

Using Vulnerable Self-Disclosure to Treat Arrested Relational-Development in Complex PTSD

Along with many other tools, I use Vulnerable Self-Disclosure [VSD] to address the relational developmental arrests that are typical in Complex PTSD [CPTSD]. CPTSD is also now known as Developmental Trauma Disorder [DTD]. Perhaps the two most dire developmental arrests of CPTSD are the lack of a supportive relationship with oneself and the lack of a supportive relationship with anyone else.

Ongoing childhood trauma destroys self-esteem and the capacity to feel safe and sustained by others. Traumatic parenting turns the superego in the developing child into a totalitarian inner critic that spoils inner and outer relating with relational perfectionism. Continuous parental abuse, criticism and/or neglect also installs chronic toxic shame and intense social anxiety, both of which ruin relating to oneself and to others.

I use VSD to help survivors become more compassionate with themselves. This in turn gradually awakens an innate capacity to relate healthily to themselves and safe enough others. I will illustrate this below with five vignettes.

[This article expands my paper, “Emotional Flashback Management in Treating Complex PTSD”, first published on Psychoterapy.net, 9/2009.]

A Vignette Illustrating Vulnerable Self-Disclosure

I have been working weekly for six months with 48-year-old Jane, a newly licensed CBT psychotherapist, who believes that her cognitions should trump her emotions. She is often cruelly exasperated with herself for her unending struggles with anxiety and depression. “What’s wrong with me!?! Why don’t I just stop feeling this way? Why can’t I decide not to surrender to these traps? I’m such a loser! I can’t even master simple thought-stopping. What kind of screwed up person won’t even help themselves when They Know What To Do! How dare I pretend to be a therapist!?”

Jane is also reading my book, *Complex PTSD*, and waveringly thinks that her suffering springs from a childhood-induced perfectionism that she may or may not want to renounce. Periodically she jams on the pronouncement: “Perfectionism has actually helped me a lot!”

Today she says: “Pete, I’ve been thinking about your theory that my shame and anxiety come from my parents always looking at me in a negative light. I just can’t see how my perfectionism comes from that. My parents weren’t that bad!”

Jane drifts into thought and then continues: “I know what I just said but, I can’t stop seeing them as ‘The King and Queen of Negative-Noticing’. It’s awful but I have no memories of them seeing me in a positive light. Maybe that IS why I have this intense inner critic. I mean, when I was a kid, a ninety-nine on a test would typically be greeted with a scornful lecture on the missing one percent!”

I expand on this: “You know I think that when kids are constantly criticized, they are at risk of developing CPTSD. Being assailed continuously with a jaundiced view can make you adopt that stance as a belief. The outer ‘You’re bad’ voice eventually becomes an inner ‘I’m bad’ voice...and it never lets up”

“Yeah!?! I don’t know, Pete! I really am pretty bad. I’m a therapist and I can’t even help myself.”

“Well, Jane, I believe that is your inner critic talking now. It’s your internalized parents doing a number on you. Speaking from my own experience, I still sometimes jump on myself when I’m in an emotional flashback...I feel as ashamed and scared as if my mother was yelling at me with the disgust that used to pour out of her regularly.”

“Yeah, I get that” says Jane. “I mean I actually experience that a lot. I’m kind of glad I’m not the only one, but I still know that my parents really loved me.”

I pause and change tack: “Yes, I bet that they thought they were being loving...doing it for your own good. And, I apologize for all the psychoeducating...I guess I’m a bit stuck on some studies that show that kids who get a higher ratio of positive-to-negative attention develop better self-esteem.”

A moment of silence, and then Jane says: “Well, OK, I actually do get that! Them ALWAYS being so hard on me does look like how I’m ALWAYS so hard on myself. Even though it freaks me out to hear myself say it: ‘I pretty much hate myself all the time!’”

A short silence and she becomes teary...and then angry, and says: “I wish you could have heard my mother on the phone last night. She was so awful! Beyond nasty! Really! Part of me secretly calls her ‘The Queen of Dishing-It-Out’! God! What a disloyal little brat I am! But, OH! she went on and on about how ungrateful I am.”

Jane becomes silent for a moment, and then bursts out imitating her mother’s litany of slurs. Her mother’s toxic laundry list then seamlessly shifts into Jane resuming her own self-mocking.

Feeling sad for her, I interrupt her and gently point out that she is scorning herself with the exact same phrases and disgusted emotional tone that she just quoted from her mother. Her eyes moisten.

I shift focus and wonder out loud: “Can you feel...call up...some sympathy for that scared little girl who could never protest all that unfair...and dead wrong criticism...that little girl who spent so much time in the abyss of anxious shame and depression that your mother and father created...?”

She cuts me off: “Dammit! I can’t do anything right! You’ve given me this permission over and over, and I just refuse to be kind to myself! How can you even bear to be in the same room with me? I know I make people sick. How’d you get so good at hiding your disgust!?”

I feel a tremor of fear about her anger, but much more a tsunami of compassion for the horribly scapegoated child that she obviously was. It’s so sad that little children can be taught to hate themselves so mercilessly.

I decide to let my naturally occurring compassion become visible. I’ve been holding back my teariness since she self-disgustedly echoed her mother on the phone. But, now I lessen my resistance. I let my spontaneous tears about her pain well up in my eyes, without spilling, as a window into my caring.

