Developmental Couple Therapy for Complex Trauma (DCTCT)

- DCTCT is a model of couple therapy that works from a developmental perspective to help couples cope with the long-term impacts of childhood trauma.
- This therapy was specifically designed for couples that have had traumatic experiences in childhood that have affected their relationships. In the couple context, childhood traumas can make it difficult for partners to engage with each other. Instead of turning to each other for support and comfort, people who have been traumatized in childhood often find that closeness feels frightening and dangerous.
- The overall focus of this therapeutic model is to help couples learn how to tolerate, understand, and manage their own and their partner's emotions, how to understand each other's perspectives, and how to be present and engaged to meet one another's emotional and attachment needs.
- Throughout the process of therapy, we will use exercises to help you develop the tools to develop the kind of close, loving, and supportive relationship you desire.
- The focus in the later stages of the therapy is on helping you to work with your partner to process some of the impact of your traumatic experiences on you and your relationship. Some of this will involve sharing the stories of your experiences and how they are living in your relationship in the present and slowly learning new ways of being together.

- Stage One – Establishing Context
  - Establishing safety, therapeutic alliance
  - Psychoeducation (creating a common goal)
    - Trauma and relationships
    - Trauma and attachment
    - Trauma and sexuality
    - Shame
    - The negative cycle and dyadic traumatic reenactment
    - What is mentalizing?
    - What is emotion regulation?
  - Containing conflict
- Stage Two – Capacity Building in the Attachment Relationship Context
  - Building mentalizing capacities
  - Building emotion regulation capacities
- Stage Three – Attachment-Focused Dyadic Processing
  - Attachment histories living in the present
  - Dyadic traumatic reenactment
  - Disclosure – telling the stories
  - Trauma processing in a dyadic context
  - Sex and sexuality
- Stage Four – Consolidation
  - Consolidation
How trauma impacts individuals and couples

INDIVIDUALS

What is trauma?
• A traumatic event is an overwhelming or uncontrollable experience that can happen to anyone at any age.
• It may be a life-threatening experience or may involve witnessing something that causes you to feel horrified, helpless, or intensely fearful for your life or the lives of others.
• Traumatic events can include child abuse, domestic violence/partner violence, combat violence, sudden/unexpected loss of a loved one, car accident, sexual abuse/violence, and natural disasters (e.g., hurricane).

How might trauma impact you?
• Sense of self: helplessness, shame, guilt, self-blame, feeling “not normal”, altered sense of age.
• Memory and perception: memory problems, dissociation (feeling outside of your body, losing time, not feeling real).
• Sense of meaning: loss of faith, despair, feeling that you don’t have a future, hopelessness.
• Relationships: tendency to be revictimized, isolation, difficulty having close relationships due to mistrust, difficulties with resolving conflicts, secrets, tendency to view others as rescuers/victims/aggressors, repeating problematic relationship patterns.
• Physical well-being: sleep problems, eating problems, substance abuse, other health problems.
• Emotional well-being: difficulty tolerating and experiencing difficult emotions, including anxiety, sadness, and anger; alternating between numbness (no feelings) and out of control (too much feeling).

How is childhood trauma different?
• It occurs during periods of important development of social, emotional, cognitive, and physical growth.
• It is an overwhelming or uncontrollable traumatic experience that can happen to anyone at any age; however, when trauma occurs in childhood, the impacts can be more severe and long-lasting because the trauma has an impact on your overall development.
• It often happens in the context of relationships where the person who hurts you is also the person who is supposed to take care of you.

How have you coped with these challenges?
• How effective were these strategies?
• Did these behaviours work long-term?
COUPLES

How might childhood trauma affect your couple relationships?

- **Trust**: When people are traumatized in childhood, especially by people close to them, this can impact their ability to trust their partners in adulthood.

