

SIP and Self Schema: The Wound, the Strategy, the Belief

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This document is designed as a learning tool for students of Somatic Integration and Processing (SIP). It provides archetypal examples of core wounds, their origins, associated strategies, and the pro-symptom beliefs that sustain them. While these patterns may resonate with common human experiences, they should *always* be approached with humility, curiosity, and a commitment to honoring individual complexity. This is a guide, not a diagnosis or definitive map.

Understanding Core Wounds

Core wounds are deeply ingrained emotional or relational injuries that shape how individuals perceive themselves, others, and the world. They often develop in response to unmet needs, traumatic experiences, or relational patterns in formative years. Core wounds influence strategies for self-protection, connection, and meaning-making.

Definition: Core wounds are fundamental emotional or relational injuries, often experienced as a pervasive sense of inadequacy, disconnection, or vulnerability. These wounds act as a lens through which individuals interpret their experiences and relationships.

Origin: Core wounds typically arise during formative developmental periods, particularly when primary attachment needs for safety, connection, and validation are unmet or have costly conditions surrounding them. Causes may include:

- **Attachment Disruptions:** Emotional neglect, inconsistent caregiving, or loss of primary caregivers.
- **Traumatic Experiences:** Physical, emotional, or sexual abuse; bullying; or significant losses.
- **Cultural and Societal Factors:** Messages of worthlessness, exclusion, or oppression based on identity.

Challenges Created:

- **Internal Struggles:** Persistent feelings of shame, fear, or inadequacy. Difficulty regulating emotions or building self-esteem.

- **Relational Patterns:** Avoidance of intimacy, over-dependence, or difficulty establishing healthy boundaries. Repeated cycles of mistrust or conflict.
- **Cognitive Distortions:** Negative self-perceptions, such as "I am unlovable," "I am powerless," or "I am a failure," often reinforced by pro-symptom beliefs.

Core wounds create a survival-based framework where individuals develop protective strategies to avoid further pain. While these strategies may serve an adaptive function in the short term, they often perpetuate patterns of disconnection and distress over time.

It is imperative that we re-understand trauma as anything too much too soon, too much for too long, or too little for too long, particularly in the absence of secure attunement.

Understanding Strategies

Strategies are the ways in which people learn to navigate their world, shaped by their experiences, relationships, and internal needs. Often, these strategies develop early in life as adaptive responses to challenges, unmet needs, or environments that may have been overwhelming or unsafe. While strategies can serve a protective function and help individuals cope, they may persist into adulthood in ways that no longer serve the person effectively, creating challenges in relationships, emotional regulation, or self-concept.

As therapists, understanding a client's strategies allows us to honor the wisdom behind them while supporting the client in exploring more flexible, empowering ways of being. Strategies are not "good" or "bad"—they are functional responses to the person's lived experience.

Examples of Strategies

1. Perfectionism as a Strategy

A client may have developed perfectionism as a way to gain approval or avoid criticism in a household with high expectations. While this strategy might have helped them succeed in school or work, it may now lead to burnout, anxiety, or difficulty accepting mistakes.

2. Avoidance as a Strategy

Another client might avoid conflict or difficult conversations because, in their early environment, expressing needs or emotions led to rejection or punishment. This

strategy might have kept them safe as a child, but as an adult, it may result in unresolved relationship issues or a lack of authentic self-expression.

How to Work with Strategies in Therapy

- Recognize the Purpose: Help the client explore the origins of their strategy and how it has served them in the past. For example, “It sounds like avoiding conflict kept you safe in a really challenging environment.”
- Cultivate Awareness: Support the client in identifying when and how the strategy shows up in their life today.
- Offer Compassion: Normalize the strategy as a survival mechanism while gently inviting curiosity about its current impact.
- Explore Alternatives: Collaborate with the client to experiment with new ways of responding that align with their present values and needs.

By helping clients understand their strategies in this compassionate, non-pathologizing way, you empower them to make conscious choices about how they navigate their lives, fostering growth, healing, and self-discovery.

Utilizing this Resource

This guide serves as a framework for understanding the patterns that may emerge in the exploration of core wounds, strategies, and pro-symptom beliefs. It is intentionally crafted not as an exhaustive list of truths, but as a flexible and dynamic resource for inquiry and reflection. The examples provided are archetypal, designed to highlight common themes rather than prescribe fixed conclusions or diagnoses. Each individual's expression of these wounds and strategies is deeply personal, influenced by their unique lived experiences, culture, and developmental history. Learners are encouraged to approach this document with curiosity, holding an open stance toward the nuance and complexity of human experience. Rather than seeking certainty, use this guide to deepen your understanding and capacity for attunement in therapeutic presencing and practice. Reflect on the ways cultural, social, and neurobiological contexts shape these patterns, and remain mindful of the diversity and intersubjectivity central to SIP's philosophy. This is a "living document," meant to grow and evolve with your insights and experiences. Consider it a starting point for dialogue and self-reflection. As you engage with the material, bring your own observations and understanding to refine your use of the concepts within your practice. Above all, let this guide support you in fostering authentic, compassionate, and transformative connections with your clients. Use it not to categorize, but to enhance your therapeutic presence and deepen your reflective practice.

In what follows, five “I Am...” statements are given to highlight frequent and complex core wounds and patterns that many people carry with them. These are given first as examples of what is left to come, as well as to orient our attention to some of the most frequent core wounds and pattern combinations that underlie many of our clients’ (and our own) strategies and self schemas. In the next section, a more comprehensive list is given in similar format to apply this perspective to a generic negative cognitions list given in EMDR basic trainings or other trauma resolution therapy trainings.

Core Wounds and Patterns

"I Am Unlovable"

- **Causes:**
 - Chronic emotional neglect.
 - Inconsistent caregiving or attachment disruptions.
 - Relational trauma (e.g., rejection, abandonment).
- **Strategies:**
 - People-pleasing and perfectionism.
 - Avoidance of deep intimacy to prevent rejection.
 - Hyper-vigilance to others’ emotions.
- **Pro-Symptom Beliefs:**
 - "If I am perfect, I will be accepted."
 - "It's safer to never rely on others."
 - "I must earn love through service or success."
- **Possible Somatic Correlates**
 - Strong expressions of Shame activations
 - Primary expressions of Nurture/Care, Panic/Grief, Fear/Anxiety in relationships
 - Likely repressions of Rage unless expressed towards self
 - Primary patterns of Sympathetic activations with Dorsal collapse when these strategies fail

Narrative Example: Sarah, a 32-year-old business executive, comes into therapy seeking help for persistent feelings of emptiness and anxiety in her relationships. Despite achieving significant professional success, she reports feeling isolated and unworthy of connection. She expresses frustration with her inability to maintain fulfilling relationships and a deep fear of being rejected if others see her "true self."

Sarah grew up in a household where emotional neglect was pervasive. Her parents were inconsistent in their caregiving—sometimes attentive but often emotionally unavailable due to their own struggles. Early experiences of rejection, particularly during

formative relationships in adolescence, reinforced her belief that she was fundamentally unlovable. These attachment disruptions left Sarah with a deep fear of abandonment and a tendency to question her worth. As a result, Sarah developed a pattern of people-pleasing and perfectionism. At work, she is known for going above and beyond, earning recognition and praise that momentarily soothes her underlying insecurities. However, in her personal life, she avoids deep intimacy, fearing that others will reject her if they see her flaws. Sarah is hyper-vigilant to others' emotions, often prioritizing their needs over her own in an attempt to secure their approval and maintain harmony. Sarah's actions are driven by deeply ingrained beliefs that shape her behavior and sustain her core wound: *"If I am perfect, I will be accepted."* Sarah strives for perfection in all areas of her life, believing that this is the only way to earn love and avoid rejection. *"It's safer to never rely on others."* This belief keeps Sarah distant in her relationships, as relying on others feels too risky and vulnerable. *"I must earn love through service or success."* Her relentless drive to please others and achieve success is fueled by the hope that these efforts will make her worthy of love. Sarah struggles to believe that she can be valued for who she is, rather than for what she does. Her hyper-vigilance to others' emotions often leads her to suppress her own needs, creating a cycle of exhaustion and resentment.

