly by Ilse Heitzler and Michael Soth exploring the relational complications which arise when current trauma therapy approaches — however valid and useful — are applied without sufficient attention to the transference-countertransference dynamic and the ways in which the therapeutic relationship itself can become a site of traumatic re-enactment.

KEY THEMES

— Current trauma therapy and its relational blind spots

— Transference-countertransference in trauma work

— When trauma techniques become counter-therapeutic

— The therapeutic relationship as both resource and risk in trauma work

— Integrating relational awareness with trauma-specific approaches

The Achievement and the Blind Spot

Current trauma therapy — including Somatic Experiencing, EMDR, sensorimotor approaches, and trauma-informed CBT — represents a genuine achievement. These approaches have given practitioners useful frameworks and techniques for working with trauma which go beyond what was available twenty or thirty years ago, and they have helped many people who had previously been unreachable by conventional psychotherapy.

But there is a significant blind spot in much of this work: the relational dimension. Most current trauma therapies were developed primarily as models of how trauma is stored and processed in the individual nervous system, and their techniques are primarily directed at that individual-nervous-system level. The relationship between therapist and client tends to be theorised primarily as a resource — a source of safety and regulation — rather than as a complex field in which the client's relational history (including their traumatic relational history) is inevitably enacted.

This is not a minor limitation. The majority of complex trauma has relational origins — it happened in the context of relationships which were supposed to provide safety but did not. The transference of this relational history onto the therapeutic relationship is therefore not a peripheral complication of trauma therapy but potentially its most central dynamic.

When Trauma Technique Becomes Counter-Therapeutic

When trauma therapy proceeds without sufficient attention to the transference, the therapeutic relationship can itself become traumatising — not because the therapist is incompetent or unethical, but because the very structure of the interaction replicates the traumatic relational pattern.

Consider, for example, the Somatic Experiencing approach of following the client's autonomic nervous system state and supporting its gradual titration towards regulation. This is often genuinely helpful. But if the client's trauma includes experiences of being managed, controlled, or directed by an authority figure, the therapist's expert guidance of their nervous system process may be unconsciously experienced as a repetition of that management — however sensitively it is offered.

Or consider the EMDR protocol's use of bilateral stimulation and structured questioning. For many clients this provides valuable processing of traumatic material. But for a client

whose trauma includes experiences of dissociation, depersonalisation, or being subjected to procedures without genuine consent, the protocol itself — however well-intentioned — may activate rather than resolve the traumatic state.

An Integrated Approach

An integrated approach to trauma therapy — one which takes both the neurophysiological and the relational dimensions seriously — requires the therapist to maintain ongoing awareness of both levels simultaneously: what is happening in the client's nervous system, and what is happening in the relationship between client and therapist as a full, complex human encounter.

This means being willing to slow down or pause trauma-focused protocols when the relational field is charged — when the working alliance is fragile, when the client seems to be relating to the therapist as a figure from their traumatic history rather than as a genuinely separate other, when the therapist's own countertransference suggests that something is happening in the room which the protocol is not designed to address.

It also means developing the therapist's own capacity for somatic attunement — not only to the client's nervous system state, but to the broader bodymind field of the relationship. The therapist's own embodied responses, their somatic countertransference, often contain the most precise information about what is happening in the relational field — particularly in those moments when the verbal and cognitive dimensions of the work are least reliable.

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