These are the same tears I often have while empathizing with a sweet character in a movie who is being unfairly bullied -- the same compassionate tears that I have cried for the little boy in me a thousand times when I have been stuck in a memory of being verbally eviscerated by my mother -- the same tears that have released me from hundreds of overwhelming emotional flashbacks, ever since I learned to cry in self-compassion for my own pain.

Welling up is my most therapeutic self-disclosive tool. I “got permission” to use it from my own therapist who did the same with me decades ago, and instantly pumped my trust up to a level I had never experienced before.

I can see she’s taken aback and puzzled about how to respond. So, I say: “You know, you’re right, Jane. I have been hiding something. But it’s not disgust. It’s my instinctual compassion for you. It’s so sad to see you beat yourself up so viciously. I feel like I can see you as a little girl being bullied and picked on over and over by your scowling parents. I see how you had to parrot their toxic perspective of you to survive. You learned to beat them to the punch and endlessly echo their criticisms.”

Jane begins to tear up. Her body seems to relax and open up in receptivity.

I continue: “I feel sad when you bully yourself just like they did. I feel sad that there was no one around to tell you how awful and destructive they were being. You were an innocent child. Trying so hard to please them. No child deserves such treatment. No child. Not a single one! They Had No Right To Be So Mean To You!” I let a trace of anger temper the last sentence, modelling a healthy protective emotional response to bad parenting behavior.

And Glory Halleluiah! For the first time, Jane bursts into tears. After a really good cry, she says: “I don’t know why I’m crying? I must have deserved it! But it also feels good to hear you blame them. And I

do kind of feel sorry for the little girl that I was. Especially when she was so little...and SOO Loving! I mean I am a loving person! That's why I became a therapist!"

Wow that hit the spot, and here comes another lovely, releasing cloudburst of tears.

Her tears ebb and Jane says: "I think I'm beginning to get it! They really were abnormally mean. When I got off the phone with my mother last night, I got this image, that's also been rather intrusive lately: she and dad as a mean TV tag-team wrestling duo.

"Hmmm, maybe these sessions, and you sharing how much your parents were like mine, are helping me to see that...perhaps, it wasn't all my fault. And maybe I did go overboard in trying to be perfect to get them to like me and stop criticizing me. Maybe I can learn to stop imitating them!"

Many more tears come.

As this wave subsides, she says: "Oh my God, I have this awful image. THEY PUSHED ME OVERBOARD...And I never got back on board of the good strong ship that is me! I'm still desperately treading water in that ocean of depression and fear that they pushed me into!"

"Well Jane, I hope this isn't too much too soon, but...through no fault of your own...you got a bad hand from the parenting deck. Every child deserves copious love, and encouragement. Your parents really were derelict in their duty, and I hope we can use this experience to help you grow more compassion for how badly you were treated...and that we can grow that compassion into some inner self-protection against the process they indoctrinated you into of only noticing yourself in a negative way."

Vulnerable Self-Disclosure [VSD]

For two decades, most of my clients have sought my services in response to reading my books and website articles about Complex PTSD [www.pete-walker.com]. Many have told me that the vulnerable self-disclosures with which I illustrate recovery principles, helped them to overcome their fear and shame about seeking help.

I vividly remember a quavering voice on the phone: "I know this sounds dumb, but I'm terribly scared that I trust you...you might even be able to help me." I thanked her for her vulnerable honesty and reverberated: "I commend you on your bravery. I remember how hard and scary it was for me to seek therapy...not to mention, show up week after week feeling so vulnerable." Later, well into the therapy, she said: "You telling me that helped me so much to continue this long difficult journey, especially on the many occasions that I felt like giving up!"

Grateful feedback from trauma survivors continuously validates my use of VSD to ameliorate relational trauma. Now whether or not someone has read my book, I judiciously and sparingly share my own experiences of dealing egosyntonicly with issues that still plague them.

In so doing, I typically reveal parallel bits from my own trauma history in a self-accepting way. Commonly, this gradually reduces the pervasive self-blame that survivors were taught to hold towards their trauma symptoms. Eriksen said: "shame is blame turned against the self". Tragically, traumatizing parents teach survivors to blame themselves by shaming, attacking and emotionally abandoning them for their imperfections, miscues, taboo feelings and expressions of need.

Unconsciously hoping to gain safety and approval, such children adopt perfectionism as a coping strategy. To do so they copy their parents by endlessly attacking and shaming themselves for every less-than perfect-aspect of themselves. Worthless", "disgusting", "appalling", "fatally flawed" are very common, deeply ingrained self-identifications in CPTSD.

Survivors who have been motivated by the vulnerability of my writing frequently dive quickly into our work together and gradually learn to recognize, resist and shrink their toxic shame -- and its conjoined twin, perfectionism.

Once again, this is not simple, keeping-your-house-immaculate perfectionism. This is the one that demands perfect thinking, feeling, performing, interacting, etc. I encourage survivors to fight this impossible mandate and to grieve and vent vulnerably about being denied self-esteem...about never being seen as good enough.

To motivate them, I occasionally share that much of my release from toxic shame and chronic anxiety came from embracing my grief...from allowing myself to cry and anger self-compassionately about my parents' traumatizing abuse and neglect.