- **Closeness**: Because you may feel that being close to others has been the source of pain and trauma, being close to your partner in adulthood may feel frightening and dangerous. Often, childhood trauma survivors avoid closeness and, in so doing, become alienated and isolated from their partners. It may seem cliché, but there is research supporting that adage that you cannot love someone else until you can love yourself. Different researchers have found that childhood trauma can lead to long-lasting feelings of shame, self-doubt, insecurity, and high levels of self-criticism, all of which can, in turn, make it very difficult for childhood trauma survivors to share with and feel close to their partners.

- **Sexuality**: Because childhood trauma occurs during periods of developmental growth, including sexual development, trauma can impact a person’s capacity to feel comfortable in their sexuality. In particular, sexual abuse, especially when perpetrated by someone close to you, can make it difficult to enjoy sex and sexuality in your couple relationship. Certain sexual positions, feelings, and states of arousal may bring up intense feelings of fear and anxiety and provoke flashbacks or vivid reminders of your abuse experiences.

- **Emotion regulation and empathy**: Childhood trauma can make it very difficult to understand, feel, and tolerate your emotions and those of your partner. This can mean that when you or your partner are feeling upset and need one another, it may be very difficult for you to tolerate these feelings, to understand the feelings of your partner, and sometimes, to even think in the presence of your own or your partner's distress.

- **Communication**: Childhood trauma survivors often have significant difficulties with communication. As a child, being assertive, clear, and honest may have been dangerous or the information you shared might have been used against you. This may make it very difficult for you to talk to your partner about challenges and conflicts, and sometimes, even everyday things like domestic tasks and childcare become a challenge.

How have these challenges affected your relationship?

- What was it like at the beginning?
- Have things changed over time?

How have you coped with these challenges?

- How effective were these strategies?
- Did these strategies work long-term?
Trauma and attachment

What do we mean by attachment?

- The term “attachment” relates to the relationships we have with significant others in our lives. In particular, we are referring to the relationship between an infant and their primary caregiver and the relationship between romantic partners.
- There are different ways of being attached. The majority of people (70%) have mostly positive experiences of closeness with their primary caregivers in infancy and childhood and these people, called securely attached, come to believe that people would be there for them in their distress and that they, themselves, were worthy of care and comfort from others. A smaller percentage of people experience relationships with their primary caregivers that cause them to feel insecure about whether they, themselves, are worthy of consistent care and whether people would be there for them.
- Research with couples has demonstrated that attachment security/insecurity is quite consistent from childhood to adulthood. This research also indicates that the needs for closeness, safety, and a “secure base” are lifelong needs. This tells us that if someone has a secure attachment in childhood, they will likely have a secure attachment also with their romantic partner.

How does childhood trauma impact attachment?

- Childhood trauma may have a significant impact on attachment. The earlier in your life the trauma happens and the closer the relationship with your abuser, the more significant the impact of the trauma is on your attachment security.
- The majority of childhood trauma survivors do experience some insecurity in their attachment relationships.
- For those who have experienced sexual abuse, attachment insecurity can be even more complicated. For instance, while you may really long for connection and closeness with others, that very same closeness and connection may feel dangerous. This can lead to difficulties with maintaining close relationships and a tendency to jump into relationships quickly, becoming overwhelmed and frightened, and then running away.

Where do you see yourself in these descriptions?

- Do you tend to be anxious about whether others will let you down or abandon you?
- Do you tend to avoid closeness with others and fear that they will hurt you if you let yourself get close?
- How has this affected your relationship?
- How do you understand the origins of these feelings?
Sex and sexuality after childhood trauma

How does childhood trauma impact sex and sexuality in adults?

- Childhood trauma comes in many forms, including sexual and non-sexual abuse.
- For survivors of non-sexual abuse, childhood trauma may lead to difficulties with trust, self-image, or identity, such that they do not feel that it is safe to be close to another person or even to know themselves well enough to feel that they know who they might be attracted to or what they might enjoy, sexually.
- For survivors of sexual abuse, the consequences for adult sex and sexuality can be very complicated both directly and indirectly. These impacts might be different depending on the age when the abuse occurred, your sex or gender identity, or if the abuser was a same-sex or opposite-sex perpetrator.

