



## How CPTSD Shapes Our Relational Identity

**Guest: Dr Arielle Schwartz**

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### **[00:00:09] Alex Howard**

Welcome, everyone, to this interview where I'm super excited to be talking to my good friend Dr Arielle Schwartz, and we're going to be talking about complex PTSD and how it shows up in relational trauma.

To give you a little bit of Arielle's background, Dr Arielle Schwartz is a clinical psychologist, internationally sought out teacher, and leading voice in the healing of PTSD and complex trauma. She's the author of seven books, including *The Complex PTSD workbook*, *The Post Traumatic Growth Guidebook*, and her latest, *Applied Polyvagal Theory in Yoga*.

As the founder of the center for Resilience Informed Therapy, she is dedicated to offering international mental health and wellbeing updates through her writing, public speaking, social media presence and blog. She believes that the journey of trauma recovery is an awakening of the spiritual heart. So firstly, Arielle, welcome. I'm excited to get into this together.

### **Dr Arielle Schwartz**

Likewise. Thank you. It's always such a joy to speak with you.

### **Alex Howard**

I'm also very happy that I managed to press record rather than end meeting this time. For those watching, I managed to kick Arielle out of the meeting by trying to press record. So let's start with defining complex PTSD. And I think it's particularly relevant when we've had, particularly in our trauma conference, we have a lot of conversations around trauma and trauma can mean a lot of different things to different people. So let's define complex PTSD and then we can explore how that relates to relational trauma.

### **Dr Arielle Schwartz**

Yeah, maybe the first thing that I'll name about what is complex PTSD is that it is the impact of the accumulated, repeated chronicity of events. And sometimes it is the experience of something that is very large and blatant, like the experience of abuse, the experience of things happening to you. But sometimes complex PTSD is the accumulation of more subtle things that are impacting your

overall sense of self. But it's kind of like that water that's heating up slowly and you don't realize that suddenly it's come to a boil and you're in it and it's impacting you and it's killing you.

**[00:02:39]**

And so it's those qualities of gaslighting or neglect or making you doubt yourself, manipulation, and these dynamics can happen certainly at any time in our lives, but when they happen, and when they happen in our childhood home at a time of our core development, it's impacting our identity, our sense of self, our sense of relational safety in the world. Who can I trust? Can I even trust myself? My own gut instinct about what is safe and unsafe?

### **Alex Howard**

I think one of the things that's often difficult as well, when we grow up in these kinds of dynamics, is that it's hard to see the wood for the trees. We normalize to, well, this is just the way that the world is. And it's often only later on, when sometimes even in interviews like this, if someone points out that something that we thought was normal is actually not just not normal, but also damaging and harmful.

### **Dr Arielle Schwartz**

That's right. Yeah. What's so challenging about growing up in a home where you don't feel understood or you don't feel like you belong is that you have to still make that environment, the good enough environment, and you have to make that parent the good enough parent, because we're biologically wired to attach. We will attach to whatever we get, whether that is the loving, reliable, consistent, caring, healthy, secure relationship, or whether that is the inconsistent or damaging or unavailable parent. We'll find a way to make that work because we have to.

And we'll find a way to attach to that parent, even to the point where we make the bad parent, or the damaging caregiver, a good enough one in our minds, even the fantasy of that and that contributes to what we then think of as patterns of dissociation, where we start to dim down the sensory reality of how they're treating us, because we're still biologically wired to attach. And so in order to attach to an unsafe other, we have to disconnect from the reality that they are hurting us, and then we rely upon fantasy.

### **Alex Howard**

Can you also speak a little bit to how shame shows up in this?

### **Dr Arielle Schwartz**

Yeah. So shame we can think of as this very core sense of there's something wrong with me. I am the bad child. I am unworthy of love. There's something deep at my core untouchable, unlovable and that when we are growing up in an environment where we've had to, in some way, make the bad parent or the unloving parent the good enough parent, it creates this split inside where in order to live with that fantasy, maybe I have to be the bad child.