On other occasions, I sometimes model how I come to my own aid when I am, like them, circling the drain of toxic shame during an emotional flashback. One older man, who I worked with for years, once reported cheerfully to me that: "Thanks to learning your favorite tool of using your anger to set boundaries with your critic, my toxic shame is a mere shadow of its former self. I finally got how that old saying: 'The beatings will continue until morale improves' is the Catch 22 of the inner critic."

Therapeutic self-disclosure is rightfully controversial. It can and too often does devolve into narcissistic gratification. This can make VSD a slippery slope, yet there is a safe level ground where it is exquisitely therapeutic. We do not need to throw the baby of soothing commiseration out with the bathwater of countertherapeutic narcissistic gratification. Guidelines for a judicious use of self-disclosure are therefore listed at the end of this article, and hopefully modelled in the vignettes.

Developing Self-Compassion, Openness to Empathy & Mutuality with VSD

To address arrested relational-development, I focus on awakening three instinctual processes that are essential to healthy relating. These emotionally-based processes are Self-Compassion, Openness to Empathy, and Mutuality [mutual supportiveness in intimate relationships].

Here is an outline of my three-stage model for developing these three emotionally-based characteristics of relational intelligence.

1. During the first stage, I help survivors reconnect with their innate **Self-Compassion**. I guide them to improve their relationships with themselves -- to awaken their inborn empathy for themselves. With enough practice, self-compassion often naturally awakens the instinct of self-protection. As survivors care more for themselves, they naturally want to stand up for themselves when they are being attacked -- internally or externally. Untraumatized toddlers demonstrate this compassion for themselves by quickly and enthusiastically learning to say "No!" and "That's not fair!" when someone mistreats them.

2. During the second stage, I help my clients cultivate their **Openness to Empathy**. CPTSD-inducing parents rarely, or never, show empathy. Even worse, their punitive actions and words are often passed off as love and care. Subsequently, caring actions from others can feel triggering, frightening and/or phony. I use my vulnerability to inspire safety -- to open my clients to my comforting. Eventually this allows them to trust that someone else can be truly supportive.

3. During the third stage, I work to develop **Mutuality**, i.e., mutual supportiveness in relationship. Without mutuality, there is no true intimacy. Relationships are narcissistic when only one person is supported. With enough growth in the first two stages, many survivors naturally experience feelings of reciprocal *empathy*. Their arrested capacity to form intimate relationships based on reciprocal caring begins to develop.

At its most progressive, these three stages become interwoven. The client and I can then co-create a blueprint of what attachment theorists call an *earned secure attachment*. In best case scenarios, a secure attachment then manifests more fully with a friend or partner in the client's outside life.

1. Guiding the Development of Self-Compassion

If you Google: "Dr. Dan Siegel and Interpersonal Neurobiology", you will find enlightening videos and written material on the many scientific studies that show how essential compassion is for well-being and psychological health.

Vulnerable Self-Disclosure [VSD] is a potent tool for guiding survivors to fully accept themselves, warts and all. VSD can guide them to forgive themselves for their mistakes [real, purported or imagined]. Over time this helps deconstruct chronic negative self-noticing, and gradually replaces it with a self-perpetuating perspective of holding themselves in kindness.

As a silver lining, they often learn to renounce the prevailing culture's emotional perfectionism of "Don't Worry, Be Happy". They increasingly realize that they do not have to be perpetually shiny or performing at a hundred percent all the time to deserve love. More and more, they see themselves as worthy of their own love, no matter what.

Like many effective therapists, I use my compassion to help my clients discover and develop their own self-compassion. I consistently model kindness for my own dysphoric feelings and CPTSD symptoms, and I always choose examples analogous to their current suffering. I must, of course, have sufficiently "digested" these events.

Here are some examples: "I caught that virus too. I feel kind of crappy today"; "Yeah, I feel for you. My best friend moved out of town last year, and the loss of him living nearby, still recurringly makes me feel sad"; "I hear you. What Trump said yesterday about women makes me wish him an especially bad hair day!"

Reverberating with a tone that demonstrates acceptance of my matching pain, helps authenticate my compassion. Eventually, many clients realize that they can be sympathetic with themselves when they are in pain.

Here are a few more brief examples: "Yes, Carol, my mother was mean like yours, and Mother's Day sometimes feels like cruel mockery to me too!"; "Jim, I hate that he did that; bullies like your father and mine really piss me off!"; "Yes, Tamika, I also once ran into the back of a car when I was spacing out! I was so mortified...and scared!"; "You know, Ramon, I really get it. Waking up depressed is one of my most unfavorite things! But these days, I am usually able to be especially kind to myself at such times."

I have repeatedly found that apologizing for miscues in sessions is especially therapeutic. When I apologize, I do so with a tone of mild sorrow and self-kindness to model that self-esteem can survive mistakes. This also models healthy rapport-repair.

Here are how my apologies sometimes sound: "I'm sorry Nancy, I really misheard you then; and I'd really like to get it. Would you please explain it to me again?"; "I'm sorry I forgot that you told me that already. I think my regret about it will help me hold onto that information."

Such interventions deepen a sense of safety. Often it helps clients to become increasingly disclosive of their own flaws, and eventually forgiving of their own mistakes. Put another way, VSD can model that human beings can be "good enough", in the Winnicottian sense, despite their lapses, slip-ups and imperfections

As survivors learn to grieve out their childhood pain with self-compassion, they increasingly feel relief; they diminish their habits of self-attack and self-abandonment. Over time, deeply ingrained self-blame [toxic shame] gives way to kindhearted self-forgiveness. Moreover, as self-compassion deepens, the developmentally arrested instinct of self-protection often awakens.