How might sexual abuse impact an adult survivor?

- Childhood sexual abuse can make it hard for you to feel safe sexually and to feel like you can be fully open to your sexual feelings and desires.
- Childhood sexual abuse often happens before puberty, before the full development of your adult sexual body. Stimulating a body sexually, through force or through attempts to sexually arouse a child, can throw off the gradual and slow development of sexual responses and lead to problems with sexual pain, or difficulties with becoming aroused and having orgasms in adulthood.
- Childhood sexual abuse can cause some survivors to experience certain kinds of sexual activities or stimulation as triggering of flashbacks or nightmares.
- Some survivors find it hard to know what they do and do not find sexually pleasurable, and this can lead them to engage in sexual activities that end up feeling retraumatizing.
- Some survivors find that their sexual responses become “conditioned” to things connected to their abuse. That can often happen if the abuse itself was both arousing and painful or exciting and frightening. This can mean that survivors might be really turned on by things that, as an adult, now confuse, disgust, or frighten them. This can mean that they feel very turned on by things that are painful or involve harm to themselves or someone else.
- For some people, especially boys abused by men, this can mean that they are turned on sexually by adult men but identify as straight. This can cause people to feel anxious or confused about their sexual orientation.

How can the sexual impacts of trauma affect relationships?

- Being triggered by certain sexual positions or kinds of stimulation can make feeling close and safe in your sexual relationship with your partner very difficult and feel frustrating and painful.
• Being triggered by certain sexual positions or kinds of stimulation can leave your partner feeling as though they are hurting you or feeling like they are getting it wrong with you, especially if you can’t talk about it.
• Having sexual pain can make it difficult to fully enjoy your sexual relationship with your partner.
• If the things that turn you on are things that you feel bad about, it can be hard to share these things with your partner, which may lead you to keep those parts of your sexual life a secret.

How have these sexual impacts affected your relationship?

• Have you been able to make a list of triggers and share and discuss these with your partner?
• How do you cope with feelings of fear or avoidance in your sexual relationship?
• Have you been able to talk together about what turns you on and what you would like more of and less of?
• Do you have sexual pain and, if so, have you been able to find appropriate resources to help you manage and treat this pain?
Shame

What is shame, and how is it connected to trauma?

- Shame is an emotion that involves negative beliefs about yourself that can be pervasive and destructive to your sense of self. These feelings are strongly associated with experiences of childhood trauma.
- Shame is an emotion that can feel like it defines who you are as damaged, bad, helpless, and a failure. Shame is different from guilt. Guilt is a feeling of doing something bad. Shame is a feeling of being bad.
- Shame can be a response to secrecy, such as secrecy about sexual abuse or trauma and can lead to feelings of disconnection, detachment, and distress in relationships.
- Shame is a common response to trauma because it is sometimes easier to believe that there is something wrong with you than to believe that your abuser, often a parent or loved one, could hurt you for no reason.
- When childhood trauma includes sexual abuse, when abuse happens at earlier ages or when a survivor believes that they were at fault for the abuse or even enjoyed aspects of the abuse, shame can be far worse and very painful.
- When boys are sexually abused they can come to feel that they have failed as “men”, failed to protect themselves and be strong as men should. This can lead to high levels of shame as sexual abuse of boys is still something that people think does not happen or, even that a boy is “lucky” to be abused by an older person who “initiates” them.

How might shame impact you?

- Shame can cause you to believe that you do not deserve to be in a happy, healthy relationship or that you are at fault when things go wrong in your life.
- Shame can cause you to feel that you are unable to take action in your life and relationships to make them better.
- Shame can cause you to feel so terrible about yourself that you hurt yourself through eating, drinking, drugs, sexual behaviours that feel shameful, or self-injury in the hopes that these things will soothe you or help you feel better. It is more common for female trauma survivors to respond to feelings of shame by “internalizing” those feelings and turning their shame inwards through hurting themselves.
- For some people, when they feel ashamed, like they are bad and have done something that makes them feel even worse, they can react by becoming aggressive, angry, or even violent. It is more common for male trauma survivors to “externalize”, or react in these ways, and for them to find it unbearable to instead share how bad and vulnerable they feel, with their partners.