"I Am Unsafe"

- **Causes:**
 - Chronic abuse or threat (physical, emotional, or sexual).
 - Growing up in an unpredictable or chaotic environment.
 - Lack of attunement in early relationships.
- **Strategies:**
 - Hyper-independence or control.
 - Hyper-vigilance and anxiety.
 - Dissociation or emotional numbing.
- **Pro-Symptom Beliefs:**
 - "If I am in control, nothing can hurt me."
 - "It's better not to feel anything than to feel pain."
 - "Trusting others will only lead to harm."

Narrative Example: James, a 28-year-old artist, enters therapy seeking help for chronic anxiety, difficulty forming close relationships, and a pervasive sense of mistrust. He describes his world as unpredictable and dangerous, expressing fear that he cannot fully relax or let his guard down. Despite his creativity and achievements, James feels emotionally numb and disconnected from himself and others.

James grew up in a chaotic and volatile household. His parents frequently argued, and James often witnessed emotional and physical outbursts. As a child, he learned to tread carefully, adapting to the unpredictability of his environment. His caregivers were unable to provide consistent emotional attunement, leaving James to navigate feelings of fear and instability alone. Over time, these experiences cemented his belief that the world is unsafe and that he must always be in control to protect himself. To cope with his core wound, James developed a series of survival strategies: James avoids relying on others, believing that self-sufficiency is the only way to stay safe (Hyper-Independence). He is constantly on high alert, scanning for potential threats in his environment and relationships (Hyper-Vigilance). To protect himself from pain, James has learned to suppress his emotions, creating a barrier between himself and his internal world (Emotional Numbing). James's strategies are shaped by pro-symptom beliefs that perpetuate his core wound: *"If I am in control, nothing can hurt me."* James micromanages every aspect of his life, avoiding uncertainty at all costs. *"It's better not to feel anything than to feel pain."* Emotional numbness provides temporary relief but deepens his disconnection from others. *"Trusting others will only lead to harm."* James struggles to form close relationships, fearing betrayal or rejection. James's deeply ingrained survival strategies make vulnerability and connection difficult. His hyper-vigilance and emotional numbness create barriers to trust, both with his therapist and in his broader relationships.

"I Am Worthless"

- **Causes:**
 - Persistent criticism or shame in childhood.
 - Achievement-based conditional love.
 - Early experiences of failure or humiliation.
- **Strategies:**
 - Overachievement or overwork.
 - Self-deprecation or minimizing success.
 - Seeking external validation to fill internal voids.
- **Pro-Symptom Beliefs:**
 - "My value comes from what I do, not who I am."
 - "I must prove myself to be worthy of respect."
 - "If I lower expectations, I won't disappoint anyone."

Narrative Example: Maria, a 35-year-old entrepreneur, comes to therapy reporting a constant sense of inadequacy despite her outward success. She describes feeling like an imposter in her professional life and struggles to accept praise or recognition. Maria is deeply critical of herself, often minimizing her achievements and focusing on

perceived flaws. Her relationships are strained by her need for external validation, which she admits feels exhausting and unsustainable.

Maria's belief in her worthlessness took root during childhood, where persistent criticism from her parents was the norm. Success was celebrated but only as a means to an end: maintaining the family's reputation. Expressions of love or validation were conditional on Maria's achievements, leaving her feeling that her value was tied solely to her performance. Early experiences of public humiliation for minor mistakes further reinforced her fear of failure and inadequacy. Maria developed survival strategies that allowed her to function while masking her deep-seated insecurities: Maria pours herself into her work, aiming to achieve external markers of success to compensate for her internal void (Overachievement and Overwork). She deflects praise and minimizes her accomplishments, protecting herself from the vulnerability of being seen (Self-Deprecation). Maria relies on accolades and approval from others to feel momentarily worthy, though this validation never feels lasting (Seeking External Validation). Maria's actions are guided by a set of deeply held beliefs that sustain her core wound: *"My value comes from what I do, not who I am."* Maria equates her worth with her achievements, leading her to constantly strive for more. *"I must prove myself to be worthy of respect."* She feels an ongoing need to demonstrate her competence and excellence. *"If I lower expectations, I won't disappoint anyone."* Maria often downplays her abilities to avoid the risk of failing to meet others' standards. Maria struggles to see herself as inherently valuable, independent of her achievements. Her reliance on external validation leaves her vulnerable to burnout and feelings of emptiness.

"I Am Powerless"

- **Causes:**
 - Overbearing or authoritarian caregivers.
 - Experiences of helplessness (e.g., bullying, oppression).
 - Lack of autonomy in early development.
- **Strategies:**
 - Passive compliance or appeasement.
 - Aggression or rebellion to reclaim control.
 - Chronic indecision or avoidance.
- **Pro-Symptom Beliefs:**
 - "If I don't stand out, I won't be hurt."
 - "Conflict is dangerous and must be avoided."
 - "I can only feel safe if I'm in charge."

Narrative Example: Elliot, a 29-year-old teacher, enters therapy expressing feelings of helplessness and frustration in his personal and professional life. He describes a

persistent fear of making decisions and a pattern of avoiding conflict at all costs. Despite his outward calm, Elliot feels a deep sense of internal chaos and struggles to assert himself in relationships, often resorting to compliance or passive withdrawal.

Elliot grew up in a home dominated by authoritarian caregivers who rarely allowed him to make choices or express opinions. Any attempts at autonomy were met with harsh criticism or dismissal, leaving Elliot with a deep sense of powerlessness. In school, he experienced bullying, which further reinforced his feelings of helplessness and dependence on avoiding attention to stay safe. These early experiences shaped his belief that he lacked control over his life and that standing out or asserting himself would lead to harm. Elliot's survival strategies center around maintaining a sense of safety and avoiding conflict: Elliot often agrees with others' opinions or demands, even at the expense of his own needs or values, to avoid potential confrontation (Passive Compliance or Appeasement). In moments of overwhelm, Elliot may exhibit bursts of defiance to reclaim a sense of control, though this behavior is short-lived and followed by guilt (Aggression or Rebellion). Elliot struggles to make decisions, fearing the potential consequences of choosing "wrong," and often delays action to maintain a sense of control through inaction (Chronic Indecision or Avoidance). Elliot's strategies are shaped by pro-symptom beliefs that sustain his core wound: *"If I don't stand out, I won't be hurt."* Elliot avoids attention to protect himself from perceived criticism or attack. *"Conflict is dangerous and must be avoided."* This belief drives his compliance and passivity, even when it leads to dissatisfaction or resentment. *"I can only feel safe if I'm in charge."* Elliot's moments of rebellion stem from an intense need to reclaim a sense of autonomy and control, albeit temporarily. Elliot's deeply ingrained fear of conflict and vulnerability makes it difficult for him to express his true feelings, even in therapy. His reliance on avoidance and compliance as survival strategies may hinder his ability to engage fully in the therapeutic process.

"I Am Alone"

- **Causes:**
 - Early loss of a caregiver or significant relationships.
 - Emotional unavailability from attachment figures.
 - Experiences of ostracism or exclusion.
- **Strategies:**
 - Withdrawal or self-isolation.
 - Seeking constant reassurance or proximity.
 - Over-identification with roles that ensure connection (e.g., caregiver, rescuer).
- **Pro-Symptom Beliefs:**
 - "If I need others, I'll just be disappointed."

- "Being alone is the only way to stay safe."
- "I must sacrifice my needs to keep people close."

Narrative Example: Lisa, a 40-year-old nurse, enters therapy feeling deeply disconnected from others and herself. She describes a persistent sense of loneliness, even in the presence of friends and family. Lisa is highly supportive of others but feels resentful when her care and attention are not reciprocated. She expresses frustration with her pattern of overextending herself in relationships, only to feel unacknowledged or taken for granted.