Tragically, most traumatizing parents punish children who protest being abused with especially scathing vehemence. Children's healthy assertiveness can be lost for their whole lives. The door that blocks healthy self-protection, therefore, typically opens creakingly. I often use vulnerable self-disclosure to oil its hinges. The oil itself is my recovered anger – the healthy, innate feeling response to unfairness, exploitation, hostility and short-shrift that is inborn in all humans.

Here is a brief example of how I emotionally self-disclose to stimulate healthy self-protective anger: "I'm feeling pissed off at your parents right now for teaching you to be so chronically mean to yourself. I also hated myself for the same reason well into my forties.

"Thankfully, I finally understood that my parents forced me to unfairly blame myself for everything, even things that were clearly theirs or someone else's fault. More and more, as I angrily vented about this, my shaming, self-blaming critic diminished.

"So, I hope you'll consider joining me in being mad at your parents for making you habitually turn your anger against yourself. Let's build the part of yourself that can 'Just Say No' to self-attack."

A Vignette about Awakening Self-Compassion

Liz and I have been working together for almost a year. Today she comes in reeling from being left by her fourth partner in three years. She is drowning in shame, and berating herself mercilessly with a cat o' nine tails of her "fatal flaws".

"Why wouldn't they leave me? Even I can't stand myself. I'm such a loser...an ugly retard-loser. Oh shit! Listen to me! I'm such a waste of space that I can't even beat myself up right. 'Retard' is such a politically incorrect word!"

I have heard so much of this in past sessions that I could interrupt her and pick up her litany perfectly like a parrot. Perish the thought! Instead, I opt to model compassionate self-care. "I'm sorry but I have to stop you. I feel so sad hearing you imitating your parents. I feel like a witness to violent bullying who is tacitly approving it by not doing anything to stop it. Your parents were so endlessly unkind to you, that you were forced to join them in treating yourself the same way!

"Liz, I know you well enough now to insist that you are good person with a good heart and a host of other qualities. You don't have to let your parents get away with brainwashing you into always blaming yourself. That partner who just left you was your fourth narcissist in a row, and he scapegoated you almost exactly like your parents did!"

I let myself become teary...sad from both compassion for her and from remembering how I too used to abandon myself so codependently to narcissists. I say: "It's cataclysmically unfair, Liz, especially as you're such a loving person. It's so ironic! You're actually too loving...EXCEPT to yourself!"

Ah! Pay dirt! Her eyes are welling...and here come her tears...and perhaps the chance to morph them into self-compassion.

I let her cry silently with a few soft encouraging "Yeses". Suddenly, her face begins to scrunch up, and it looks as if she is about to turn against her crying.

I interrupt: "It's okay, Liz. It's good to cry. You've had a couple of good cries in our earlier sessions. Those tears left you feeling relieved and on your own side. Let your tears come. You can't cry too much here...Yeah that's it. That's great. Let those tears invoke your own compassion for you, and for that sweet little kid that suffered such painful parental rejection for so long."

She cries, and cries some more, and folds softly into herself, breathing deep and slow. After some silence, I add: "It's so sad how they set you up to fall in love with narcissists like them. You've had too many partners who only take, who can never get enough...partners who hate and shame you whenever they feel bad and need someone to take it out on. Just like you know who!"

Her crying springs forth again from an even deeper place. I feel a vicarious sense of relief as her body relaxes into it.

Her tears ebb and she says: "I was just so lonely and scared all the time. I feel so sorry for that kid. I wish I could go back and help her...tell her it wasn't her fault."

For ten more minutes, she grieves and verbally vents out the pain of her own self-abandonment. "I've just been so, so mean to myself. Can I say I'm sorry to myself?" I nod. "I'm sorry, Liz!" She laughs: "That sounded kind of weird, but it's good to hear it! I think I get this self-compassion thing. I think I'll say it a few more times!"

She laughs and cries some more. As she does this, as she gains more self-permission to befriend herself, she then retreats into what looks like some very deep peace.

I then disclose another aspect of what I am feeling. “Liz, please let me know if this is not okay, but I feel I have to let you know that I just feel really pissed off at your parents right now. Some of this is of course my anger at how much my parents were like yours, but I’ve vented out a ton of that already.

“Most of my anger right now is at your mother and father for being such bullies, and for intimidating you into believing that ‘no matter what, it’s always your fault.’”

I let a modicum of my anger vibrate in my voice tone: “How could they not see what a lovely person you are!? How could they not be proud of you!? How could they pick on you like that?!”

She looks a bit surprised, but bright-eyed. “So, Liz, let me ask you: ‘Is there any part of you that feels like you might be justified to feel angry at them...and at those four selfish narcissists that they set you up for?’”

Her answer comes with some volume in less than a second. “Yeah, I feel pretty pissed right now! They really were bullies, especially my parents! They were so much bigger than me! What could I do?”

I say: “Nothing, then. But it’s never too late to ventilate your Just Anger about past unfairness. It’s good practice. It builds new neural pathways to protest any new abuse in the present.”

I then coach Liz to express her anger. She lets loose for a full minute, and then laughs in relief and delight at the sense of empowerment it gives her.