One of my mentors, his name is Jim Knipe, and he's written a lot on complex PTSD and the treatment of that, he describes that shame can become a safe place. It's a strange framing of it, but that basically it's a way of saying that I will make myself the bad child. I will live inside of that

discomfort, that contraction, that heaviness and that protects me from the other emotions, fear, anger, sadness, the hurt. That's the reality of what's happening. And so shame can be thought of as this binding emotion where it dims down or shuts down our access to those other, more, in a sense, accurate feelings that are a better reflection of our relationship.

**[00:06:56]**

If you're a child being harmed by a person that you're also simultaneously relying upon, it's often not safe to then express your anger towards them. It could make the situation worse, or that fear of retaliation can lead the child into a certain appeasement process, or sometimes it's referred to as fawning but this way in which I'll take care of you in hopes that you won't harm me, or I'll take care of you in hopes that you'll eventually take care of me. But inside it's still driven by this feeling of there's something deeply wrong with me here.

**Alex Howard**

It struck me as you were talking, Arielle, and I realize I could be taking us on a tangent here but it struck me that in a way, this relationship that we have with our parents when we're in an abusive or destructive relationship, in a way, some of those dynamics are similar to someone that grows up in a country that acts in that way. I don't know why but I was thinking about, for example, people living in Russia right now, a country that's invaded Ukraine. And there's a sense of wanting to feel a loyalty to one's heritage and one's history. And I guess that happens in lots of different ways. It's not just on a country to an individual or in a family, it's also in community, on one's background, in a way, the way we can protect something for our own protection.

**Dr Arielle Schwartz**

In a way, you're speaking to what we'll call kind of a form of betrayal or betrayal trauma. And that betrayal trauma can happen in your family of origin, it can happen in any system, political system, your country, a religious system that you're part of. And it's when the system that is supposed to be in place to protect you, to serve you, to uphold a certain value of integrity on your behalf and when that system fails to do so, you then are experiencing a degree of, again, I'll use the word betrayal of how could this happen? This was supposed to protect me, and it's not doing so.

And so there's almost this disillusionment. And when it happens to us in adults, as adults, we can uphold a certain amount of resistance perhaps, or anger towards the system. We can go out there and protest, perhaps, or have our voice be heard. I think what's really delicate about betrayal trauma when it happens in childhood is that those forms of resistance aren't as available to us. And so when we look at the research on betrayal trauma in childhood, there's a much greater likelihood of dissociation that develops in those children.

**Alex Howard**

It's like we know something's wrong and it's better to make it wrong with us than it is about the thing we depend upon for our safety and our holding.

**Dr Arielle Schwartz**

That's exactly right.

**[00:10:06] Alex Howard**

And again, I guess the trouble is that there's a level of defensiveness that comes into questioning that as well and so we can start to explore this and then, in a way, there's a defensiveness around but if it's not me and it's all of this, the world then can become a very unsafe and a very scary place.

**Dr Arielle Schwartz**

Yeah. And I think that it's not just that we start to internalize that there's something wrong with us, but that we're told that directly very often, whether it's at any phase in your life being told by your religious system, your political country, family, that your gender identity is wrong or that your core beliefs are wrong or that who you want to express yourself to be in the world is wrong. But also children, again, going back to that developmental trauma piece, children are in many ways very overtly told, if only you hadn't done such and such, I wouldn't have had to hit you or why did you behave that way? You brought the abuse upon yourself whether that was sexual or verbal or emotional and so forth.

**Alex Howard**

And of course as children we're much less able to advocate for ourselves and protect against that. As you say, as an adult we'll be like, no, this is not me, it's you. You mentioned disassociation. Let's bring that in. So maybe you can contextualize what dissociation is but also then explore this relationship a bit more.

**Dr Arielle Schwartz**

Yeah, so dissociation is, I think of it in kind of two camps. One is that it's physiological and the other is that it's psychological. Physiologically we are going to, in some way or another, rely upon certain defense structures within ourselves to survive, to protect ourselves. And so if we go back to the biological drive to attach that every child is born with, if you look at some of the early studies, even of the monkeys in Harlow's monkeys experiment, those monkeys attached to a wire frame with a little bit of milk stuck in a bottle, the monkeys would attach to whatever was made available to them in order to survive.

And sadly, it's the same way with babies, with children, is that we are biologically wired to attach but we have another biological system that protects us which is our fight flight system or our way in which we are biologically wired to protect ourselves in the face of threat. And so that protection is either going to lead us to withdraw from that source of threat or in some way or another protect ourselves from that source of threat.

