

Co-counselling and the treatment of trauma

The question has been raised as to whether co-counselling can harm trauma survivors, rather than helping them. I am keen to explore the following questions in connection with this issue:

- what might bring trauma survivors into co-counselling?
- what helps trauma survivors to recover?
- do different trauma survivors need different kinds of help?
- what are the practices in co-counselling that tend to help trauma survivors?
- what are the practices in co-counselling that risk harming trauma survivors?
- how should CCI proceed, in order to maximise the help and minimise the risk of harm to trauma survivors?

What might bring trauma survivors into co-counselling?

The usual things that, in my experience, bring people into co-counselling are unhappiness, e.g. in relationships or at work; a feeling of emptiness / pointlessness / depression; a sense that they are repeating problem behaviours over and over ; a sense that they don't understand themselves.

Trauma survivors, as I understand it, may experience any of these factors, and in addition may be suffering flashbacks, insomnia, nightmares, uncontrollable emotional outbursts. Or these major signs of trauma may not yet be evident, but they may be latent in some of the people who enter co-counselling.

A distinction is made in the literature between PTSD (post traumatic stress disorder) and CPTSD (complex post traumatic stress disorder). The latter refers to traumatic stress acquired over a long period (possibly at an apparently low level of stress, such as lack of emotional connection by caregivers to a young child) or over repeated trauma episodes. I haven't paid much attention, at this stage, to CPTSD.

What helps trauma survivors to recover?

The literature I've looked at (see reading list at end) suggests that the following factors play a part in helping trauma survivors to recover:

- a place of safety (physically safe, and emotionally safe, where they will not feel judged or shamed)
- building up the trauma survivors' inner mental and emotional resources (self-respect, confidence, sense of agency)
- a relationship with a trusted other
- building up the trauma survivors' ability to notice (and tolerate) their bodily sensations and cues
- building up the trauma survivors' ability to connect their bodily cues with an awareness of their emotional state
- becoming able to choose to 'dip into' the trauma experience(s) while at the same time knowing they are safe in the present; and to stop dipping in when they want to
- becoming able to recognise that the trauma experience is a memory *from the past*, that it is over, and that they survived
- gaining a sense of a strong, continuing self which is OK, and which can perceive the

various parts of the trauma survivor which are angry, sad, bereft, jealous etc, but which is not taken over by them.

Do different trauma survivors need different kinds of help?

There seem to be (at least) two ways of classifying trauma survivors. One (*van der Kolk*) deals with how they responded to the trauma(s) – did they fight, flee or freeze? The other (*Rothschild*) deals with the scale of trauma they suffered, and what they recall of it now, plus what support they have available now.

Van der Kolk suggests that victims who froze are likely to need a potentially long period of gentle physical re-integration¹ before they can access what happened to them in order to work on it. Those whose reaction was to fight or flee, even if they didn't fight or flee successfully, are more likely to be able, in an appropriate therapeutic setting, to have access to their experience. (Not that they will find accessing it easy or pleasant.)

Rothschild's classification:

Traumas	Recall	Support	TV type
Single			TYPE 1
Multiple	can distinguish each trauma separately		TYPE 2(a)
Multiple	can NOT distinguish each trauma separately	has good resource network available (e.g. supportive family etc)	Type 2 (b) R
Multiple	can NOT distinguish each trauma separately	does NOT have good resource network available	Type 2 (b) nR

Rothschild suggests that trauma survivors who cannot distinguish their separate traumas (i.e. both Type 2 (b) variants) need more time for trust-building input before trauma can be directly addressed than those who have distinct memories of their trauma or traumas.

What are the practices in co-counselling that tend to help trauma survivors?

Some suggestions on the next page.

¹ e.g. via music, dance, drumming, breathwork, massage, or any - presumably non-invasive – physical therapeutic activity

Co-counselling practices that can help trauma survivors, and how

Something that helps trauma survivors	What in co-counselling helps with this	How does it help
a place of safety (literal and emotional safety)	<ol style="list-style-type: none"> 1. The co-counselling culture 2. Good quality free attention 	<ol style="list-style-type: none"> 1. Culture of respect, acceptance; rules of non-harming, abstinence. 2. Warm acceptance and wishing the best for the 'client'. Possibly needs some 'affect' / responsiveness to be shown.
building up the trauma survivors' inner mental and emotional resources (self-respect, confidence, agency)	<ol style="list-style-type: none"> 1. Celebration, new and goods 2. Validation 3. Sharing responsibilities 	<ol style="list-style-type: none"> 1. Puts attention on trauma survivors' strengths and +ve experiences 2. Counters shame, if done sincerely; builds self-worth 3. trauma survivors can see that their contribution is wanted and needed
a relationship with a trusted other	On-going co-counselling relationship(s)	Over time, builds confidence that showing oneself is OK, and can result in acceptance not rejection or manipulation.
building up the trauma survivors' ability to notice (and tolerate) their bodily sensations and cues	Interventions like 'what's happening in your body?', 'what is your hand (etc) doing?', 'Breathe!'	Draws 'client's' attention to their bodily state. (Though this <i>may</i> trigger them, rather than help them tolerate the sensations.)
building up the trauma survivors' ability to connect their bodily cues with their emotional state	'where's the feeling?', 'what's your hand saying?', 'mirroring?',	Directly asks for the connection (not sure if mirroring is appropriate or relevant though).
becoming able to choose to 'dip into' the trauma experience(s) while at the same time knowing they are safe in the present; and to stop dipping in when they want to	<ol style="list-style-type: none"> 1. 'When have you felt like this before?' 2. JP's 'video' technique. 3. Balance of attention. 4. Attention switching. 	<ol style="list-style-type: none"> 1. Directly asks for regression. 2. Directs trauma survivors to do regression as if viewing a 3rd party = safe distance. 3 and 4. Ways to dip back out when regression gets too much.
becoming able to recognise that the trauma experience is a memory <i>from the past</i> , that it is over, and that they survived	<ol style="list-style-type: none"> 1. JP's 'video' technique. 2. 'How old are you now?' 3. 'You're no longer that frightened child.' 	<ol style="list-style-type: none"> 1. as above 2 and 3. Emphasises the trauma survivors' strength at the present time.
gaining a sense of a strong, continuing self which is OK, and which can perceive the various parts of the trauma survivors which are angry, hurt, jealous etc, but which is not taken over by them	<ol style="list-style-type: none"> 1. Putting a part on the cushion. 2. Celebrating qualities the trauma survivors is using / has used in the session. 	<ol style="list-style-type: none"> 1. Enables seeing parts of self as not the whole self. 2. Reinforces recognition of ego-strengths.