She sits six inches taller than I have ever seen her sit. With a big smile that tightens into a serious and determined look, she sparks: “I finally get this reenactment thing you’ve been preaching. This last boyfriend was not only a spitting image of my mother, he used the same kind of no-win, verbal traps to set me up for emotional clobbering. FUCK the both of them!!!”

After a bit of releasing laughter, she says: “I can’t believe I just said that. I can’t believe how powerful it makes me feel. I think this is going to help me to spot narcissists before I get attached to them.”

I respond: “I’m really inspired to see your self-compassion opening up your dormant need and right to protect yourself. I know this may sound oxymoronic, but it was really sweet to see you getting so healthily mad!”

“Yeah! Thanks, Pete! I’m going to seriously think about ‘going no contact’ with my parents. There’s a lot of people doing it on those online Recovering-from-Narcissistic-Abuse support groups that you turned me onto.”

This vignette illustrates a process that, with much practice, can help survivors to fully care for and champion themselves. As their self-compassion and self-protection steadily increase, so does their ability to identify and resist reenactments. This in turn helps to resurrect an instinct to pursue truly healthy attachments. When all this occurs, it is typically because therapy has finally met the survivor’s crucial unmet development need for a safe and supportive relationship.

Moreover, angering about past parental trauma can usually be done toward the internalized parents. It does not need to be directed in person toward the actual parents to be effective, unless of course the parents are being actively abusive in the present.

2. Cultivating an Openness to Empathy

Compassion and empathy are what healthy mothers instinctively feel toward their children when they are upset – when they are suffering pain, fear, shame, injustice, loneliness or depression. Compassionate therapists can soothe the abandonment pain of survivors who still suffer the developmental arrest of never having experienced a mother’s *widely* accepting kindness. A therapist can become a survivor’s first proof that some people genuinely care about others no matter what they are going through.

Over the decades I have cultivated my empathy and compassion by visualizing myself in the emotional shoes of the client. I typically do this by remembering a time when I have experienced suffering like

theirs. With decades of practice under my belt, this is now somewhat automatic. Now, when a client discloses a painful situation, I often spontaneously come up with a matching memory with concomitant emotional response.

At various times of reverberating with a client, I have emotionally remembered feeling despicably ugly, or suicidally depressed, or homicidally enraged, or racked with cancer-phobia, or desperately lonely, or about-to evacuate-my-bowels afraid, or hopeless about making the right choice in a monumental no-win situation, or shrunken into invisibility and pitifulness while simultaneously feeling exposed and naked on a giant billboard.

I can share such vulnerabilities because I have sufficiently grieved through the pain of such experiences and come out the other side with an enhanced sense of self-acceptance. Decades ago, I was graced by a long-term therapy with a very compassionate therapist. She helped me weather my monsoon of shame-crippling storms to eventually dock in the port of a balanced self-acceptance. Now balance for me resides in having healthy limits with the innate selfishness of my Id and healthy self-protection from a limit-less Superego that was once a torturous inner critic.

Profound distrust of other people is a defining issue in CPTSD. Since CPTSD occurs on a continuum of severity, the effects of social anxiety range from anxious superficial relating to chronic avoidance to severe isolation.

Many survivors tell me that they long for social contact when they are alone, but once “connected” soon ache to get away, and have to work hard to manage a persistent foot-out-the-door syndrome.

Many untreated survivors find it nearly impossible to believe that anyone likes them, because they have never had a secure attachment [the key cause of CPTSD]. Their original traumatic attachments [trauma bonds] were rife with danger and empty of nurturance. New attachments, if any, are generally based on repetition compulsion, and replicate the original trauma bonding. In worse case scenarios, trauma bonds are as severe as Stockholm Syndrome.

CPTSD makes vulnerability with others feel shameful. Opening to someone’s love and concern feels fraught with danger. To remedy this, I model shamelessness and self-acceptance of my own parallel issues around distrust and fear of vulnerability. Over time this often “proves” that my compassion for their excruciating social anxiety is real...not just a pose of kindness. This in turn helps them to trust and benefit from my empathy and caring. With enough empathic reverberating from me, they learn that shared pain with a safe enough person is an opportunity for comforting connection.

A Vignette about Cultivating Openness to Empathy

Kevin and I have been doing weekly sessions for three years. Today he comes in visibly depressed and irritable. His body looks as if it is crumpling in on itself like a hand folded into a fist.

“Hi Kev. Looks like something’s really bothering you. Can I ask you to tell me about it?”

“Yeah, man. I’m flopping back and forth between feeling pissed at you and pissed at me...mostly the latter! Every goddamn time I come here I get a painful flashback at least an hour beforehand. Despite how much you’ve been there for me all this time, I go into massive distrust...can’t stop thinking: ‘You don’t really care!’, ‘You’re bored as shit with me!’, ‘You’re sick of me and only tolerating me for the money!’

“It’s awful! I’m so convinced that you’re just good at pretending you like me...that you really can’t stand me. I even visualize you constantly looking at the clock even though I’ve never seen you do that...yada, yada, yada.

“I mean I know we’ve talked a lot about this before. I know It’s really all me, especially as no one else can really stand me, but I’m so fucked up, I just want to blame you and the fucken therapy!