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• Shame can cause you to feel the need to keep parts of yourself separate from other people, including important parts of your history of trauma and your intimate self that exists in your couple relationship.
• Shame keeps people from fully engaging in life and relationships.

How can shame impact relationships?
• Shame can make people feel that they are unlovable and damaged, and this can lead them to believe that they do not deserve to be in a healthy, loving relationship or that they do not have the right to stand up for themselves in their relationships.
• Shame may lead people to avoid disclosing their traumatic experiences, which can keep you feeling separate and alienated from your partner.
• Shame can lead to people keeping other kinds of secrets, secrets about their sexuality, their feelings of hurt and pain, or secrets about things that need to be discussed and resolved for the relationship to be healthy.
• Shame can cause you to believe that you deserve to be in relationships where you might be hurt or treated poorly, and so shame can lead people to stay in relationships where it might be safer or healthier to separate.
• When someone feels strong feelings of shame it can make it very difficult for them to empathize with their partner, especially if their partner is upset about something that they themselves have done. It can cause them to be unable to hear their partner’s concerns and to responding without being overwhelmed.
• When someone feels strong feelings of shame, this can cause them to protect themselves from the pain and vulnerability of these feelings. How they protect themselves might not be something that is healthy for them or their relationship. This includes the issues discussed above, such as self-injury or addictions that the trauma survivor might hide from their partner, or becoming aggressive or violent towards their partner.

How has shame affected your life?
• How have you been aware of the impact of shame on how you feel about yourself?
• How does shame impact your life and relationships?
• How do you cope or respond to feelings of shame?
• How does shame affect your ability to be close and sharing in your relationship?
DYADIC TRAUMATIC REENACTMENT

What do we mean by a negative cycle?

- Many couples who come to couple therapy say that they have the same argument over and over again and that they just cannot escape the pattern that they get stuck in no matter how hard they try.
- In couple relationships, especially when there is a history of childhood trauma, attempts to get our attachment needs and longings met by our partners sometimes result in disappointment, hurt feelings, and discouragement. When partners are feeling angry, discouraged, and hurt, they can often turn to “secondary emotions” as a way of protecting themselves from further hurt. For example, instead of showing our partner how hurt and sad we feel, we may lash out in anger. In response, our partner may simply withdraw from our angry or critical approach, and these types of interactions lead the couple into a repetitive cycle of hide-and-seek, where one partner is longing for connection and the other is running. In couples where there is a history of trauma, shame and fear about connection can be a big factor in this negative interaction cycle.
- Often, how one partner responds to a distressing interaction results in an almost opposite response from their partner, such as: I seek you out and you move away from me. Frequently, the response is exactly the opposite to what we feel we need in that moment and, often, we end up feeling more hurt and alone than we did before the interaction.

What do we mean by a Dyadic Traumatic Reenactment (DTR)?

