

What has trauma got to do with coaching? Or coaching got to do with trauma?

INTEGRATIVE EXECUTIVE COACHING: EXPLORING THE INTERPLAY BETWEEN PSYCHE, ROLE AND ENVIRONMENT

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I have been involved in the Coaching explosion and fragmentation (life coaching, executive coaching, business coaching, health coaching, spiritual coaching) for 25 years. It has been interesting to see the rapid growth and appeal. I have also been a supervisor of coaches for some time and notice that it is common for experienced coaches to want to know more about psycho-dynamics and the psyche to inform their work; not to become therapists but to help them be more effective. When I started executive coaching in around 1993, the only training seemed to be in USA. I wasn't able to go there so did a range of CPD events around Transactional Analysis, NLP and Gestalt theory/practice. I also had the great fortune to work alongside Jenny Rogers from whom I learnt a great deal. In 1997 I reached my point of 'this isn't enough I need to be able to understand more' and for reasons that at times escape me, I did a 7 year psychotherapy training and MA. It has been invaluable in my coaching and supervision world and predictably I have become a practitioner who practises an integrative approach – working with the complexity of the psyche and the interplay with role and organizational context.

I therefore approach this paper and topic from an integrative perspective. I am focusing on 'what has trauma got to do with coaching?' and the reverse 'what has coaching got to do with trauma?'. I discussed this with around 65 experienced coaches and consultants, in several groups, and the response was interesting. Some found it a rather disturbing idea, to be avoided, others had some interest but found it difficult to make the links with coaching (which I agree is a challenge), and others said 'don't use the word *trauma* it is too evocative and disturbing; it will bring to mind pictures from war zones.' I found these discussions of great value and interest in terms of making the links between trauma and coaching. In other places I came up against some proponents of the positive psychology and happiness field who felt that nothing disturbing needed to be mentioned or thought about. While there is much to be gained from positive psychology, I think this attitude is to misunderstand what trauma is and how it manifests itself in our relationship with ourselves, with others and with work/role/environment.

WHAT IS TRAUMA?

Let me define my term 'trauma' a bit more clearly. In the conversations I have had it is clear that the word has many different meanings to people and this can cause confusion. In approaching this topic I am influenced by the work of Professor Franz Ruppert and others (see bibliography). I am using the term 'trauma' to refer to the damage done to the psyche, not an event that creates high stress or is

distressing (both of which have an emotional and physical impact of course but do not necessarily damage the psyche). The damage happens when the psyche cannot withstand the high level of stress and has to split to survive; the individual dissociates from the experience, becomes numb, 'plays dead', withdrawing emotionally and cognitively from the reality of what is happening.

The psyche is one of those terms that is also hard to define but it is the essence of our 'self', our own life spirit, the unconscious and conscious psychological components of who we are, including identity. It interlinks the body, emotions and mind; and is shaped by our developmental experience. The word 'psyche' is therefore a metaphor and not a physical entity.

Causes of psychological trauma

I realised that many of those I talked to used the word trauma to mean an event, as in 'it was traumatic'. Others associated the word trauma with post-traumatic stress disorder following an 'existential trauma', that is war, accidents, environmental disasters. However, the most common category of trauma is traumatising relationships early in our life, as defined by Ruppert (2014), for example:

- bonding/attachment trauma, where secure attachment is not possible between mother and infant, during pregnancy and afterwards
- early life events, for example difficulties in pregnancy which affect the infant; difficult birth
- time spent in an incubator or away from mother, mother unable to care or bond with infant due to her own circumstances/health
- bonding (family/trusted community) system trauma (sexual, emotional and physical abuse)
- loss trauma - early loss of mother/father/sibling

The other category for possible trauma to the psyche is that of existential trauma (see above). Those who are affected by early trauma (of whatever kind) tend to be more vulnerable to re-traumatisation in relation to existential traumatising experience; both result from the sense that one's life or 'self' is in severe danger.

Many of the traumatising experiences are not 'remembered' in the cognitive explicit memory, but are remembered emotionally, in the body and in the unconscious implicit memory.