What are the practices in co-counselling that risk harming trauma survivors?

Among the harms that could occur are :

- trauma survivors opening up too much, too soon, leading to 'flooding', or overwhelm
- trauma survivors allowing their 'pleaser' pattern to cause them to follow interventions that are not helpful for them
- trauma survivors finding that their 'counsellor' can't handle what they are sharing, reinforcing feelings of shame and rejection
- trauma survivors narrating their trauma in a session without reaching any release or new insight, thus reinforcing the experience of trauma (re-traumatisation)
- trauma survivors feeling betrayed if their 'counsellor' proves unloving outside session, or even breaches confidentiality
- trauma survivors attracting unhelpful acting out of patterns by co-counsellors, e.g. rescuer, persecutor, sexual predator.

Potential harm	Risky coco practices	How cd we mitigate risk
Trauma survivors opening up too much, too soon, leading to 'flooding', or overwhelm	The whole authenticity culture, say "I", etc. Demanding eye contact.	Encourage people to join in the gentler coco activities to the level they can tolerate; not press for discharge (it will come at the right time).
Trauma survivors allowing their 'pleaser' pattern to cause them to follow interventions that are not helpful for them	Regression-based interventions such as Scan, First Time, Literal Description, Present Tense, ID check, Role Play, Reverse Role Play.	Emphasise client in charge, + no-blame on either side if interventions are not followed.
Trauma survivors finding that 'counsellor' can't handle what they are sharing, reinforcing feelings of shame and rejection	Random pairing for sessions. New coco 'counsellors' may not be aware of risk of being triggered by client material.	Emphasise that cllr can and should stop / change session if material is distressing them. Practise this because it's hard to do.
Trauma survivors narrating their trauma in a session without reaching any release or new insight, thus reinforcing the experience of trauma (re-traumatisation)	Time-limited sessions that don't allow a process to complete itself. Counsellors who lack skill to help client exit the depths.	???
Trauma survivors feeling betrayed if their 'counsellor' proves unloving outside session, or even breaches confidentiality	Culture which prioritises self over mutual care.	Consider if the culture needs re-balancing between self-care, and mutual care. Should be no breaches, but remind people at all events of the importance of strict confidentiality.
Trauma survivors attracting unhelpful acting out of patterns by co-counsellors, e.g. rescuer, persecutor, sexual predator.	Co-counselling network attracts people with patterns!	Raise awareness in training courses about such patterns. Coach new cocos in self-protection/ safety (JP handout etc).

How should CCI proceed, in order to maximise the help and minimise the risk of harm to trauma survivors?

There are some suggestions above for addressing potential problems individually. However there may be a wider question for co-counselling networks, about how (or whether) they screen people before admitting them to a core training course, and about what criteria they apply, and how rigorously, before 'graduating' a trainee into the community. It is probably impracticable, and counter-productive, to try to screen out trauma survivors from the CCI community. That would exclude most of us who are already in, I suspect!

There may be a case for increasing the place of gentle, safety-creating activities and body-awareness activities early in core training courses. Examples: creating an 'anchor' or 'safe place'; focusing; establishing one's personal boundaries in space ; explicitly addressing tolerance (or non-acceptance) of close approaching or touch, and validating the choice of maintaining distance; establishing one's comfortable level of eye contact; mindful body awareness.

Now that much more is known about trauma recovery than was known 20 or even 60 years ago, in the early days of co-counselling, it is probably a good idea for us to review our practice as a whole in the light of the new knowledge.

Sally Cooke
22 June 2020

Reading List

Rothschild, Babette, 2000: The Body Remembers – the psychophysiology of trauma and trauma treatment.

Siegel, Daniel, 2011: Mindsight – transform your brain with the new science of kindness.

van der Kolk, Bessel, 2014 : The Body Keeps the Score – mind, brain and body in the transformation of trauma.

Note about re-use of this paper – you are welcome to quote from this paper and to share it with others; if you do so, please attribute it to me, with the date June 2020. If you want to respond, or ask about the content, please email me at [salcooke1\[at\] gmail dot com](mailto:salcooke1[at]gmail dot com) Thanks – Sally Cooke, Dorset, UK