“But of course, that doesn’t last long before I’m back ON MYSELF Like Stink On Shit. I’m sick to death of this ping pong of blaming me, blaming you...and oh Shit! NO! Here come those fucken tears!”

He sobs deep and long. He sobs into a prone position on the couch.

Whisperingly, I intermittently encourage him: “Yeah...Yup...I get it, Kev...let ‘em come...You always feel better after.”

He cries for a few minutes more, but for the first time, he doesn’t feel better afterward. He sinks even deeper into turning the anger on himself. “Shit! If I can’t trust you after all this time, How Will I Ever Trust Anyone!?”

Once again, I normalize distrust, but this time with a more vulnerable disclosure: “Kev, distrust is unfortunately a trademark symptom of CPTSD. It sucks but it never totally goes away. I even still flashback occasionally into distrusting my wife of twenty years, despite her incredible loyalty.”

I pause to let him digest this and then continue: “Fortunately the distrust is so much more manageable now, especially because I had years of venting it over and over with my therapist. And bit by bit, the more I talked about it and felt her compassion for me around it, the more I learned to forgive and accept myself.”

Kevin is tearing up again and seems to be comfortably drinking in my words. After some silence, he says: “Thanks for reminding me, Pete! I’m feeling safe with you again...and with me! I’m getting it even deeper that this distrust is a flashback to how untrustworthy my parents were. All...The...Fucking...Time!

“I see now how I always think that distrust is my fatal flaw! I mean how unfair is that! How could I have ever developed a sense of trust in that constantly hostile family where I grew up? My mother always had me in the crosshairs of her telescopic outer critic.

“Man, they were so scary! Whenever I was around them, I’d be freaked out that everything I did...or didn’t do...was about to make them become unglued!”

My eyes well up, and then I let a modicum of anger reverberate in my voice: “Yeah, Kev, CPTSD-distrust is basically the reappearance of the real fear that our parents continuously installed in us. Like you said, how could we ever trust them!?! We had to be constantly on guard around them. They’d turn anything that we said against us!”

Kevin angrily chimes in: “My old man once slapped me up the side of the head for saying ‘Happy Father’s Day’ to him. And I was still young enough to actually mean it!”

My anger naturally arises in healthy protection mode: “Kev, that was so cruel and warped! I wish we could go back in a time machine and do whatever it takes to put a stop to your parents’ bullying!”

“Yeah, I’d be up for that”, Kev growls. “Tie ‘em up and gag ‘em every time they picked on me or my brothers.” He’s teary but laughs really hard: “That would’ve been so cool! I’ll have to try that on my critic!”

A moment of silence, and then Kevin says: “Thanks Pete, I’m sorry I lost sight of how you’re always there for me. And WOW! I really, really feel like I’m on my side more than ever! In fact, I’m kind of embarrassed about this, but sometimes I get an image of you when I’m being hard on myself reminding me to lighten up and be kind to myself.”

I feel deeply moved. It feels so sweet to have our work so deeply validated. “Wow! Thanks so much for letting me know that, Kev! And please believe me, there’s no need for to apologize. Distrust is an ongoing part of the process, and I so appreciate you having the guts to tell me when it’s up for you. You definitely cannot bring up feeling distrustful too often.

“When we talk about the normal CPTSD shifts between trust and distrust, we’re doing really deep work. It’s such a sweet irony...you’re feeling really scared of me, but somehow trust me enough to tell me...I so appreciate you checking it out with me.

“And Kev, let me say something about your embarrassment. Not having a supportive internal image of someone who cares about you is a terrible CPTSD developmental arrest. It’s lacking because your parents were not your allies, and could not imprint on your brain as a comforting image! I’m honored to have become that for you! The first of other people to come, I hope!”

3. Guiding the Development of Mutuality [Reciprocal Support in Relationship]

“In any effective psychological treatment, the doctor is bound to influence the patient: but this influence can only take place if the patient has a reciprocal influence on the doctor.” – Carl Jung

As Self-Compassion is the foundation of a healthy relationship with oneself [Self-Esteem], Mutuality -- mutual caring and compassion -- is the essential quality of a healthy relationship with another [True Intimacy].

The ultimate intersubjective process of mutuality is seen in the reciprocally soothing process that occurs between a good enough mother and her baby. Mom’s loving gestures comfort the infant whose baby talk utterances of pleasure comfort the Mom. On a broader level, two people with a healthy attachment bond typically have recurring experiences of soothing verbal and emotional interchange.

As work in the second stage matures, clients’ experiences of self-compassion [stage one] and receiving empathy [stage two] can interweave in a yin/yang way that naturally awakens their drive toward mutuality. This typically manifests as them benefitting from experiencing mutual empathy with the therapist.

I especially value the fact that vulnerable self-disclosure often shrinks the dynamic whereby clients see me as perfect [as their parents pretended to be] and themselves as defective [as their parents saw them]. When this shame-generating dynamic is not deconstructed, clients are often stymied by toxic shame and feel too unsafe to disclose or even access their paramount concerns.

A Vignette about Developing Mutuality

Rita and I have been working on her PTSD recovery for several years. Today she starts by saying: “I’m feeling so sad, Pete. I was rereading the part of your book about how your parents hit you in the face a lot. And you know how much I got slapped around as a child! Suddenly, I started crying for you. I hope it’s okay for me to feel for your little Pete. After all, how couldn’t I?...now that you’ve taught me to feel so kindly to my inner child!”