The impact of experience

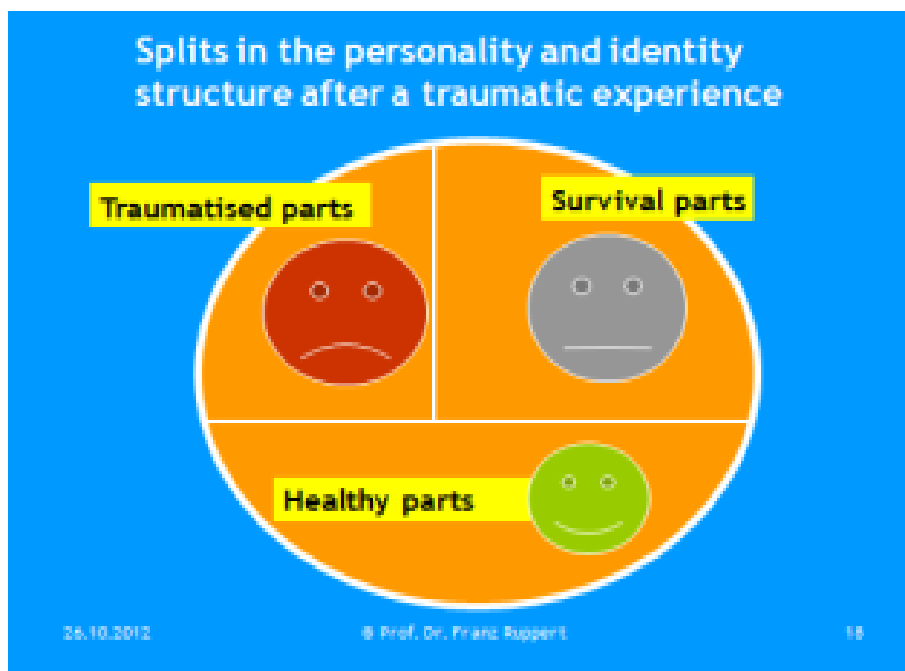
The impact of the traumatising experience is to cause the psyche to split off the emotions, thoughts and memory of what is happening to us; it also splits off aspects of identity. These become buried deep within the unconscious, enabling us survive the reality of traumatizing experience. Ruppert (2011) explains that the splitting creates a survival self, which develops many strategies to avoid the traumatised feelings and to deny the experience. We still have that part of our psyche which was present before the traumatising experience, but it is diminished and we may have limited contact with it.

The result of the splitting is to create three parts or selves:

- a healthy self—that which existed before the split in the psyche. Characteristics: can think clearly, seeks truth, is grounded, calm, capable of self-compassion and self-care, faces reality, makes choices which are good for the individual's wellbeing, knows what the self needs, has rounded memory of the past, has healthy autonomy (the capacity for deep relationship while maintaining own boundaries and self-governance). (Broughton 2014)

- a survival self—this blocks some of the connection with deep emotions, with the body and can give rise to relational problems with self, others and with work. Characteristics: distracts self, seeks control of self and others, regularly has relational difficulties, lacks empathy, can become confused, creates illusions ‘everything is fine’. (Broughton 2014)
- a traumatized self - that is hidden and cut off. You might think ‘that’s a good thing, keep the pain well hidden so it can’t erupt’. Of course that is a way to survive. But at a cost as we become adults because the split off parts/feelings diminish the life energy, diminishing or blocking connection with passion, meaning and vitality. Characteristics: is frozen at the time of the trauma, carries the emotions, memories and bodily experience from the traumatizing experience.

The following diagram (© Prof Franz Rupert) illustrates this well:



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The three selves are not static in ‘size’, or presence, the environment can influence the extent to which the survival self and strategies are strongly present, and similarly for the healthy self. However, the split is there at all times, and our inner world is dominated by the survival strategies. It is the survival selves and healthy selves that primarily concern us in coaching. The task of a more therapeutic approach is promote healing through integration, diminishing the survival self, enhancing the healthy self and making it possible to come into relationship with the traumatize self internally.