- Childhood trauma frequently occurs in the context of relationships with people who should have cared for and protected a child. The traumas often have a significant impact on the survivor's capacity to trust and feel safe in adult relationships.
- When we experience these kinds of traumas, our memories, feelings, expectations, and fears follow us into our important relationships. When looking at the patterns and cycles of couples where one or both partners have experienced childhood trauma, we see that the past has gotten stuck in there and clings to the cycle that unfolds between them with a lot of force.
- In therapy, survivors can often identify and articulate what happens between them, understand it and sometimes even begin to stop it. However, when it comes to really getting to the bottom of it and changing it, many childhood trauma survivors get stuck at this point in therapy and keep repeating the patterns over and over again with increasing frustration: they keep sliding back into the chaos and pain of their early traumas as they are relived with each other.
- Part of the process of understanding the DTR is to externalize the trauma as a force that you and your partner are fighting together, a force that makes it very difficult to shift out of these negative cycles. It is very difficult to make the shift from insight and understanding to real change, when the thing we are trying to change is not something we are even aware of.
For many couples, this powerful pull of unprocessed trauma happens because the trauma has not been “symbolized”, or made conscious and put into words. Being able to think and know our traumas, not just the details, but the feelings and sensations of those deeply embedded experiences, allows someone to talk about their traumas as a part of their life story and to really “get” how these traumas have impacted their relationships. These unsymbolized traumas typically remain stubbornly stuck in their cycle. When traumatic emotions and memories or feelings continue to be unconscious and dissociated, they continue to be alive in the underworld of the couple’s interactions. To help you with these trauma cycles, we have to work at a deeper level. We have to find ways to bring those stuck traumas into our minds and bodies so they can be talked about and explored. This can be a real challenge, because it involves paying attention to the ways in which we “find” the trauma being relived in our couple relationship; these can be hard and painful. However, your therapist will help you learn to pay attention to these parts of the cycle so you can start to really pull those stuck traumatic relivings out of your cycle and begin to build a new relationship where your interactions with your partner are not based on reliving traumas from the past.

Where do you see this in your relationship?

- Can you identify a repeating argument or negative cycle in your relationship?
- How does this feel when it is happening?
- Can you identify aspects of your trauma that get triggered when this happens?
- What strategies have you tried to work on this?
Mentalizing

What is mentalizing?

- Mentalizing is a term used to describe a form of imaginative mental activity involved in how we perceive and understand others and ourselves. It is a mental process of making sense of others and ourselves through understanding the states and mental processes that can be seen and heard, and those that are more hidden or subtle.

- Mentalizing is a capacity that one develops throughout infancy and early childhood. This happens in the context of your relationships with the people who closely care for you. Caregivers who are responsive and make an effort to understand your needs and distress will help you develop the capacity to mentalize. When a caregiver “gets it” or seems to be responding to your feelings, needs, and distress, you learn that your emotions, bodily signals, and even your “self” are important and understandable. As early as in infancy, you also learn to understand that caregiver through their vocal tone, facial expressions, ways of communicating with you, and how they help you to regulate your emotions. Essentially, this means they understand when it is time to help you become calm, soothed, and settled and when it is time to play, roughhouse, and laugh. Through all of these experiences, the child learns that their feelings, thoughts, and even they themselves are okay and understandable.

- When you learn how to mentalize well, you can then think about, reflect on, hold, and explore emotions, thoughts, and mental states. Strong mentalizing capacities are fundamental to a person’s ability to have positive relationships and manage in social environments.

- Strong mentalizing can be seen when someone is easily able to explore their own mental states and has interest in the mental states of others. These individuals understand how mental states change and can integrate thoughts and emotional aspects of themselves and others. They have the ability to regulate their own and other’s distress and to be playful and solve problems through give and take. People who can mentalize well are able to take responsibility and acknowledge their own behaviour. They are curious about other people’s perspectives and are comfortable with uncertainty. As you might imagine, these capacities are essential for a healthy and happy couple relationship.

- Poor mentalizing can be seen when someone is unable to reflect on their own thoughts and feelings and makes automatic assumptions about others that may not be accurate. These people find it very difficult to tolerate and regulate their own or others’ distress, and they tend to be rather rigid and certain about what they and others might be thinking, feeling, and understanding, often without any exploration or discussion. Those who find mentalizing to be difficult tend to become overly focused on the internal or external aspects of themselves and others and find it hard to think about their own and someone else’s perspective at the same
time. For instance, a survivor of childhood trauma might assume that their partner is really angry with them because they are not talking to them. However, instead of asking their partner what is going on or thinking of ways to engage with their partner, they make this assumption based on their partner’s external behaviour and then act “accordingly”, perhaps by shutting down, becoming afraid of being rejected, or angrily shutting out their partner. However, the partner might in fact be thinking about something that is quite worrisome, like an upcoming mortgage payment, and actually be worried about talking to their partner about it out of a desire to protect them or a fear of getting into a fight. When their partner responds to their silence with silence, this might then “prove” to them that they were right to be silent and avoid the conversation. And in the end, they were both “wrong”, and now the couple is further apart and struggling to regulate their emotional distress without being able to talk to one another about the distressing event. Had the couple been able to imagine that there was more than one possible reason for the silence, and had they been able to talk about it, explore together, and solve problems together – both emotion regulation and mentalizing – they would have felt closer to one another instead of feeling so far apart and distressed.