Lisa experienced the early loss of her father, a significant attachment figure, during childhood. Her mother, overwhelmed by grief, became emotionally unavailable, leaving Lisa to process her feelings of loss and isolation alone. At school, Lisa struggled with bullying and social exclusion, which reinforced her belief that she was fundamentally unworthy of connection. Over time, these experiences shaped her fear of relying on others and her conviction that relationships were inherently fragile and disappointing. Lisa developed a series of adaptive strategies to cope with her feelings of loneliness: Lisa avoids reaching out for support, preferring to handle her struggles privately to avoid potential rejection (Withdrawal or Self-Isolation). In moments of vulnerability, Lisa seeks validation or closeness from others but often feels dissatisfied when her needs are not met (Seeking Constant Reassurance or Proximity). Lisa positions herself as a caregiver or rescuer in her relationships, believing that her value lies in her ability to support and nurture others (Over-Identification with Caregiver Roles). Lisa's strategies are rooted in pro-symptom beliefs that perpetuate her core wound: *"If I depend on others, I'll just be disappointed."* This belief leads Lisa to suppress her own needs and rely on herself, reinforcing her isolation. *"Being alone is the only way to stay safe."* Lisa equates independence with protection from the vulnerability of connection. *"I must sacrifice my needs to keep people close."* Lisa prioritizes others' needs over her own, hoping this will secure their affection and loyalty. Lisa struggles to trust others with her emotional world, fearing rejection or abandonment. Her tendency to suppress her own needs and overextend herself in relationships creates cycles of resentment and self-criticism. Therapy must navigate her fear of vulnerability and help her develop healthier, more balanced ways of relating to others.

Integration and Nuance in SIP

Core wounds rarely exist in isolation. Individuals may experience multiple wounds, each influencing their strategies in overlapping and evolving ways. SIP emphasizes holding these complexities with attuned curiosity, avoiding reductive interpretations. Additionally, cultural, social, and environmental factors play a significant role in shaping core wounds

and strategies. Learners should remain mindful of how privilege, marginalization, and systemic factors influence these dynamics. We as therapists must maintain awareness of our own biases and wounds, using SIP's intersubjective framework to hold a reflective mirror to ourselves, recognizing shared humanity, seeking a deeper connection and path toward healing.

Negative Cognitions and Patterns

The following section intends to provide an in-depth exploration of the origins and functions of negative cognitions and behavioral patterns as viewed through the lenses of Somatic Integration and Processing (SIP). Our aim is to equip clinicians, supervisors, and learners with a nuanced understanding of how negative cognitions arise, the protective strategies they support, and the adaptive beliefs that underlie symptom formation. The SIP framework emphasizes the interconnectedness of attachment history, somatic experiences, and memory reconsolidation processes in shaping an individual's cognitive and emotional patterns. By tracing these patterns back to their roots, we can:

1. **Identify Core Causes:** Unpack the developmental and relational origins of negative cognitions, considering factors like early attachment disruptions, relational trauma, and somatic imprints from adverse experiences.
2. **Illuminate Protective Strategies:** Highlight the ways in which seemingly maladaptive strategies or thought patterns function as protective mechanisms, ensuring emotional and psychological survival under challenging circumstances.
3. **Explore Pro-Symptom Beliefs:** Delve into the implicit, often unconscious beliefs that maintain these strategies, reframing them as deeply adaptive and meaningful responses to the individual's lived experience.

This collection prioritizes diversity, complexity, and intersubjectivity, avoiding reductive approaches while providing practical insights for clinical application. Each negative cognition is considered within the broader context of the client's unique narrative, fostering compassion and curiosity. By integrating theory with examples and reflective prompts, we can connect deeply with our own inner experiences and enhance our understanding of our clients. Ultimately, this guide serves as both a "window" into the client's inner world and a "mirror" for therapists to see their own patterns and processes, reinforcing SIP's core values of relational depth and co-regulation in healing.

Control/Choice

"I Do Not Have Control of My Life"

- **Causes:**

- Over-controlling or neglectful caregivers.
- Early exposure to instability or chaos.
- Learned helplessness from repeated failure or invalidation.
- **Strategies:**
 - Avoidance of responsibility to reduce perceived risk.
 - Excessive reliance on others for decision-making.
 - Resignation or passivity.
- **Pro-Symptom Beliefs:**
 - "If I let others take charge, I can't fail."
 - "There's no point in trying because nothing changes."
 - "It's safer not to expect control."

Narrative Example: Sam, a 42-year-old office manager, enters therapy expressing feelings of hopelessness and a pervasive sense of being trapped in his circumstances. He reports difficulty making decisions and a tendency to rely heavily on others to guide his choices. Sam feels paralyzed by a lack of direction in both his personal and professional life, describing himself as “adrift” and unable to change course.

Sam grew up in a household with over-controlling parents who made most decisions for him, leaving little room for autonomy or self-expression. When he did attempt to assert himself, he was often met with invalidation or dismissal. This dynamic was compounded by an unstable family environment, where financial instability and frequent moves created a sense of chaos. Over time, Sam learned that his efforts to influence his circumstances were futile, reinforcing a belief in his own helplessness. To cope with his core wound, Sam developed survival strategies aimed at minimizing risk and reducing the burden of responsibility: Sam habitually avoids making decisions, delegating choices to others in an effort to shield himself from potential failure (Avoidance of Responsibility). He frequently seeks guidance and validation from authority figures or loved ones, believing they are better equipped to take control (Helplessness and Validation Seeking). Sam adopts a “go with the flow” approach, often surrendering to external circumstances rather than attempting to change them (Resignation or Passivity). Sam's behaviors are underpinned by deeply held beliefs that sustain his core wound: *"If I let others take charge, I can't fail."* By relinquishing control, Sam avoids the risk of being blamed for negative outcomes. *"There's no point in trying because nothing changes."* This belief perpetuates a cycle of inaction and resignation. *"It's safer not to expect control."* Sam feels less vulnerable when he assumes that control is unattainable or dangerous. Sam's reliance on others and his avoidance of responsibility present challenges in therapy. His passivity and belief in his own helplessness may initially hinder his engagement in the therapeutic process.

"I Am Weak"

- **Causes:**
 - Criticism or shaming around physical, emotional, or intellectual capacity.
 - Early experiences of defeat or humiliation.
 - Internalized societal or cultural messages about strength.
- **Strategies:**
 - Avoidance of vulnerability or effort.
 - Seeking external validation of strength.
 - Hyper-focus on compensatory behaviors (e.g., overachieving).
- **Pro-Symptom Beliefs:**
 - "If I never ask for help, no one will see my weakness."
 - "I have to prove my worth through strength."
 - "Admitting weakness leads to rejection."

Narrative Example: Sophia, a 36-year-old marketing professional, seeks therapy for persistent feelings of inadequacy and exhaustion. She describes a relentless drive to excel in her career and personal life but admits that her efforts leave her feeling empty and unfulfilled. Sophia avoids asking for help and hides any sign of struggle, fearing it will confirm her belief that she is weak.

Sophia grew up in an environment where her physical and intellectual abilities were frequently criticized. Her parents compared her unfavorably to her siblings, often focusing on what she lacked rather than celebrating her strengths. Early experiences of public humiliation at school reinforced her feelings of inadequacy, and societal messages about strength and independence further internalized her belief that vulnerability was a sign of weakness. To cope with her core wound, Sophia developed strategies to conceal her perceived weakness and prove her worth: Sophia avoids sharing her struggles, fearing judgment or rejection, and portrays an image of perfection to the outside world (Avoidance of Vulnerability). She seeks approval and recognition through her accomplishments, using others' praise to momentarily soothe her insecurities (Seeking External Validation of Strength). Sophia overcompensates by excelling in her career, working long hours, and taking on challenges beyond her capacity to prove her worth (Hyper-Focus on Compensatory Behaviors). Sophia's behaviors are driven by beliefs that maintain her core wound: *"If I never ask for help, no one will see my weakness."* Sophia isolates herself emotionally, relying on her independence to avoid exposing her vulnerabilities. *"I have to prove my worth through strength."* She continually sets high expectations for herself, believing her value is tied to her ability to achieve. *"Admitting weakness leads to rejection."* Sophia equates vulnerability with failure, fearing that others will abandon her if she is not perceived as strong. Sophia's fear of vulnerability and rejection may hinder her ability to engage

openly in therapy. Her deep reliance on external validation and avoidance of asking for help create barriers to self-acceptance and authentic connection.

"I Am Powerless"

- **Causes:**
 - Chronic invalidation of autonomy.
 - Early exposure to authority figures who restricted independence.
 - Traumatic experiences of control by others.
- **Strategies:**
 - Submission or passivity to avoid conflict.
 - Rebellion or control-seeking behaviors.
 - Numbing or avoidance of decision-making.
- **Pro-Symptom Beliefs:**
 - "If I don't fight back, I won't get hurt."
 - "Authority figures can't be trusted."
 - "I must always be in control to feel safe."