A BIT OF NEUROSCIENCE

Iain McGilchrist, in the Master and his Emissary (2009) helps us to understand this more from a neuroscience perspective. He describes the right hemisphere as engaging with the world through meaning, metaphor, forming and reforming wholes, experiencing patterns, being in flux. It is more involved in bodily based emotional experience and mediates an understanding of the world based on empathy, inter-subjectivity and metaphor (Kalsched 2013, quoting McGilchrist 2009). Whereas the left hemisphere experiences reality through a re-presentation of a version of it, making it more

static, bounded, codified. McGilchrist argues that we need both, and the capacity for communication between the two, but that through civilisation (and business/education) the left hemisphere is given primacy “It has forgotten its dependence on the right hemisphere and makes claims for truth that are not supported by a more balanced, inclusive understanding”. The right hemisphere has a greater capacity for holding several ambiguous possibilities without the need to close them down.

There is not the space here to give more definition to his theory. However, the relevance to thinking about trauma is that the right hemisphere matures before the left, so many of our early experiences are mediated within that hemisphere. Through trauma, children survive by closing down the right hemisphere functioning (of emotions and embodiment) to rely on their left hemisphere to make sense of experience in a way that helps them control the memory and feelings. So aspects of the right hemisphere functioning becomes split off. McGilchrist (2009) “The right hemisphere deals with the world before separation, division and analysis has transformed it into something else, before the left hemisphere has re-presented it”. The right hemisphere specialises in non-verbal communication, dealing with everything that is implicit (including memory). However, it is not just damage to the functioning of the right hemisphere which causes emotional/psychological problems, it is the lack of communication with the left hemisphere.

Damage to the psyche through splitting in relation to early trauma and multigenerational transmission through the failed attachment process is common. Where there has been cumulative relational traumas, the psyche keeps splitting leaving us with ‘many distorting mirrors, which disintegrate and fragment us’ (Kalsched 2013). When I say this, the response from others is “so it’s normal and doesn’t seem to do us a lot of harm, we just get on with it”. My response is, yes in terms of distribution it probably follows the usual bell curve, so is common and that we are all different. Does that mean we ignore it? In some people it cannot be ignored, or is ignored with a significant impact on life quality and even health. Some crash out emotionally, others work themselves to burnout, some use drink or pain killing drugs to keep going. Some suffer physical symptoms and illness, as the traumatised part tries to find expression (O’Sullivan 2015) . Others end up in unhealthy relationships with others and, importantly for coaching, with work and work colleagues. We entangle others into our survival strategies, resulting in relational difficulties which show themselves at work as well as in our private lives.

HOW DOES TRAUMA SHOW UP IN COACHING?

It is the survival self that we meet in coaching, within our clients and ourselves. As I have stated previously, there is a spectrum in terms of the predominance of the survival self. Some people’s psyche is so damaged and the healthy self so compromised that they come nowhere near a coaching room as they are unable to function within a work role. However, when working with those who do come to coaching who carry less damage an understanding some of this field might be helpful. In coaching I am not suggesting that we should be diagnosticians, nor that we do psychological archaeological digs to track down potential sources of traumatising experience. Neither should we start focusing in on the trauma feelings. That is not helpful and is highly inappropriate.

There are a potential four categories of those who are affected by relational trauma who might come into a coaching room:

- a) Those who have found a healthy relationship between the splits in their psyche, the role they occupy and the environment for their work. Their survival strategies are not upper-

most and are not limiting their ability to fulfil the requirements of the role. The coaching helps to reinforce the healthy self.

- b) Those who have become psychologically unwell as their traumatised self and survival self have been activated by the role and environment. They may be experiencing burnout, or depression, or heightened anxiety, or other emotional or physical ill health. Depending on the coach's orientation they may be able to do some valuable work, but the likelihood is that the individual needs some deeper trauma therapy.
- c) Those whose survival self has become highly activated by the role and environment, and who are exhibiting survival strategies which are preventing them from being effective or satisfied. Some of these are discussed later in this paper. There is coaching work we can do together.
- d) People who seek leadership or other roles because of their traumatised self, where that seeking is a survival strategy to prevent them from feeling too much. They may keep changing roles or organisations, they may fail to deliver while being convincing to everyone other than their line manager, or they may continue to seek out roles that become self-punishing.