How does trauma impact mentalizing?

• At its most simple, studies suggest that those who have experienced abuse have lower mentalizing capacities.
• This relationship goes two ways:
  • First, trauma can make it very difficult for a child to develop the capacity to mentalize well. For instance, a traumatized or dissociated caregiver sends the message to the child that their internal world is bad or dangerous, through their lack of understanding of their own distressed state and that of the child. This leaves the child feeling disoriented and confused. Also, when traumas occur, a child should be able to turn to their caregiver for soothing, support, and comfort. What then does a child do when the caregiver is the person who inflicts the trauma? Getting closer to the caregiver might lead to more abuse, more distress, and more need.
  • Second, it can also be dangerous for an abused child to mentalize. Not only can it be more dangerous to turn to an abusing caregiver in terms of the potential for more abuse, but mentalizing can also be dangerous for the developing mind of the abused child. Imagine being able to think about what is going on in the mind of the abuser, someone who is intentionally hurting a child physically, sexually, or emotionally. This could be incredibly terrifying and emotionally dangerous for a child. The best defence against this is to avoid thinking about the mind of the abuser altogether. However, this then means that the child never develops these essential skills to build and maintain relationships.
How is mentalizing relevant to couple therapy?

- Mentalizing is an essential capacity for being able to get into and then nurture a healthy romantic relationship. Without being able to reflect upon and tolerate your own thoughts, feelings, and behaviours and those of your partner, a couple relationship would be very difficult. Mentalizing makes it possible to acknowledge and take responsibility for ourselves in relationships, to have empathy and compassion for each other, to be vulnerable and open, and to have safe and clear boundaries with your partner.

- When people experience trauma in childhood, their mentalizing capacities can either not develop or be damaged. This means that it can be hard for a trauma survivor to think about and understand their own feelings, thoughts, and behaviours as well as those of their partner. If you combine this with difficulties in emotion regulation, it can be very difficult to talk about or navigate difficult or painful issues. At the beginning of a relationship, when things are fresh and there has not been an accumulation of painful hurts or conflicts, things may be somewhat manageable, but as relationships move along, it is inevitable that conflicts will arise, one partner will hurt the other's feelings, and difficult life events will crop up that require the use of these mentalizing and emotion regulation skills.

- Couples that have experienced trauma may find it very difficult to do some of the things that couples need to do to repair hurts and conflicts and just to function day by day. These include being able to help each other feel better and safe with each other, take responsibility for how they impact and affect each other, tolerate that they may not know everything about their partner and their feelings, be curious and playful with and about one another, avoid becoming defensive when important discussions arise, correct and repair misunderstandings, not get stuck when misunderstandings arise, trust one another, and be responsive to one another.

Can mentalizing capacities be developed in adulthood?

- In adulthood, if one has not learned how to mentalize or one’s capacity to mentalize was damaged by trauma, it is important to work actively to develop these capacities. Practice is the most important approach to learning these skills.

- With your partner, you can practice these skills in everyday normal situations:
  - You can ask questions of your partner about their thoughts, feelings, and behaviours.
  - You can take a moment to share your assumptions about what is happening in that moment, listen actively, and work on changing your assumptions in response to what your partner tells you.
  - You can be curious about what is happening in your own and your partner's mind in response to situations that might have gotten you into conflict in the past, by slowing down, listening, not making assumptions, taking a moment to step away and calm down, coming back together and reflecting on what has just happened, and trying to understand and empathize with your partner even when it is painful or difficult to do so.
EMOTION REGULATION

Emotions and childhood trauma

- For survivors of childhood trauma, feelings can sometimes feel dangerous, out of control, or confusing. Often survivors have difficulty naming or understanding their feelings, tolerating feelings that may feel overwhelming and frightening, and then managing those feelings in ways that would allow them to feel strong, capable, and safe.