Narrative Example: Jordan, a 34-year-old graphic designer, enters therapy describing feelings of frustration and a lack of agency in both personal and professional areas of life. Jordan often avoids making decisions, defers to authority figures, and feels trapped by an internal push-pull between wanting autonomy and fearing its consequences. While generally mild-mannered, Jordan occasionally exhibits unexpected outbursts of rebellion that strain relationships.

Jordan grew up in a household where autonomy was discouraged and decisions were made by overbearing caregivers. Any attempts to assert independence were met with punishment or ridicule, leaving Jordan with a deep-seated belief that self-expression would lead to harm. Traumatic experiences with controlling authority figures in adolescence reinforced feelings of helplessness, further solidifying Jordan's belief that power lies exclusively in the hands of others. To navigate a world perceived as uncontrollable, Jordan developed strategies aimed at minimizing conflict and maintaining a fragile sense of safety: Jordan tends to avoid conflict by agreeing with others, even when it feels misaligned with personal needs or values (Submission or Passivity). In moments of frustration, Jordan may push back against authority in impulsive and aggressive ways, only to retreat into guilt and self-doubt (Rebellion or Control-Seeking Behaviors). Jordan often disengages from choices entirely, deferring decisions to others to avoid feelings of overwhelm or potential failure (Numbing or Avoidance of Decision-Making). Jordan's behaviors are shaped by beliefs that perpetuate the core wound: *"If I don't fight back, I won't get hurt."* Submission feels like a protective strategy against perceived threats of conflict or rejection. *"Authority figures*

can't be trusted." Jordan's mistrust of those in power stems from early experiences of control and invalidation. *"I must always be in control to feel safe."* Jordan oscillates between passivity and a desperate need to reclaim control, creating cycles of frustration and self-sabotage. Jordan's fear of conflict and mistrust of authority figures may initially hinder the therapeutic relationship.

"I Cannot Succeed"

- **Causes:**
 - Early failures met with shaming or criticism.
 - Lack of positive reinforcement for accomplishments.
 - Societal or familial pressure leading to unrealistic expectations.
- **Strategies:**
 - Avoiding challenges or risks.
 - Self-sabotage to confirm beliefs.
 - Over-dependence on external validation.
- **Pro-Symptom Beliefs:**
 - "Failure is inevitable, so why try?"
 - "Success is unattainable for someone like me."
 - "If I fail on my terms, I can control the outcome."

Narrative Example: Zane, a 26-year-old software engineer, seeks therapy for a pervasive fear of failure and difficulty pursuing personal and professional goals. Despite his technical skills and a solid academic background, Zane frequently avoids applying for promotions or taking on challenging projects. He describes feeling "stuck" and attributes his lack of progress to an underlying belief that success is unattainable for him.

Zane grew up in a family where his early efforts to achieve were often met with criticism rather than encouragement. Small mistakes were amplified, and his parents imposed unrealistic expectations, focusing more on what he could improve than on what he had accomplished. These patterns fostered a fear of failure and reinforced Zane's belief that success was not meant for him. His early school years included public criticism by teachers, which further eroded his confidence and willingness to take risks. To cope with his fear of failure, Zane developed several strategies to protect himself: Zane intentionally avoids situations that might expose him to failure, preferring to stay in his comfort zone rather than risking disappointment (Avoiding Challenges or Risks). When faced with opportunities, Zane unconsciously undermines his efforts, ensuring he fails on his own terms rather than attempting something where success is uncertain (Self-Sabotage). Zane relies on the opinions and guidance of others to feel momentarily reassured, though this validation rarely translates into lasting confidence.

(Over-Dependence on External Validation). Zane's behaviors are rooted in beliefs that perpetuate his core wound: *"Failure is inevitable, so why try?"* Zane avoids engaging in pursuits where success is not guaranteed, believing failure to be unavoidable. *"Success is unattainable for someone like me."* He internalizes a narrative that success is reserved for others and not within his reach. *"If I fail on my terms, I can control the outcome."* Self-sabotage feels safer to Zane than risking failure on external terms. Zane's deep-seated fear of failure and avoidance behaviors create challenges in therapy. His reluctance to take risks, even in a therapeutic context, may hinder his ability to engage fully.

"I Will Fail"

- **Causes:**
 - Early reinforcement of a fixed mindset.
 - Fear of punishment or ridicule for mistakes.
 - High stakes placed on success from a young age.
- **Strategies:**
 - Procrastination to avoid accountability.
 - Over-preparation or perfectionism.
 - Defensiveness or blame-shifting.
- **Pro-Symptom Beliefs:**
 - "Perfection is the only way to avoid failure."
 - "If I fail, it means I am unworthy."
 - "Failure defines me."

Narrative Example: Kayla, a 38-year-old restaurant manager, seeks therapy to address her crippling fear of failure and the immense pressure she places on herself. She frequently procrastinates on important tasks at work, yet spends excessive time planning and perfecting smaller details. Kayla feels trapped in a cycle of over-preparation and avoidance, which has begun to impact her professional and personal relationships.

Kayla grew up in an environment where mistakes were met with ridicule and punishment, reinforcing her belief that failure defined her worth. Her parents' high expectations left little room for error, and successes were often overshadowed by criticism about how she could have done better. This dynamic led to the early internalization of a fixed mindset, where Kayla believed her abilities were limited and unchangeable. Kayla developed strategies to cope with her overwhelming fear of failure: Kayla delays tasks that feel overwhelming, convincing herself she works better under pressure, though this often leads to unnecessary stress (Procrastination to Avoid Accountability). When she does engage, Kayla overcompensates by meticulously

preparing, believing that perfection is the only safeguard against failure (Over-Preparation or Perfectionism). When faced with potential criticism, Kayla becomes defensive, sometimes attributing failures to external circumstances to protect her fragile self-esteem (Defensiveness or Blame-Shifting). Kayla's behaviors are sustained by deeply ingrained beliefs about failure: *"Perfection is the only way to avoid failure."* Kayla pushes herself to impossible standards to prevent perceived inadequacy. *"If I fail, it means I am unworthy."* Failure feels like a confirmation of her deepest fears about herself. *"Failure defines me."* Kayla struggles to separate her self-worth from her performance, equating mistakes with personal failure. Kayla's fear of vulnerability and her tendency to avoid accountability may create initial resistance in therapy. Her perfectionism may also lead her to expect quick, measurable progress, making it essential to pace interventions and set realistic goals collaboratively.

Safety/Vulnerability

"I Am in Danger"

- **Causes:**
 - Experiences of chronic threat or trauma.
 - Unpredictable or unsafe caregiving environments.
 - Acute or prolonged exposure to harm.
- **Strategies:**
 - Hyper-vigilance or avoidance.
 - Over-reliance on routines or safety measures.
 - Controlling others or environments.
- **Pro-Symptom Beliefs:**
 - "The world is inherently unsafe."
 - "Only I can protect myself."
 - "Trusting others is too risky."

Narrative Example: Jamie, a 45-year-old nurse, seeks therapy to address chronic anxiety and an inability to relax. Jamie describes a constant sense of being "on edge," always anticipating that something will go wrong. This hyper-vigilance has strained personal relationships and made it difficult for Jamie to enjoy daily life. Despite a successful career, Jamie feels overwhelmed by fear and mistrust.

Jamie grew up in a household where safety was unpredictable. A volatile parent created an environment of emotional and physical instability, while the other caregiver was often absent or unable to provide comfort. Jamie's early life also included periods of acute harm from bullying and unsafe living conditions. These experiences left Jamie with a deep-seated belief that the world is inherently dangerous and that no one could be trusted to ensure safety. To navigate a threatening world, Jamie developed survival

strategies aimed at maintaining control and avoiding harm: Jamie constantly monitors surroundings for potential threats and avoids situations or people perceived as risky (Hyper-Vigilance or Avoidance). Jamie rigidly adheres to routines and safety precautions, finding temporary comfort in their predictability (Over-Reliance on Routines or Safety Measures). Jamie seeks to manage relationships and environments to minimize unpredictability, often at the expense of spontaneity or connection (Controlling Others or Environments). Jamie's behaviors are driven by beliefs that reinforce the core wound: *"The world is inherently unsafe."* Jamie views danger as ever-present, making relaxation and trust seem impossible. *"Only I can protect myself."* This belief fuels Jamie's reluctance to rely on others, intensifying isolation and hyper-independence. *"Trusting others is too risky."* Jamie avoids vulnerability in relationships, believing that relying on others will inevitably lead to betrayal or harm. Jamie's deeply ingrained fear of vulnerability and mistrust of others may create barriers to building a therapeutic relationship.