The survival strategies become over-active when the individual is unconsciously afraid or when the deeply hidden trauma self is triggered - by being in a similar situation, or a similar personality/type of relationship or environment, or if one is made a victim again through the persecution/perpetration of another - think of:

- a domineering boss demanding too much with a threat hanging over the client if she/he doesn't deliver
- systems which are punishing, bullying and uncaring
- a system which feels unsafe and frightening
- constant organisational uncertainty, reorganisation, mergers, layoffs, redundancies
- a new role with unclear responsibilities, unachievable expectations from others; which feels overwhelming
- challenges to identity and belonging
- unpredictable environments carrying a lot of risk
- being bullied
- being sacked/excluded unfairly /demoted
- personal circumstances concerning loss, divorce, anything that stimulates deep fear.

The solution for healthier living might be to change the environment rather than oneself. Often, a challenge to the survival strategies stimulates an internal fight back leaving the client feeling a victim/stuck/overwhelmed/obliged/without choice. Survival strategies may also include a victim attitude (I can't..they always..) and a persecutory energy which can erupt (grandiosity, angry critical outbursts, victimisation of others in subtle ways, excluding others).

In my supervision (and of course in my practice at times too), I hear coaches coaching the survival strategies and/or due to finding the client's survival self resistant, to then acting out of their own survival strategies. One thing I have become clear about is that coaching the survival strategies does not work.

Ruppert (2011) describes survival strategies as being about:

- avoidance—stay away from all situations that resemble the initial trauma; avoid resting, for rest is dangerous and feelings may surface uncontrollably. An example would be clients who make contact with some inner emotion and then pull away; even pull away from the coaching so as to avoid any contact with feeling; or who use work to ensure they are not in touch with themselves and their feelings.
- control—bringing as much as possible under your control (internally and externally). Others manipulated or controlled. As the coach, you might feel controlled by the client, and hear in their stories how control is vital for them.
- compensation—because avoidance and control make life arduous and austere and emotional connection is missing, the individual searches for substitutes - faux happiness, clownish behaviour, laughter that can become hysterical, excessive eating, drinking, coffee, sexual promiscuity, gambling. The survival part becomes the artist of the artificial.
- illusions—this is an important part of survival. Reality of trauma is so unbearable, there is a flight into illusion to avoid vulnerability. Where early childhood experience or existential trauma is present, a survival strategy is to idealise the parents, or gloss over reality, cling to the idea of great professional success (when this is not reality) or having a unique career, or being indispensable or heroic, holding onto the idea of an idealised world. These projections cannot last, so when one collapses, the survival strategies work hard to create another new house of cards and so it goes on. Beneath this is the inner void and endless anxieties.

Axelrod (1999) writes from a psycho-analytic perspective and has created a categorisation of disturbances within the relationship to work, which I redefine as examples of work-related survival strategies, for each there is a spectrum. As for so many survival strategies, they can be productive to a point (that is, not harmful or self-abusive) but then they can tip over into a darker more damaging dynamic. In psycho-analytic thinking (Axelrod 1999) a job that is right for a person 'carries challenges without stimulating excessive doubt and uncertainty'. That is the role or the environment should not create dysfunctional and unhealthy anxiety.

His categories are:

- Work inhibition —this strategy is about perfection, but in the desperate desire to gain that, the person is indecisive and prone to procrastination; exaggerating the adverse effects of any error/misjudgement, and are not as productive as may think they are. They tend to think that working hard in itself should give them success. Such people can be unforgiving and controlling bosses (and clients) and can disrupt teams. Mostly they are highly critical of themselves regardless of other versions of reality presented to them.
- Work compulsion—inner compulsion to overwork, with an inability to rest. Seeks demanding jobs to feed this compulsion; lack of life outside work; avoids time at home; feels has no choice but to work very long hours (victim attitude); rarely gets pleasure from achievements; controlling of self and others can be associate with high anxiety, can be competitive. There are likely to be deeply rooted feelings of emptiness and helplessness, fragmentation, shame. Often late and misses sessions/too busy to fit in/ coach may find self manipulated into fitting into client's schedule, change is unlikely. Working with people locked in such survival strategies may cause us to want to push them toward change and to define some actions they want to make. They may go away a bit uplifted that something might change. Then when they come back, and you check with them how it went, they tell you that they have 'had' to take on another big project or cover the role of someone who has left.