And the challenge is that when the abuse or the threats are occurring in infancy, an infant doesn't have the ability to run away, an infant doesn't have the ability to fight back. And so the only withdrawal that one can do at that stage is within the sensory system, within the self, that one will actually retreat away from that sensory experience. So we've got these two elements. The physiological conflict between the drive to attach for the purpose of survival. I need milk or food. I need comfort, warmth. An infant is completely reliant upon the other to take care of these physiological basic needs.

**[00:13:53]**

And the infant is also needing to self protect. If that person that's supposed to provide those basic needs is a source of harm or threat even if it's the felt sense of the other doesn't feel safe, I might not even be physically harmed but that the facial expressions, the voice tone, the body language are all these cues of threat. And so in order to keep the attachment system on board, I have to dissociate from the sensory reality of those cues of threat because it's the only way I can flee from them, it's the only way I can protect myself.

Then, psychologically there's this kind of fragmentation that occurs across that fault line and internally I've learned to rely upon the fantasy that I've created about that external world in lieu of that sensory reality.

### **Alex Howard**

It also then becomes our blueprint for being in relationship, which is like I need you, but I don't feel safe with you. And so it's like there's a pulling and a pushing that ends up happening at the same time.

### **Dr Arielle Schwartz**

To some degree, those kinds of themes are very universal. We all have the need for self preservation and to come back into self and in order to do so, sometimes we do need to push out the other and we all have the need for connection, or most of us do, and so we are drawn towards that pull of the other. Those patterns form a kind of baseline for all relationships. How close can I be and still maintain a sense of self? And how separate do I need to be to come back to my sense of self?

However, when we've experienced relational trauma, that becomes more extreme, more blatant, right? And because, perhaps, I don't even have a clear sense of self inside, I'm stuck in trying to seek that sense of safety in the world through connecting to others who will give me a sense of at least how I exist, who I am, because I don't know who that is in here. And then at the same time, if I'm drawn towards others who are continuing to repeat the pattern, which we often do, we'll find relational matches to what we know, especially if we've disconnected from that instinctual felt experience that that's not safe.

And so then I've lost my inner compass that sets the needle of what does relational safety even look and feel like? I don't have that and so I'm out there finding the familiar which might indeed be those sources of relational abuse and wounding again. So then it keeps recycling, it keeps reenacting the pattern. It's one of the things that I love about the relational basis of psychotherapy is that we have the opportunity to illuminate the pattern in a safe enough relationship where we might feel the urge to withdraw from or to not trust the other or to not even want to make eye contact.

And yet we're also taking in these new cues that that person's not rejecting us and they're not blaming us and they're not invading our boundaries, they're actually respecting our boundaries. And so we might peek out from behind the curtain and say oh wow, you're still there and you're still smiling at me and you're still giving me cues of care and compassion and I have to update my kind of internal operating system of what a safe other looks and feels like.

**[00:18:17] Alex Howard**

It also came to my mind that there's what we may more obviously define as abuse and then there's those more subtle expressions. And also I noticed in the notes, the questions that you shared with me, there's also neglect. It's not necessarily something that happens to us, it can also be the absence of things happening to us. Can we speak to that a little bit as well?

**Dr Arielle Schwartz**

Sure. I think neglect is such a tricky one because when there's, first of all, it's harder for people to name that they've experienced relational trauma when neglect happens because there isn't something to hang your hat on. It's like, oh, okay, I don't know what the event was. And so there's more of a discounting of one's own experience or a dismissing of one's own experience.

Neglect also has a significant impact because there's no one there helping you develop a sense of yourself. How do I get a sense of who I am, especially as an infant and a young child? It's because someone is there attuning, mirroring, matching my facial expressions and my body language. And then eventually, as I'm developing language processing capacity, they're saying, you look sad or you look hungry, or you look angry. But then I go, oh, here's the feeling in my body. Here's a word that matches that feeling. And so then I start to internalize self awareness, which then cultivates more self regulation.

But when there's the absence of that mirroring or that attunement, then how do I know what I'm feeling? How do I know what's happening inside? One of the consequences is that it evolves into something we call Alexithymia. Your name happens to be in there, but it's nothing to do with Alex.