"I Cannot Stick Up for Myself"

- **Causes:**
 - Punishment or ridicule for asserting needs.
 - Cultural or familial discouragement of self-advocacy.
 - Experiences of powerlessness in relationships.
- **Strategies:**
 - Appeasement or compliance.
 - Avoidance of confrontation.
 - Suppression of needs or desires.
- **Pro-Symptom Beliefs:**
 - "Speaking up will only make things worse."
 - "It's better to be invisible than to cause conflict."
 - "Others' needs always come first."

Narrative Example: Alejandro, a 31-year-old elementary school teacher, enters therapy feeling overwhelmed by his inability to advocate for himself in both professional and personal contexts. He describes feeling invisible during team meetings at work and often finds himself taking on extra tasks without protest. Alejandro's relationships are marked by a pattern of appeasement, leaving him feeling drained and unfulfilled.

Alejandro grew up in a household where asserting his needs or opinions was met with ridicule or dismissal. His parents emphasized compliance and discouraged expressions of disagreement, labeling them as disrespectful. Cultural values that prioritized harmony and deference further shaped Alejandro's reluctance to speak up. In early relationships, attempts to express himself were often met with rejection or conflict,

reinforcing feelings of powerlessness and fear of asserting his needs. To cope with his fear of conflict and rejection, Alejandro developed several adaptive strategies: Alejandro frequently agrees with others, even when it conflicts with his personal values or needs, to avoid confrontation (Appeasement or Compliance). He avoids situations where disagreements might arise, preferring to withdraw or remain silent rather than risk conflict (Avoidance of Confrontation). Alejandro minimizes his own needs, prioritizing others to maintain harmony and avoid potential backlash (Suppression of Needs or Desires). Alejandro's behaviors are guided by beliefs that perpetuate his reluctance to advocate for himself: *"Speaking up will only make things worse."* Alejandro believes that asserting himself will lead to conflict or rejection, making silence feel safer. *"It's better to be invisible than to cause conflict."* He equates self-advocacy with unnecessary risk, preferring to blend into the background. *"Others' needs always come first."* Alejandro feels that prioritizing his own needs is selfish and jeopardizes his relationships. Alejandro's deeply ingrained fear of conflict and his habit of suppressing his needs may make it difficult for him to engage openly in therapy. His reluctance to explore feelings of anger or frustration could create barriers to addressing his core wound.

"I Can't Trust Anybody"

- **Causes:**
 - Betrayal or abandonment by significant others.
 - Early relational trauma or neglect.
 - Experiences of manipulation or deceit.
- **Strategies:**
 - Emotional withdrawal or guardedness.
 - Testing or mistrusting others' intentions.
 - Building excessive self-reliance.
- **Pro-Symptom Beliefs:**
 - "It's safer to rely on myself."
 - "Trust is a weakness others exploit."
 - "People always have ulterior motives."

Narrative Example: Taylor, a 29-year-old software developer, seeks therapy to address persistent feelings of mistrust and emotional detachment in relationships. Taylor describes feeling distant from friends and colleagues, frequently questioning their motives. Although Taylor values independence, the isolation and inability to form deeper connections have begun to feel burdensome.

Taylor experienced significant relational trauma during adolescence, including betrayal by a close friend and abandonment by a caregiver. Early relationships were marked by neglect and inconsistency, with promises often broken and needs dismissed.

In adulthood, Taylor encountered manipulative dynamics in a romantic relationship, further reinforcing the belief that people cannot be trusted. To manage the fear of being hurt or deceived, Taylor adopted survival strategies centered around self-protection and control: Taylor keeps a safe emotional distance from others, sharing only superficial details to avoid vulnerability (Emotional Withdrawal or Guardedness). Taylor frequently questions the sincerity of others' actions, looking for evidence to confirm their mistrust (Testing or Mistrusting Others' Intentions). By relying only on themselves, Taylor reduces the risk of disappointment or betrayal (Building Excessive Self-Reliance). Taylor's behaviors are underpinned by beliefs that perpetuate the core wound: *"It's safer to rely on myself."* This belief reinforces Taylor's reluctance to depend on others, prioritizing self-sufficiency over connection. *"Trust is a weakness others exploit."* Taylor equates trust with vulnerability, which feels dangerous and avoidable. *"People always have ulterior motives."* Suspicion colors Taylor's interactions, making it difficult to build authentic relationships. Taylor's guardedness and mistrust of others, including authority figures, may extend to the therapeutic relationship. Establishing safety and building trust will be essential before addressing deeper wounds. Taylor may also struggle with acknowledging their need for connection, which feels contradictory to their strategies of self-reliance.

"I Can't Trust Myself"

- **Causes:**
 - Gaslighting or chronic invalidation.
 - Repeated failures or misjudgments.
 - Internalized shame or self-doubt.
- **Strategies:**
 - Avoiding responsibility or decisions.
 - Seeking constant reassurance.
 - Hyper-analyzing choices or actions.
- **Pro-Symptom Beliefs:**
 - "I'm incapable of making the right choices."
 - "Others know better than I do."
 - "If I follow my instincts, I'll fail."

Narrative Example: Maya, a 40-year-old social worker, enters therapy feeling paralyzed by self-doubt and indecision. She describes frequently second-guessing her choices, whether they involve personal relationships or professional decisions. Maya reports relying heavily on friends and colleagues for reassurance, yet still feels uncertain even after receiving their input.

Maya's inability to trust herself stems from a childhood marked by chronic invalidation. Her parents often dismissed her opinions and decisions, replacing them with their own, leaving her feeling incapable of making the "right" choices. Later in life, repeated failures in her career and personal relationships reinforced her internalized shame and eroded her confidence in her instincts. Gaslighting by a former partner compounded Maya's self-doubt, making her feel disconnected from her inner voice. Maya developed survival strategies aimed at avoiding failure and protecting herself from further self-doubt: Maya often defers decisions to others, believing they are better equipped to make the "right" choice (Avoiding Responsibility or Decisions). She frequently asks for advice or validation, hoping external input will alleviate her anxiety (Seeking Constant Reassurance). Maya spends excessive time evaluating every possible outcome, fearing the consequences of making the wrong decision (Hyper-Analyzing Choices or Actions). Maya's behaviors are rooted in beliefs that perpetuate her core wound: *"I'm incapable of making the right choices."* Maya avoids trusting her instincts, assuming she will always make the wrong decision. *"Others know better than I do."* She over-relies on external input, believing her judgment is inherently flawed. *"If I follow my instincts, I'll fail."* Maya equates self-trust with inevitable failure, reinforcing her avoidance of autonomy. Maya's fear of making mistakes may initially manifest as resistance to exploring her autonomy. Her reliance on reassurance could also extend to the therapeutic process, creating a dynamic where she seeks validation from her therapist rather than trusting her own insights.

"I Cannot Protect Myself"

- **Causes:**
 - Experiences of overwhelming threat or harm.
 - Lack of models for self-assertion or boundary-setting.
 - Early dependency on caregivers who failed to protect.
- **Strategies:**
 - Avoidance of perceived dangers.
 - Over-reliance on protectors.
 - Passivity in high-risk situations.
- **Pro-Symptom Beliefs:**
 - "I am too vulnerable to survive alone."
 - "Others must shield me from harm."
 - "It's better to avoid than confront."

Narrative Example: Alexis, a 27-year-old nonbinary graduate student, seeks therapy due to overwhelming anxiety and difficulty navigating high-stress environments. Alexis avoids confrontation and often relies on friends or family to mediate conflicts. They

express feeling helpless in situations that require assertiveness and are plagued by fears of being harmed or taken advantage of.