- Work diffusion—chronic dissatisfaction with one’s life work; lack of fit between the self and the work role; feels unable to integrate different facets of self, very confused about ambition, passion and goals. Frustrated with inability to express who she is in her work; feels she is in the wrong job, wrong profession, wrong business. The problem for us in coaching is that whatever we offer is unlikely to be taken up.
- Work disillusionment and disability—inability to mobilise inner resources to engage with work life, apathetic, lacking in energy, victim attitude; may result in episodic or permanent withdrawal or absence from work, depressed, withdrawal from others. These can be the clients we are asked to work with to ‘help them get back into work’, as a step before they are let go.

I do not experience these as always being discrete categories. I have worked with and known people who could fit into several of them.

WHY IT MATTERS THAT WE DON’T COLLUDE WITH THE SURVIVAL SELF OR BE BLIND TO TRAUMA IN THE CLIENT

Axelrod (1999) was one of the first books I came across as a therapist that talked about the nature of the relationship with work. I am still looking for the book in coaching and consultancy which talks about trauma (other than Earl Hopper 2012). If you look in the index of most business and coaching books there is no mention at all. It is airbrushed out. That is what concerns me; how we collude to be blind to reality. What we do about it is another issue. When I was advised not to use the word ‘trauma’ in talks I gave to business consultants/coaches, I initially went along with it, thinking ‘yes, easier to get my message over’ but when it came to it, I realised I was doing what society does, which is to ‘pretend it isn’t there’.

Axelrod (1999) would have seen people in my category (b), whose strategies had become so disabling that they were in the analytic consulting room. However, I think we see potentially damaging variations of the disturbance within the relationship with work regularly in the coaching room.

I can recall many clients discussed in supervision and in my practice where the coaches felt disoriented, confused, controlled, distanced, dismissed and undermined by their clients or where they were rushing in as rescuers (which is also a survival strategy). Some coaches wanted to refer such clients on, some wanted to survive to the end of the programme of coaching and bring something of benefit to it, all wanted to understand what was going on. It is not ethical professional practice to work outside our perceived competence but I have mostly found that with reflection, a theoretical understanding and consideration coaches can do some useful work with such clients, and importantly not get entangled with their or their client’s survival strategies. It is the entanglement with our own survival strategies which becomes the problem for the work as then our survival strategies try to coach the client’s survival strategies.

The survival part does its best to ensure that the person in question is able to go on living but it is fundamentally unwilling and incapable of connecting the problems that appear in the person’s life to the split in the psyche and to the reality of what caused it. It views the split as the solution and not the problem. Consequently we as coaches may collude with this and coach the survival strategies to maintain the split. We have probably all coached high flying executives who are living unhealthy lives; working very long hours, flying around the world, doing their best to manage a family life (and

often failing), and who cannot rest, who know they are stressed, and yet tell us confidently: “It’s fine really, it goes with the territory” or “it’s temporary, when X and Y has happened it will get back to normal”. We might argue the client wants collusion for their survival strategies from the coaching and that they have chosen coaching so as not to deal with the other stuff. As coaches, do we have the right to suggest otherwise? Where do we sit on this dilemma?

As coaches, many of us are also living through our survival strategies and don’t see how they come into play with our clients. So we collude with our clients to stay in survival territory. That is, we join them in the avoidance or illusion of what they are portraying. Or something about them triggers something within us and our traumatised selves, which means our survival strategies come to the fore. We might become intellectualising with them, or a bit persecutory, or feel helpless and stuck, or use lots of tools to seem as if we are doing something. In doing this, we have lost our grounded healthy self which is both engaged and detached, that can be fully involved with the client and also be able to observe the dynamics between and around us. We have to be in our healthy self for reflective practice where we can really learn, not blame ourselves or the client, or take up a victim attitude, but be open to ourselves and the process. In neuroscience terms, being able to access the right hemisphere and overcome the control that is located within the left hemisphere.

SO, HOW DOES THIS RELATE TO COACHING AND VISA VERSA?

Now I come back to the questions. What has trauma got to do with coaching? What has coaching got to do with trauma? I think there are several levels to this answer.