Early in my career, I would have deflected this or minimized it, but I can really feel her compassion, and her pride in having developed it. She continues: “You know, Pete, I think it’s a miracle that I’m finding so much kindness in myself. Especially, as I never once felt kindness coming from my parents!”

I am moved to reply: “Thank you Rita, I can feel your kindness. You have such a big heart. I feel quite comforted by it. How lucky I am to receive your empathy!”

She simultaneously lights up and wells up in a most delightful way. She says: “I can really tell you really mean that”, and her tears brim over her eyelids and down her cheeks.

“You know I’m not crying now because I’m sad!” she says.

“Yes, I think so, but tell me more about these tears!”

“Well, they’re happy tears. I’m relieved and happy that someone finally sees how loving I really am...but I guess I also feel sad about how rare this has been.”

I say: “Rita, you are so indubitably a loving person. And, I’m so sorry that no one reflected that to you as a child.”

Rita cries out some old pain about this and settles even deeper into relief. I then comment: “I wonder, Rita, if there’s even more in those tears...if your earlier feeling of sorrow for me around our shared trauma, helps you get it even more deeply that I really care about you, and what you’ve been through!”

Rita cries and laughs at the same time and says: “Well, Duh! YESSS! Of Course! And, I feel especially empathetic to you because we both come from harsh Irish Catholic families -- those kinds that felt like their kids needed to be smacked around a lot. No sparing the rod for us! It was like growing up in some perverted combination of Limbo and Purgatory. We were so abandoned, so over-punished, and such strangers to human kindness!”

Wow, that opened up her floodgates, and moistened my eyes nicely!

“Rita, I am so touched by you crying for our little kids, who did nothing to deserve such bullies for parents.” Her sobs of grief and relief intermix, and after a few hiccups, relief gradually gets the upper hand and morphs into deep and genuine laughter, in which I join her.

Two self-compassionate people can easily open their hearts to each other when they are in the zone of mutuality. Such emotional and relational intelligence often creates a healing biofeedback-loop of mutual healing. I sometimes visualize this loop as a luminous infinity symbol connecting each person’s heart in a comforting and vitalizing way.

Mutually attuned people coregulate and de-stress each other. They help each other move out of excessive sympathetic nervous system arousal [the fight/flight response] into parasympathetic relaxation. Neuroscientists are currently investigating the hypothesis that this process may be mediated by the brain’s mirror neurons.

Repeated experiences of inter-compassionate connection during the mutuality stage of therapy heals the developmental arrest of an empathy-less childhood. Ongoing reciprocal feelings of trust and safety gradually release the survivor’s relational constrictions and create experiences of bona fide intimacy.

In its most remedial moments, mutuality cocoons both parties in healthy attachment feelings such as warmth, appreciation, mutual encouragement, shared tears and laughter. A recovered capacity for mutuality eventually rewards survivors with more vital outside relationships – ones in which each person connects with and through all their parts in ways that are equally beneficial.

Mutuality also activates the survivor’s dormant capacity for *relational efficacy* – the spiritual/emotional experience of seeing that one’s caring has a positive effect on others. Think of a four-year-old giving a self-made Mother’s Day Card to her mother. She is thrillingly moved when her mother wells up with tears, and gushes with authentic joy about the beauty of the gift and the sweet lovingness of her child. Rita and I co-create a version of this experience in the vignette above.

Commiseration is an especially therapeutic form of mutuality. Commiseration occurs when two or more people verbally and emotionally resonate about their upsets. Reverberating together about anger, sadness, fear, depression or shame about childhood trauma helps survivors metabolize such feelings in a healing way. I believe this explains why there is such a huge proliferation of online support groups for survivors recovering from all types of trauma.

On a larger scale, all human beings have the potential to commiserate in a way that de-shames, soothes and co-regulates dysphoric feelings about any type of common existential suffering, e.g. loneliness, loss, confusion and witnessing heart-breaking tragedies.

Wonderfully, commiseration, at its best, can easily morph into a light-hearted sense of well-being, and even shared laughter. Thirty years ago, a good friend I and were pissing and moaning at great length about how we both failed our licensing oral exams. Suddenly, we both morphed into that sweet spot of laughing and crying at the same time via jamming about how we’d like to “examine” our unjust examiners – who meted out a 60% failure rate to hundreds of examinees that year. With tears running down her face, Nancy pealed laughter as she screamed: “This is transformation-city!”.

Now, with forty years of client work under my belt, I feel that ongoing experiences of therapeutic mutuality were and are also healing for me. They have surely protected me from burnout, and kept my enthusiasm for this work alive and growing.

How tragic it is that commiseration - the most co-regulating of all intimate connections – is so rare in Western cultures! I feel sad that so many people in industrialized societies exhibit CPTSD-like relational arrests because of widespread taboos that stigmatize vulnerability. I see this occurring in varying degree to many people not commonly seen as traumatized.

Happily, I see many enclaves of people who are surmounting this cultural developmental arrest. As alluded to above, thousands of mutually supportive online trauma-recovery groups help many people become “good enough friends”, as well as “good enough parents”.

Good enough parents regularly bathe their children in empathic conversational exchanges, and are warmed by these themselves. Over time, these children grow up to form new healthy attachments as they “pay this process forward”; as do survivors, who through relational and attachment-informed therapy, develop the ability to form truly intimate relationships.