Alexis grew up in a household where their caregivers failed to provide consistent protection or teach boundary-setting. Experiences of bullying at school were dismissed or minimized, leaving Alexis to navigate harm alone. Additionally, Alexis experienced a traumatic event in adolescence where their safety was compromised, reinforcing the belief that they were incapable of protecting themselves. To cope with feelings of vulnerability, Alexis developed survival strategies aimed at minimizing perceived risks and avoiding further harm: Alexis avoids situations or environments that feel even remotely threatening, often limiting their opportunities for growth (Avoidance of Perceived Dangers). They depend heavily on close friends or family members to manage difficult situations or advocate on their behalf (Over-Reliance on Protectors). When faced with stress or conflict, Alexis often freezes, unable to assert their needs or defend their boundaries (Passivity in High-Risk Situations). Alexis's behaviors are sustained by beliefs that reinforce their core wound: *"I am too vulnerable to survive alone."* Alexis views independence as inherently unsafe, relying on others to shield them from potential harm. *"Others must shield me from harm."* They feel incapable of self-advocacy, assuming someone else is better equipped to protect them. *"It's better to avoid than confront."* Alexis avoids addressing conflicts or threats, believing confrontation will lead to more harm than resolution. Alexis's avoidance of vulnerability and reliance on external protectors may create initial resistance to exploring their autonomy.

Perfectionism/Self-Defectiveness

"I Should Be Better"

- **Causes:**
 - Unrealistic expectations from caregivers or society.
 - Early comparison to high-achieving peers or siblings.
 - Internalized perfectionism.
- **Strategies:**
 - Overworking or over-striving.
 - Self-criticism and shame.
 - Avoiding risks to prevent imperfection.
- **Pro-Symptom Beliefs:**
 - "If I'm not perfect, I'm unworthy."
 - "Perfection is the only path to acceptance."
 - "There's no room for mistakes."

Narrative Example: Ravi, a 32-year-old mechanical engineer, seeks therapy to address feelings of inadequacy and chronic burnout. Despite being a high performer at work, Ravi constantly feels like he's falling short of expectations. He describes an endless cycle of striving to do more and be better but is haunted by self-criticism and a deep fear of making mistakes.

Ravi grew up in a family that held high academic and professional expectations. His parents frequently compared him to his older brother, a high-achieving doctor, often highlighting what Ravi could improve rather than celebrating his accomplishments. These comparisons, coupled with societal pressures to excel, left Ravi internalizing the belief that he must always strive for perfection to be worthy of acceptance. To cope with the pressure to be better, Ravi developed strategies that reinforced his perfectionism while shielding him from perceived failure: Ravi consistently works late nights and weekends, believing that relentless effort is the only way to achieve worthiness (Overworking or Over-Striving). He harshly critiques himself for even minor mistakes, viewing them as evidence of his inadequacy (Self-Criticism and Shame). Ravi avoids tasks or opportunities where the outcome is uncertain, fearing failure or criticism (Avoiding Risks to Prevent Imperfection). Ravi's behaviors are driven by beliefs that sustain his core wound: *"If I'm not perfect, I'm unworthy."* Ravi ties his self-worth to his performance, believing that imperfection equals failure. *"Perfection is the only path to acceptance."* He strives for flawless outcomes, convinced that this will earn him validation. *"There's no room for mistakes."* Ravi fears that any mistake will irreparably damage his reputation and relationships and bring shame to his family. Ravi's deeply ingrained perfectionism and fear of vulnerability may make it challenging for him to explore feelings of inadequacy.

"I Did Something Wrong"

- **Causes:**
 - Early experiences of punishment or blame.
 - Internalized moral or ethical perfectionism.
 - Familial or societal focus on guilt.
- **Strategies:**
 - Obsessive review of past actions.
 - Excessive apologies or self-punishment.
 - Avoidance of similar situations.
- **Pro-Symptom Beliefs:**
 - "I must always make amends to be acceptable."
 - "Others will abandon me if I make mistakes."
 - "I am defined by my errors."

Narrative Example: Nia, a 34-year-old middle school teacher, comes to therapy expressing overwhelming guilt and a persistent fear of letting others down. She frequently revisits past interactions, worried she has said or done something wrong, and struggles to move forward without apologizing or seeking reassurance. Nia feels trapped in a cycle of self-blame and self-punishment, which has begun to impact her relationships and overall well-being.

Nia's sense of guilt and self-blame stems from a childhood where mistakes were met with punishment and criticism. Her parents often emphasized moral or ethical perfectionism, leaving little room for human error. Nia's cultural and familial environment placed a heavy focus on guilt as a means of teaching accountability, which led her to internalize the belief that she is defined by her mistakes. As a result, she grew up feeling that any perceived misstep required immediate amends to maintain acceptance and belonging. To cope with her fear of making mistakes, Nia developed strategies aimed at avoiding blame and managing guilt: Nia spends hours replaying conversations or situations in her mind, looking for signs that she has erred (Obsessive Review of Past Actions). She frequently apologizes for minor or imagined offenses, believing that this will restore her sense of worth (Excessive Apologies or Self-Punishment). Nia avoids taking on new challenges or engaging in situations where there is a risk of making a mistake (Avoidance of Similar Situations). Nia's behaviors are rooted in deeply held beliefs that sustain her core wound: *"I must always make amends to be acceptable."* Nia feels compelled to apologize or overcompensate to maintain relationships and avoid rejection. *"Others will abandon me if I make mistakes."* She views mistakes as catastrophic, believing they lead to irreparable damage in her connections. *"I am defined by my errors."* Nia struggles to see her worth beyond her perceived shortcomings, tying her identity to her mistakes. Nia's fear of confronting her internalized guilt may initially make it difficult for her to engage in therapy fully. Her tendency to self-blame and seek reassurance may also create a dynamic where she looks to the therapist for validation rather than exploring her own self-worth.

"I Should Have Done More"

- **Causes:**
 - High-pressure environments with unrealistic demands.
 - Early conditioning to over-perform.
 - Fear of disappointing others.
- **Strategies:**
 - Overworking or chronic stress.
 - Self-neglect to meet perceived expectations.
 - Minimizing accomplishments.
- **Pro-Symptom Beliefs:**

- "If I don't overachieve, I'll be seen as lazy."
- "My worth depends on how much I do."
- "There's always more to give."

Narrative Example: Daniel, a 42-year-old paramedic, seeks therapy due to chronic feelings of guilt and inadequacy. Despite his tireless efforts to help others, Daniel feels like he is never doing enough. He frequently stays late at work, volunteers for extra shifts, and struggles to say no, leaving him physically and emotionally drained. Daniel describes an inner voice that constantly criticizes him for not trying harder.

Daniel grew up in a high-pressure household where success and self-sacrifice were emphasized as the highest virtues. His parents often praised him only when he exceeded expectations, fostering a belief that his value lay in how much he contributed. Early experiences of guilt over perceived inaction during a family crisis further reinforced his sense of responsibility to always do more. Cultural values within his community also emphasized selflessness, making Daniel equate worthiness with self-sacrifice. To cope with his fear of not meeting expectations, Daniel developed strategies that prioritize overperformance while neglecting his own needs: Daniel pushes himself to work beyond his limits, believing that relentless effort will prevent feelings of inadequacy (Overworking or Chronic Stress). He consistently places the needs of others above his own, often ignoring signs of burnout or exhaustion (Self-Neglect to Meet Perceived Expectations). Daniel downplays his achievements, focusing instead on what he could have done better or what remains unfinished (Minimizing Accomplishments). Daniel's behaviors are sustained by deeply ingrained beliefs that perpetuate his core wound: *"If I don't overachieve, I'll be seen as lazy."* Daniel equates his worth with constant productivity, fearing judgment if he slows down. *"My worth depends on how much I do."* He struggles to value himself outside of his contributions to others. *"There's always more to give."* Daniel believes he must continually push himself to prove his dedication and avoid guilt. Daniel's overcommitment to work and his difficulty acknowledging his limits may initially create resistance to exploring self-care.

"I Should Have Known Better"

- **Causes:**
 - Early experiences of criticism for perceived ignorance.
 - Internalized perfectionism regarding foresight.
 - Experiences of regret or shame over past choices.
- **Strategies:**
 - Hyper-vigilance to avoid future errors.
 - Reluctance to make decisions without certainty.
 - Excessive focus on past mistakes.

- **Pro-Symptom Beliefs:**

- "Mistakes mean I'm incompetent."
- "I must anticipate every possible outcome."
- "Being wrong is unforgivable."

Narrative Example: Samira, a 36-year-old financial analyst, comes to therapy struggling with persistent feelings of regret and self-blame. She often replays past decisions in her mind, convinced she should have foreseen negative outcomes. Samira hesitates to make important choices at work or in her personal life without being absolutely certain, fearing the consequences of making another "wrong" decision.