I think some coaches could benefit from understanding more about traumatised psyches and how that impacts on the here and now; particularly those working in a more integrative way. Remember, it is the survival strategies we meet in the client and ours as stimulated by the setting or encounter. Understanding their function and presentation could be valuable: that might be enough. If we do that we are less likely to coach the survival strategies and keep focused on enriching the healthy self and healthy contact with that self, in ourselves and with others. Even if there can be a move away from a fear response to the word ‘trauma’ would be good.

I haven’t talked about traumatised teams in this paper, no space to do so. However, events within an organisation do traumatise teams, that is, re-trigger the traumatised selves in individual team members. It can help to show people the diagram (see page 3), and explain what happens when events happen at work such as major uncertainty of organisational merger/survival, or in constant changes of managers/leaders. I consulted once to a team that had had 6 CEOs in 5 years and 7 team managers in the same time, plus a number of events that caused very high anxiety. Leaders who come into heading up such teams or departments often access coaching to help in that task, as do leaders who are trying to hold the fort in such instances. It helps to understand trauma in that context. It is also possible that survival strategies of team members give rise to patterns of behaviour that becomes a collective survival strategy within an organizational context that is hostile. As with all survival strategies, they come to the fore to help us survive. Ultimately though, over time, they diminish the contact with the healthy self and will carry the characteristics of survival strategies.

I am also exploring the impact of trauma (in the way I am defining it) and leadership. What kinds of leaders does this produce? If leaders/managers are managing primarily out of their survival self they will not succeed over time. This is because the way they relate to those around them will be compromised and getting follower-ship will be a problem other than through coercion. I worked in Russia over a number of years and was amazed at how the old USSR had held control over such a

vast geographical landscape. Then I saw the memorial to the millions of dead resulting from the Stalinist purges and understood. I think we need to recognise traumatised leadership more and what our options are for working with it in coaching.

Clients have to set the agenda and boundaries for what they wish to focus on and engage with. That is unchanged by anything I have set out above. When the survival strategies are at their most pronounced (controlling, avoiding), we know that the trauma feelings are being triggered. It is not good practice in any field to bring those to the surface without considerable preparation and long term work. It is not for us to go digging around in the client's psyche. As in therapy, change within coaching is only possible when the client is ready. We need to focus on working with the healthy self, with the imagination and metaphor, to try to open up some transitional space where different possibilities can be thought about.

We occasionally meet the client's trauma self in the coaching room; a glimpse of the inner pain sometimes associated with a memory, often appearing 'out of the blue'. The emotions within the trauma self are stuck in the age when they occurred, so often feel immature and thus can be shameful for the client to expose. Trauma feelings also emerge as if the traumatising environment is still present, the past and present become conflated (as in PTSD). There is no need to rush to reassurance or avoidance, nor to push into the pain. Acknowledge, give space, the client will determine where they want to move to in the session. Rarely, a client might become re-traumatised in the coaching room. This is when the trauma feelings overwhelm the individual - the signs are the client says they are very cold, may start shaking, sobbing, unable to speak, hyperventilating. This can be frightening for the observer and shaming for the client. It is straightforward to deal with: stay calm, use the client's name "Sarah, can you look at me?" "Simon, keep breathing, take deep breaths, in... out, keep focused on your breathing": check with the client that it is okay for you to put your hand on their back or forearm; not all like being touched. But if okay with them, the touch makes the contact and helps bring the client back to the room. The aim is to bring the client back into contact with you, and for their breathing to get back to normal levels. This is very very rare in the coaching room. When I was taking with a group of coaches, they were anxious that a client might become re-traumatised, this is a very reasonable anxiety. However, I asked if it had happened to any of them. One said it had, so I asked what he had done. He told me he had done all I have set out above: he knew what to do. He had been a bit frightened but had contained and held the client in a way that enabled it to pass. Talking about trauma had helped him understand this for the first time.

Coaches should, in my view, also be clients of other integrative coaches or of deep personal development work in a field that resonates with them; that is, to do their own work. That might be focused on developing the healthy self and opening up the right hemisphere, on body work, meditation (some forms of mindfulness although I fear that is becoming more of mind control than connection with right hemisphere), reflective free writing (not intended to be re-read), walking, resting. Constellations is a useful process for bringing unconscious dynamics to the fore for us to see and to have an embodied experience. Person Centred or Systemic constellations is less of a therapy model and offers something valuable to those who do not wish to step into a more therapeutic frame.