**Alex Howard**

Come on. Everything's about me, Arielle.

**Dr Arielle Schwartz**

Alexithymia is basically a really complicated word that says, I don't know what I'm feeling. I have no way of identifying because no one ever helped me do that.

**Alex Howard**

Wow. Just sitting with that for a minute, that must be a really difficult place to be. And I think we can maybe all touch it a little bit, what that place may be like, but I'm thinking at the more extreme end of that, that inability to sort of articulate and to understand one's experience, I guess it opens up the question of where do we start in terms of working with that piece?

**Dr Arielle Schwartz**

Yeah. For me, as a somatic therapist and a relationally based psychotherapist, when we're in relationship to another, as the therapist in that role, I'm really trying to fill in the missing elements of what wasn't there during those relational years. What's beautiful about the healing process and what we've learned about neuroplasticity and interpersonal neurobiology is that we can still fill in those gaps. We can build the neural networks for a sense of self even if we weren't supported to develop that in our earliest developmental years.

**[00:21:47]**

It takes a long time, I mean, I want to be really deeply honest and respectful for the amount of time it takes. Because when you're an infant being cared for well by good enough parents, even those good enough parents have normal misses, normal misattunements and ruptures and hopefully repair processes that happen as well, but when you're an infant in that environment, you are being attuned to, for the most part, 24 hours a day for the first two, three years of life and then extended caregiving time all the way until we're like 18 or 25.

We get lots of opportunities to build those neural networks of what does it feel like? What is the experience of being reflected in what you're sensing inside and how you can identify what that feeling is? So when we are sitting with another in psychotherapy, we're filling in that gap for that hour or whatever time period you have together, where the clinician, the therapist, needs to be attuned to yourself just as much as to the client because the felt sense, the mirror neuron process, the exchange and co-regulation requires that you be there too. You're not just an empty screen, right? You are actually full on engaged in relationship with the other.

And so when I have someone where I see a flash of sadness go across their face but they've not identified it, they're not aware of that, it's important to slow down and pause in those moments and go, wow, something just happened. There was a subtle shift. Can you sense it? I saw this sadness on your face. I feel this heaviness in my chest as I'm sitting with you. What are you noticing? And to really start to rebuild that body-mind connection.

I'll say one last thing here, Alex. I know you're, like, eager to jump in with the next thing. I'll say one more thing about this which is that when we have experienced relational trauma, it's common to develop what we call kind of a masking process. And what we feel on the inside maybe goes so far away, but who we show ourselves to be in the world might be something very different, might be very flat, might be very fine, might be okayness on the outside. On the inside, there might be a whole lot more going on. Distress, dysregulation, and maybe I'm not even in touch with it enough to know that that's there, and it takes someone else to help me find it.

### **Alex Howard**

And in a way, that mask we present to the world, I guess, is almost deliberately orchestrated to fill those gaps, right? So if we feel a place that we're not lovable, the mask becomes, who do I need to be to try to compensate for that deficiency?

### **Dr Arielle Schwartz**

That's right. Yeah. It's brilliant. It's so important to recognize this as an excellent coping strategy. And yet at the same time, when we're walking around, we are dissociated from our own emotions, our own felt sense and we feel shell, like a shell, we feel kind of empty. And you said something important before, Alex, which is that this is quite common, right? It can live on a continuum and, sure, there's the more extreme versions of it, but to some degree, all of us relate to having that split between who we are inside and what we show the world. And then that relational disappointment when someone else doesn't really know how we're feeling and then we feel lonely once again.

**[00:26:02] Alex Howard**

It also, I guess, is the reason why though that it appears to me that we can't fully heal our relational trauma in isolation. In a way, relational trauma can leave us not wanting to be in relationship but then it's by being in relationship that challenges these old narratives and ideas that we get to experience something new.

**Dr Arielle Schwartz**

Yeah. We've been speaking about one end of a continuum of how this can play out, how trauma can play out, especially the neglect paradigm where we tend to be disconnected from the experiences inside. If we flip to the other side, which is more the inconsistent parenting, the invasive parenting, the experience of what we call kind of anxious ambivalent attachment or the disorganized attachment where there's abuse happening, the outcome of that can look like a lot more emotional dysregulation on the outside.