Samira grew up in an environment where mistakes were met with sharp criticism. Her parents, valuing foresight and precision, frequently expressed disappointment when she failed to anticipate potential challenges. These early experiences taught Samira that errors equated to incompetence. As she progressed through school and early career roles, moments of perceived failure, paired with a perfectionistic drive to avoid regret, reinforced her belief that she should have always "known better." To manage her fear of being wrong, Samira developed protective strategies that keep her in a cycle of self-doubt and overcompensation: Samira meticulously analyzes every detail of a situation, striving to predict and prevent any possible mistake (Hyper-Vigilance to Avoid Future Errors). She avoids taking action until she feels absolutely confident, which often leads to procrastination or missed opportunities (Reluctance to Make Decisions Without Certainty). Samira frequently revisits previous decisions, replaying what she could have done differently to avoid regret or blame (Excessive Focus on Past Mistakes). Samira's behaviors are fueled by beliefs that perpetuate her core wound: *"Mistakes mean I'm incompetent."* Samira equates errors with a fundamental lack of capability, fearing they reflect her worth. *"I must anticipate every possible outcome."* She believes that perfect foresight is necessary to avoid failure and its associated shame. *"Being wrong is unforgivable."* Samira views mistakes as irreparable, fearing they will undermine her relationships and credibility. Samira's internalized perfectionism and fear of vulnerability may make it challenging for her to trust the therapeutic process. She may initially struggle to challenge her belief that foresight is the only way to ensure success and safety.

"I Should Be More Like X"

- **Causes:**

- Comparisons to idealized others.
- Internalized societal or familial standards of success or worth.
- Chronic feelings of inadequacy.

- **Strategies:**

- Emulating others to gain acceptance.
- Suppressing authentic self-expression.
- Obsessive self-monitoring or comparison.
- **Pro-Symptom Beliefs:**
 - "I am only valuable if I'm like them."
 - "Authenticity isn't enough."
 - "Others' standards determine my worth."

Narrative Example: Elena, a 28-year-old marketing consultant, comes to therapy feeling disconnected and discontent from who she feels she should be. She describes constantly comparing herself to colleagues and influencers, believing she falls short of the ideal. Elena feels pressure to emulate others' lifestyles, appearances, and professional achievements, often suppressing her true preferences and values to fit a perceived mold.

Elena grew up in a family that placed high value on appearances and success. Her parents frequently compared her to a cousin who excelled in academics and athletics, leaving Elena feeling inadequate. In school, her teachers praised high achievers, reinforcing the belief that she needed to be like them to be valued. Social media further magnified this dynamic, presenting curated versions of success and perfection that Elena felt compelled to imitate. Additionally, Elena struggled with romantic partners, feeling that in their breakup her partners wanted to find someone "better". To cope with her chronic feelings of inadequacy, Elena developed strategies focused on mimicking idealized others while downplaying her own uniqueness: Elena adopts others' styles, habits, and approaches, believing this will help her fit in and gain approval (Emulating Others to Gain Acceptance). She hides her true interests and preferences, fearing they are not good enough or will be judged (Suppressing Authentic Self-Expression). Elena spends significant time evaluating how she measures up to others, often feeling demoralized by the perceived gap (Obsessive Self-Monitoring or Comparison). Elena's behaviors are driven by deeply ingrained beliefs that perpetuate her core wound: *"I'll be whoever you want me to be."* Elena believes her worth depends on her ability to match others' perceived standards of success or desirability. *"Authenticity isn't enough."* She fears that expressing her true self will result in rejection or failure. *"Others' acceptance and approval determine my worth."* Elena feels compelled to conform to external benchmarks, believing these are the only valid measures of value. Elena's fear of being seen as "not enough" may make it difficult for her to explore her authentic self in therapy. Her tendency to suppress her individuality and focus on external validation may also create resistance to self-discovery and internal validation.

Responsibility

"I Am Not Worthy"

- **Causes:**
 - Chronic experiences of rejection or neglect.
 - Early messaging equating worth with achievement.
 - Internalized shame from critical caregivers.
- **Strategies:**
 - Overachieving to gain validation.
 - Avoiding situations that might challenge self-worth.
 - Self-deprecation or minimizing successes.
- **Pro-Symptom Beliefs:**
 - "If I don't try, I can't confirm my unworthiness."
 - "I must prove myself constantly."
 - "Others' opinions define my value."

Narrative Example: Jordan, a 35-year-old chef, seeks therapy to address persistent feelings of inadequacy and a deep fear of being judged. Despite achieving success in their career, Jordan downplays accomplishments and feels like an imposter. They constantly seek validation from colleagues and loved ones but find that the praise never truly fills the void of self-doubt.

Jordan grew up in an emotionally distant household where achievements were celebrated, but only when they met high expectations. Criticism was frequent, and emotional support was rare, leading Jordan to equate their worth with what they could accomplish. Early experiences of rejection by peers further reinforced their belief that they were fundamentally unworthy unless they could prove their value through performance. To cope with their sense of unworthiness, Jordan developed strategies aimed at gaining external validation while avoiding situations that might challenge their fragile self-esteem: Jordan works tirelessly, often taking on extra projects to earn praise and avoid feeling inadequate (Overachieving to Gain Validation). They steer clear of tasks or roles where there is a risk of failure or criticism (Avoiding Situations That Might Challenge Self-Worth). Jordan frequently downplays their achievements, believing they are undeserving of recognition or fearing it might bring unwanted scrutiny (Self-Deprecation or Minimizing Successes). Jordan's behaviors are rooted in deeply ingrained beliefs that reinforce their core wound: *"If I don't try, I can't confirm my unworthiness."* By avoiding certain challenges, Jordan minimizes the risk of confirming their fears of inadequacy. *"I must prove myself constantly."* They believe that continual achievement is the only way to secure acceptance and value. *"Others' opinions define my value."* Jordan places their worth in the hands of others, feeling only as good as the validation they receive. Jordan's reliance on external validation and fear of vulnerability

may initially make it challenging to explore their core wound in depth. They may resist focusing on self-compassion, fearing it might undermine their drive to achieve.

"It's My Fault"

- **Causes:**
 - Early blame or scapegoating within the family system.
 - Trauma leading to survivor's guilt.
 - Internalized responsibility for others' emotions or outcomes.
- **Strategies:**
 - Excessive apologizing or taking blame.
 - Obsessive self-monitoring to avoid mistakes.
 - Avoiding leadership or decision-making roles.
- **Pro-Symptom Beliefs:**
 - "If I take the blame, I maintain control."
 - "Blame protects others from harm."
 - "I must atone to be acceptable."

Narrative Example: Aiden, a 37-year-old small business owner, seeks therapy due to overwhelming guilt and a persistent sense of responsibility for others' emotions and outcomes. Aiden frequently apologizes, even for situations beyond their control, and avoids leadership roles, fearing that any mistake they make will harm others. Despite their accomplishments, Aiden struggles to feel confident in their decisions, often questioning their worth.

Aiden grew up in a family dynamic where they were often blamed for conflicts, even as a child. They were cast into a scapegoat role, receiving criticism for family dysfunctions they couldn't control. A traumatic event in adolescence, where Aiden survived an accident that injured a friend, left them with intense survivor's guilt. These experiences reinforced the belief that they were responsible for others' pain and well-being, shaping a lifelong pattern of guilt-driven behavior. To manage their guilt and prevent perceived harm to others, Aiden developed survival strategies centered around control and avoidance: Aiden apologizes reflexively, hoping to preempt criticism and repair relationships quickly (Excessive Apologizing or Taking Blame). Aiden overthinks decisions and interactions, scrutinizing their actions to avoid blame (Obsessive Self-Monitoring to Avoid Mistakes). They sidestep roles of responsibility, fearing that any misstep could hurt others or lead to criticism (Avoiding Leadership or Decision-Making Roles). Aiden's behaviors are sustained by deeply ingrained beliefs that perpetuate their core wound: *"If I take the blame, I maintain control."* Owning responsibility feels like a way to influence outcomes and protect relationships. *"Blame protects others from harm."* Aiden believes that absorbing blame shields others from pain and ensures their

safety. *"I must atone to be acceptable."* They feel a constant need to prove their worth through acts of service or penance. Aiden's tendency to take responsibility for external events and their reluctance to trust their own worth may make it difficult for them to explore self-compassion.