- However, it is essential that survivors start to really understand that emotions serve an important purpose. Emotions give us information about situations, ourselves, and others, and they help us decide what to do in our lives and our relationships.

- Emotions can be uncomfortable, but they are always “healthy”. They do not last forever, and we ARE NOT our emotions. Emotions are simply information messages. We can control our behaviour regardless of the emotions we might be feeling. For instance, you might feel very anxious about asking your partner for a hug when you are feeling insecure. However, that anxiety is just a message from inside of you telling you that this is something you feel some worry about. Maybe, in the past, hugs were dangerous or led to abuse. Maybe, in the past, you were with a partner who rejected or refused you when you were having emotional needs. So your anxiety is just the message from inside of you telling you that something about your desire to ask for a hug is worrisome – new, different, and a little bit hard. That said, you can still ask for that hug! If you ask for that hug, you may still feel a little anxious or worried, yet you might get the hug and that would be information, or you might not get the hug, and that would be information too. No matter what you do in response to a feeling, you learn something, which you can use going forward into new situations.

- Sometimes, we fear that emotions are dangerous or a big problem. BUT what IS the problem are all of the things that we do to avoid or get rid of feelings that seem overwhelming or frightening. Things like pushing feelings away, going numb, dissociating, self-injury, eating behaviours – these things are problematic. Having feelings, understanding them, and learning to know how to use the information they provide is NOT dangerous or bad!

- It is possible to:
  - Be aware of our emotions and what they are trying to tell us
  - Express emotions in positive ways
  - Increase our ability to tolerate unpleasant emotions
  - Cope with stress effectively and in positive ways
  - Behave effectively to match our values and reach our goals in stressful situations.
What do we mean by emotion regulation?

- Affects, feelings, or emotions are three words that mean the same thing: how we feel, emotionally, in response to the world around us and the relationships in which we engage.
- Feelings exist in many ways, and different people might feel very different things in response to the same experience.
- For survivors of childhood trauma, feelings can sometimes feel dangerous, out of control, or confusing. Often survivors have difficulty naming or understanding their feelings, tolerating feelings that may feel overwhelming and frightening, and then managing those feelings in ways that allow them to feel strong, capable, and safe.
- When survivors face these difficulties, couple relationships can feel very difficult. If you find it hard to name, tolerate, and manage your emotions when experiencing conflicts or difficulties with your partner, the emotions that you feel about these conflicts or difficulties may quickly overwhelm you and make it really hard for you to work through the problem in a healthy and constructive way. In fact, the problem becomes the feelings instead of the original conflict. This can leave conflicts and difficulties unresolved and partners feeling angry, hurt, resentful, and even frightened of bringing their concerns to their partner for fear that things will get worse or explode.
- This same problem happens in couple therapy. Often couples come in to therapy to work through difficult conflicts that they have been unable to resolve on their own or they come in to therapy to work on the negative interaction cycles or dyadic traumatic reenactments that we explored in the last section. When they come in to work on these issues and the survivor finds it difficult to name, tolerate, and then manage their feelings, the therapy quickly becomes focused on helping them feel emotionally safe again and the couple does not get the opportunity to really engage in the process of resolving these important conflicts.

How do you see emotion regulation issues impacting in your life and relationship?

- What are your experiences with feeling, naming, and managing emotions?
- How do you deal with feelings that are strong and threaten to overwhelm you?
- How do you, as a couple, work together to support each other in emotion regulation?
- How have you, as a couple, struggled with the impacts of difficulties with emotion regulation on your ability to work together as a couple and support one another?