And those push pull dynamics or anger outbursts or rageful experiences, profound abandonment anxiety is very common there, this rejection sensitivity can show up. And so that also when it plays out relationally becomes very challenging because it's hard for others sometimes to be in relationship with us when we're feeling that much emotional volatility or liability, whatever word we want to give to it. And so, again, the relational experience of therapy helps us learn what co-regulation can feel like.

Because as a child, when you were feeling distress or angry or afraid or sad or hurt, any of those things, usually the parent became more dysregulated rather than offering their regulating grounding presence. Wow, you're really angry right now. Let's put on music and do an angry dance or, wow, there's a lot of energy, let's go outside and throw rocks into the lake and just move some of that, like some regulating strategies for big emotions. And in some ways, we still need that. If we didn't have that as a child, we kind of need the co regulator to help us know how to navigate anxiety and fear and sadness and anger with compassion.

**Alex Howard**

I was just thinking that there are some patients or clients that come in and you can feel as a clinician in the early part of the work with them, they're really just testing out, can you hold them? Can they say something that's going to break that sense of safety or push you away? And in a way what they're really telling you is that's been their experience, when they reveal themselves more fully, people leave.

**Dr Arielle Schwartz**

It's, so well said, Alex. That's exactly right. And I think new clinicians can sometimes experience that and either want to push away the client because it touches off their own discomfort, or they feel like they're a bad therapist because they don't know how to navigate those moments. But when we normalize that those kinds of experiences are the testing ground at the beginning to say, like, are you going to get dysregulated when I get dysregulated? We put the fancy term on it. Or can you actually show up and do this dance with me? And then we can learn some new dance steps together. And it speaks to why as therapists, we need to do our own healing work.



**[00:29:59] Alex Howard**

It's also, though, in a way, maybe I'm just a masochist but to me, they're the most energizing moments therapeutically, where it's really happening. Because as much as it can be triggering for a therapist, also what the client's really saying is, I'm thinking about staying, but I just want to make sure before I really commit to it. There's an intention to me within that.

**Dr Arielle Schwartz**

Yes. That's so beautiful. It's such a compassionate statement. And I think that as we evolve the co-regulating experience with the other in which we feel that someone else is actually able to help navigate those rocky waters with us, then we internalize that and that becomes a part of me. It's so sweet when I have someone that I've worked with who then later says to me, I thought I had to reach out and send you a phone call or a message or an email because I was feeling all this distress but I already heard in my mind how you would respond, and it settled me right away. Now Arielle has become internalized as a part of them, and that's beautiful. That's what we want. So we often say that co-regulation precedes self regulation.

**Alex Howard**

Yeah, I was going to make an inappropriate joke about saying, but they can still pay for the advice if it's coming within their own heads. I was worried the joke might be lost on the audience. Arielle, for someone that's watching this who either it feels too big a step right now to go into therapeutic work or maybe that's not available to them for affordability reasons or so on, what are some of the ways that we can start to work this territory with ourselves?

**Dr Arielle Schwartz**

Okay, I just want to echo what you just said. One of the biggest barriers in our world right now is access to good care and affordability of that care. Because as I've already named, when you've experienced relational trauma, especially in the developmental years, it can take quite a while to rewire and to build that internally, and that's costly. So I know that you and I are on the same page in terms of trying to make affordable access to information and to therapeutic tools and strategies widely available. I know that's the purpose of the work that you do in the world. It's the purpose of the work that I do in the world.

For me, when we're thinking about perhaps the most important strategy that we can internalize therapeutically, it is self compassion. And that what's delicate about that, of course, is we're speaking about the importance of these relational access points. But that doesn't mean that it always has to be one on one, right? Like if someone's listening to this, if you're listening to this right now and you're hearing this, start to just feel the regulation that's here even between Alex and I. Your system can internalize that, soak that in.

We can actually receive that felt sense of attunement and compassion even by bearing witness to it. And you can find it in movies. You can find it like there's great media therapy out there in some of the series that we watch. When we're watching really good relational experiences in a TV show, there's a reason why many of the people with complex trauma get very attached to these shows because you're actually rewiring your system of this is what it was supposed to look like. I didn't have that, but I can see that.