Another Vignette about Developing Mutuality

Long-term client, Dave, drags himself into a session, and moans: “Biking up that little hill outside your office nearly killed me today. It’s usually so easy!”

“Yeah, I hear you. I semi-struggled walking up it this morning too. I wonder if someone put something in that hill last night! Seriously though, I think it was because I’m tired from sleeping so poorly last night.”

“Sorry, Pete! I, however, slept good. I wonder if I’m actually seriously ill, or just depressed.”

He pauses and then with a weak laugh quips: “Could be some kind of metastasized cancer?”

“Well, Dave, we’ve commiserated about cancerphobia before, and it sounds like your cancerphobia is in catastrophizing mode. As we’ve seen numerous times, that’s typically a flashback into the abandonment depression!”

“That sounds right Dr. Freud. I guess you’re about to tell me to drop down into my body and fully feel those thick, sluggish sensations that are freaking me out.

“Well hear I go!” he says. He closes her eyes and mimes buckling an imaginary seat belt.

I say: “Yes, thanks for spelling me as the therapist. And, yes, that’s great. Just keep breathing...deeply and slowly...bring your full awareness into the sensations in your body...yeah, that’s really good.”

A few moments pass. He seems to be visibly relaxing and I say: “Are there any words that go with those sensations?”

“Yeah. Heavy...Tired...Empty. I’m surprised there’s no tears or shame this time. My head feels a bit foggy, but I feel kind of peaceful. How unusual! I feel I am just feeling and accepting these sensations that usually freak me out and give my critic a field day. And yes! It sure is depression, but it feels OK. Kind of restful...like a seed in me that is collecting potential energy.”

I think: Yes, indeed! What synchronicity! His words trigger a poignant shift in me, and I move into accepting my own tired-disguised depression.

So, I quote him: “‘Like a seed in me that is collecting potential energy’...I love that. Thank you, Dave, it’s really helpful to be reminded of this. I realize now that I’m not actually tired, but a bit regressed into feeling contempt toward myself for feeling down today. Your words have really buoyed me.”

“Thank so much for letting me know that, Pete. I feel even better now.”

As powerful as mutuality can be, the focus of sessions and self-disclosure always needs to be on the client’s concerns. Moreover, a long period of focusing singularly on the client’s psyche is often necessary early on, and with some survivors for the duration of therapy.

It cannot be overemphasized that clients still typically need to do a high percentage of the talking in all stages, even during the development of the arrested ability to be dialogical. *Dialogicality* is an easy conversational balance between talking and listening. Therapists enable this by keeping their self-disclosures “short-winded” -- non-monological -- and always in the service of the client. It is important to note however, that relationships outside of therapy benefit most from a roughly 50/50 division of listening and talking -- of focusing equally on each person’s concerns.

In order to model self-compassion, therapists must of course hold their own suffering with kindness. Therapists from dysfunctional families [are there many who aren’t?] must sufficiently work through

their own family-of-origin pain before they can authentically open their psyches and hearts to similar pain in their clients.

Moreover, therapists who are sufficiently introspective know that they share many commonalities of suffering with their clients. Life intrinsically brings suffering to everyone. Loneliness, loss, painful choices and social/political injustices are existential issues that recur from time to time for us all, not just survivors whose abject parental abandonment is an ultimate loneliness, loss and cruel blow of fate.

Finally, those therapists who had good enough parenting may be less suitable for working with CPTSD survivors. The stubborn, ingrained pervasiveness of the toxic critic and toxic shame may be beyond their ken.

Guidelines for Therapeutic Self-Disclosure

What guidelines, then, can we use to ensure that our self-disclosure is judicious and therapeutic? I believe the following six principles help me to disclose therapeutically and steer clear of unconsciously sharing solely for my own narcissistic gratification.

First, I use self-disclosure sparingly.

Second, my disclosures are offered primarily to promote a matrix of safety and trust in the relationship. In this vein my vulnerability is offered to normalize and de-shame the deeply engrained and multi-faceted suffering that comes from prolonged childhood trauma.

Third, I do not share vulnerabilities that are currently raw and unintegrated.

Fourth, I never disclose in order to work through my own “stuff,” or to meet my own narcissistic need for verbal ventilation or personal edification.

Fifth, while I may share my appreciation or be touched by a client’s attempt or offer to focus on my vulnerabilities, I never accept the offer. I gently thank them for their concern, remind them that our work is client-centered, and let them know that I have an outside support network.

Sixth, it is important to emphasize that I only self-disclose in response to cues from the client. I must sense that they are developmentally ready for and open to this type of help.

As I conclude my exploration on VSD, I think it probable that some of you readers are more advanced in using your vulnerability than I am, and I commend you for that and encourage you to keep up the good work. Others may be interested in learning or further developing the skill of VSD, and I hope you will find some guidance from this article about how to proceed. In that regard, let me quote the old Twelve-Step wisdom: “Take the best and leave the rest.” And finally, I imagine that others still, may be stirred by this article to focus more on your own childhood wounding so that you can become more effective at working with this population. If this is so, you might benefit from the free article on my website: “Therapist Heal Thyself”. Deeper benefit may ensue from reading my book, *Complex PTSD*, which I wrote as a syllabus for treating childhood trauma, whether it is one’s own or one’s clients