Coaching already carries the principle that the client is resourceful, that is, they have all the internal resources they need to resolve their situation. This remains sacrosanct for me. The resources are those of their healthy self; however, the survival self is very prominent and we need, sensitively, to facilitate the differentiation between resources which are survival strategies and those which are from the healthy self. Remember the image of the distorting mirrors, which are the survival

strategies. We need to avoid the dominance of approaches which are primarily left hemisphere dominated, focussing more on those that involve the body, meaning and metaphor and engage with the potentiality of the right hemisphere and the appropriate connection between the two hemispheres.

For many of our clients, the role they have taken on or how it has evolved, or the environment in which they are now operating, is re-traumatising. That is it triggers the traumatised feelings (overwhelmed, helpless, terror/fear/anxiety, isolation/abandonment), which causes the survival strategies to gear up and control what is going on. The effects of this are often brought by the client into the coaching room. Sometimes this can be worked with, and they can be helped back into contact with the part of themselves that knows how to resolve the situation. However, as I have shown, sometimes that is not so straightforward. It may be better to change the role/environment.

Clients operating through survival self often put up all kinds of reasons why change can't happen. However, we can help them explore possibilities without any sense that they need to implement them. Pushing for action or explicit goals may be unhelpful and just re-energise the survival strategies. Because I contract to work in an integrative way, and depending on the working alliance with the client, I might talk to them about survival strategies: how they once helped but with age how they can become damaging to our wellbeing. I may also talk of the 'there and then' of the past and the 'here and now' of the present; traumatised feelings when they arise are as if the traumatising experience is still happening (not in the past); in so doing, I seek to provide some space for thinking about different choices. The benefit is in engaging the healthy self to find some expression and exploration; to explore how to reach out to spouses/partners to talk about possibilities (when the survival strategies are uppermost, the tendency is not to talk about what is happening with those at home, but to press on regardless). As coaches, we need to keep our healthy self too, so that we do not become entangled with the client, pushing them too hard or standing back too much.

It is my view that coaches with understanding and experience of this field can bring something additional to the coaching work, a greater transitional space between the inner and outer worlds, which allows for deep transformation without working directly with the traumatised self or with the past. It needs a slightly different tool kit, perhaps, particularly for those clients who are clearly under the control of their survival strategies, if they wish to address some underlying issues within the boundaries of the coaching relationship and contract.

To address the question "What has coaching got to do with trauma?": the answer is a lot, but not directly. The form of constellations work I now do uses many of my coaching skills and attitudes - the client decides, the client has all the resources they need to do what they want to do for themselves, non-directive, non-analytical; provide a process for exploration. What psychotherapeutic skills I have are useful in that there is not much I haven't heard about the very dark side of human and family life, so I am not easily upset by it; I have learnt to remain grounded most of the time, in contact with myself (also a coaching skill); I am not distressed or frightened by the distress of others. However, many of my psychotherapeutic approaches are unhelpful and constitute the survival strategies of that profession. While much of the work I do now is more therapeutic in nature and presentation, for me it is a real point of integration of coaching and psychotherapy.

The good news about trauma and damage to the right hemisphere functioning is that due to the brain's plasticity repair is possible. But it depends (Kalsched 2013):

Less on

insight

technical vocabulary

the past

analysis of past memory

More on

embodied experience

metaphor

the present/here and now

imaginal possibilities.

Much of coaching is already working with the ‘more on’ column. How can we do more of that in recognition that many of our clients, and us, carry some damage to the functioning of our right hemisphere? Constellations¹ provides some potential for this as it is primarily about the ‘more on’ column. How do you meet the trauma in your clients? What do you do about their survival strategies and your own?

There is much I have not included in this paper due to length. One of those aspects is the nature of integrative coaching itself, what is being integrated, why (for what purpose) and how? I am continuing to write a book about all the issues I have raised here, and some I haven’t. This paper is part of that work in progress. I hope though to have raised some issues and some things to think and reflect about.

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¹ Systemic or Person-Centred Constellations or Constellations of the Intention (different orientatons) - a process for bringing implicit memory into conscious awareness and making otherwise hidden dynamics available to be observed and worked with. Right hemisphere focused.