**[00:33:53]**

Then pay attention to what that feels like in your body and see if you can start to internalize the self talk, to turn towards yourself in profoundly loving ways, in ways that say, oh honey, that feels really tender right now or that was a hard moment or, man, they weren't really kind to us. And so that when you're giving yourself that voice, and it's delicate, when we look at the barriers to self compassion. When we didn't have it, we don't know how to do it sometimes. Or we don't believe that we're worthy of it.

And so it can take time to rewire it. And maybe the last one of those barriers is when we didn't have it, the only person I relied on was myself. And now I continue to feel resentful that I still have to be the one doing it for me. So as we have access to summits or to YouTube channels, or to sources of compassion that are out there in the world, it is a way of tapping into the outer resource. You're not totally doing it by yourself now.

### **Alex Howard**

It also struck me that in the TV shows and films that many of us come to love, it's not that those characters go through easy experiences. In a way, the reason why we're watching is because they're often going through extreme experiences. It's how they show up to each other in those experiences. And in a way, it's the same thing in terms of how we learn to show up for ourselves and it's not that life on the outside always has to be easy, but it's how we stay connected and in relationship despite that.

### **Dr Arielle Schwartz**

It's really, really beautifully said, Alex. That's exactly right. And I think that so often we've got the fantasy again, perhaps, that the world is going to just get easier, or that we'll have the right political system, or that the war will end, or that climate change, well, forget that one, and so, actually, when we're looking at resilience, it's not that we need to perfect all of that because we can't. It's about knowing that we can stand in relationship to the world as it is, quite imperfect as it is.

### **Alex Howard**

Which in a way strikes me as a message of hope. Because when it comes to, again, complex dynamics in family and relationships and so on, if for us to be happy, we have to fix all of that stuff, we're a bit stuck, right? But if we can show up in a different way and if we can cultivate a different way of being in relationship with ourselves, that's something that we can do.

### **Dr Arielle Schwartz**

I have a really cool story. I always think that stories bring everything home, right? So this just happened last week and I know she will not mind that I share this. This is a client that I've worked with for quite a while and I always think of the Ramdas quote, "think you're enlightened, go home to visit your family". And so, you know, it's August, it's the holiday season, as we're doing this and so she had just been with her family and she said Arielle, it was amazing. I was with my family members and I could see the state of their nervous system.

**[00:37:27]**

I could see that they were dysregulated and I didn't have to slide down into the dysregulation with them. I was able to stay in myself. And she said and then I pulled an Arielle. At one point my sister was there and she was collapsed and she was just in this really forlorn place and I just sat there and I put one hand on my heart and I put one hand on my belly and I just rocked myself from side to side and just said it's really hard. And not only was she then able to be the regulator for herself, that was just one example, but really, at large, a very dysregulated family system, but then she was even able to offer just a little bit of regulation for someone else. And that to me is how the wheel turns.

**Alex Howard**

Pulling an Arielle, I really like that. So for someone, I know we're running out of time, but for someone that wants to learn how to pull an Arielle, where can they go to find out how to do that and what's some of what they can find? I know you've got a lot of things that you offer, so just walk us through some of that.

**Dr Arielle Schwartz**

Sure. Well, one of my passions is in training other therapists how to do what I do. Because I think that the integrative model to working with complex PTSD which includes relational therapy and parts work therapy and EMDR and somatics and mind body therapies and vagal toning, that's the whole model, and so I teach trainings on that for other therapists because there's only one of me, but there's a whole lot of people that really want to provide good care out there, so that excites me.

And if you yourself are looking for tools for you, I have books out there. I have a website with a blog that's at [drarielleschwartz.com](http://drarielleschwartz.com) and my books are on there too. I have a [Facebook page](#) where I'm putting lots of stuff, including beautiful nature photos, which I think are quite regulating to look at. And I have a YouTube channel at [drarielleschwartz](https://www.youtube.com/channel/UCdrarielleschwartz), and the YouTube panel has yoga classes and it has trauma talks and vagal toning exercises for your nervous system so you can go co-regulate with me.

**Alex Howard**

Amazing. Dr Arielle Schwartz, thank you so much. I really appreciate you and your time.

**Dr Arielle Schwartz**

I appreciate being here.