"I Should Have Done More"

- **Causes:**
 - Conditioning to overperform as a means of gaining approval.
 - Guilt from perceived inaction in critical moments.
 - Early messages that self-sacrifice is virtuous.
- **Strategies:**
 - Taking on excessive responsibilities.
 - Chronic overworking or over-giving.
 - Suppressing personal needs and desires.
- **Pro-Symptom Beliefs:**
 - "My value is in how much I give."
 - "I am only good if I sacrifice."
 - "I could always have done more."

Narrative Example: Emma, a 45-year-old nonprofit director, enters therapy feeling overwhelmed by guilt and a persistent sense that she is not doing enough for her organization, family, or community. Despite her tireless efforts, Emma believes she could always do more and finds it difficult to rest or enjoy her achievements. She often feels physically and emotionally drained but cannot shake the feeling that slowing down would make her selfish or lazy.

Emma grew up in a family that valued self-sacrifice and hard work above all else. From a young age, she was expected to take on responsibilities beyond her years, often stepping in to care for younger siblings while her parents worked multiple jobs. Emma learned to equate her value with how much she could give and internalized messages that her needs were secondary to those of others. A key moment in her adolescence, when she hesitated to act in a family emergency, left her with deep guilt and a belief that inaction equaled failure. To manage her guilt and meet perceived expectations, Emma developed strategies that prioritize overperformance and self-neglect: Emma frequently overcommits to work and personal obligations, believing that she must do it all herself (Taking on Excessive Responsibilities). She pushes herself to the point of exhaustion, often ignoring signs of burnout to continue meeting others' needs (Chronic Overworking or Over-Giving). Emma minimizes her own wants and needs, prioritizing the demands of her family and job (Suppressing Personal Needs and Desires). Emma's behaviors are driven by beliefs that perpetuate her core wound: *"My value is in how much I give."*

Emma ties her worth to her ability to provide for others, feeling unworthy if she does not overperform. *"I am only good if I sacrifice."* She believes that self-sacrifice is a moral duty and a measure of her goodness. *"I could always have done more."* No matter how much Emma accomplishes, she feels it is insufficient and focuses on what she has yet to do. Emma's internalized belief that her worth is tied to self-sacrifice may make it difficult for her to prioritize her own well-being. Her guilt about setting boundaries or taking breaks could lead to resistance in exploring self-care strategies.

"I Am a Bad Person"

- **Causes:**
 - Persistent shaming during formative years.
 - Internalization of punitive moral or religious messaging.
 - Traumatic experiences leading to self-blame.
- **Strategies:**
 - Self-punishment or self-sabotage.
 - Avoidance of relationships or vulnerability.
 - Overcompensation through perfectionism or altruism.
- **Pro-Symptom Beliefs:**
 - "I must prove my goodness to be accepted."
 - "Hiding my true self protects others."
 - "My flaws define me."

Narrative Example: Morgan, a 40-year-old therapist, enters therapy expressing a deep sense of shame and self-loathing. Despite a career dedicated to helping others and a reputation for kindness, Morgan believes they are fundamentally flawed. They describe avoiding close relationships for fear that their "true self" will harm or disappoint others. Morgan often compensates by working excessively or engaging in acts of altruism, though these efforts leave them feeling empty and unworthy.

Morgan grew up in a household where moral and religious standards were strictly enforced, where any deviation was met with severe shaming. Mistakes, no matter how minor, were framed as reflections of poor character rather than opportunities for growth. A traumatic event in Morgan's adolescence, where they blamed themselves after a sexual experience with an adult family member, reinforced their belief that they were inherently bad. Over time, Morgan internalized this shame, leading to self-blame and a fear of vulnerability. To cope with their core wound, Morgan developed strategies aimed at minimizing her own pain and struggles while overcompensating for their perceived flaws: Morgan often denies themselves joy or success, believing they don't deserve it (Self-Punishment or Self-Sabotage). They avoid close relationships, fearing rejection or that their flaws will cause harm (Avoidance of Relationships or Vulnerability). Morgan

strives to prove their worth through relentless work or acts of kindness, hoping to atone for their perceived shortcomings (Overcompensation Through Perfectionism or Altruism). Morgan's behaviors are sustained by deeply ingrained beliefs that perpetuate their core wound: *"I must prove my goodness to be accepted."* Morgan believes that constant self-sacrifice and overachievement are necessary to compensate for their flaws. *"Hiding my true self protects others."* They fear that vulnerability or authenticity will expose their perceived badness and harm others. *"My flaws define me."* Morgan struggles to see their worth beyond their mistakes or perceived moral failings. Morgan's fear of vulnerability and self-punishment may initially hinder their ability to trust the therapeutic process.

"It's All on Me"

- **Causes:**
 - Early conditioning to take responsibility for others' emotions or actions.
 - Family dynamics where the client played a caregiving or peacekeeping role.
 - Cultural or societal pressures to succeed or provide for others.
- **Strategies:**
 - Overextending oneself to meet perceived obligations.
 - Neglecting self-care to prioritize others' needs.
 - Feeling guilt or shame when asking for help.
- **Pro-Symptom Beliefs:**
 - "If I don't take care of it, no one else will."
 - "Others' wellbeing depends entirely on me."
 - "Asking for help is a sign of failure."

Narrative Example: Mia, a 39-year-old healthcare administrator, comes to therapy reporting feelings of exhaustion and overwhelm. She feels solely responsible for the wellbeing of her team at work, her family at home, and even her friends in their personal struggles. Mia struggles to ask for help, fearing it would reflect poorly on her competence or burden others. Despite her efforts, she feels unappreciated and guilty for not doing more.

Mia grew up in a family where she was often cast as the peacemaker, mediating conflicts between her parents and siblings. From a young age, she was praised for her ability to "hold things together," reinforcing the belief that others' happiness depended on her actions. Cultural messaging around self-sufficiency and sacrifice further solidified her sense that her value was tied to her ability to meet others' needs. Early experiences of being scolded for asking for help left Mia reluctant to seek support, believing she had to manage everything on her own. To cope with her overwhelming sense of

responsibility, Mia developed survival strategies that prioritize others' needs while neglecting her own: Mia takes on excessive responsibilities at work and at home, often to her own detriment (Overextending Oneself to Meet Perceived Obligations). She suppresses her own needs, believing they are less important than those of others (Neglecting Self-Care to Prioritize Others' Needs). Mia avoids seeking support, fearing it would reflect poorly on her or burden others (Feeling Guilt or Shame When Asking for Help). Mia's behaviors are underpinned by beliefs that perpetuate her core wound: *"If I don't take care of it, no one else will."* Mia feels solely responsible for resolving problems, even those outside her control. *"Others' well being depends entirely on me."* She believes her actions are the primary determinant of others' happiness and success. *"Asking for help is a sign of failure."* Mia equates seeking support with weakness or incompetence. Mia's reluctance to prioritize herself and her fear of being perceived as inadequate may create resistance to exploring self-care and delegation.

An Encouragement

Somatic Integration and Processing (SIP) offers a powerful framework for understanding the deeply ingrained patterns of wounds, strategies, and beliefs that shape our clients' and our own lives. Throughout this resource, we have explored archetypal examples of core wounds and their origins, the strategies individuals develop to survive these wounds, and the pro-symptom beliefs that sustain these strategies. By providing a window into the lived experiences of individuals, SIP helps us to see the profound interconnectedness of attachment history, somatic experiences and processes, and memory reconsolidation. At the same time, it serves as a mirror, inviting us as therapists to reflect on our own patterns, biases, and shared humanity. SIP challenges us to hold the complexity of each individual's story with humility and curiosity. It encourages us to embrace the diversity of human experience, recognizing that no two individuals navigate their wounds in the same way. Rather than offering definitive answers, this framework illuminates breadcrumbs—starting points for inquiry, reflection, and deeper attunement. It is a guide to understanding, not a tool for categorization or control.

As therapists, we must remember that this journey is both mysterious and challenging. Through every part of this adventure, we must cling to intersubjectivity, where the therapeutic process is co-created through the dynamic interplay of the client's inner world and the therapist's attuned presence. This intersubjective space is where healing occurs—not through the elimination of wounds, but through the cultivation of authentic expression, connection, and integration. The work of SIP is not about fixing or erasing what is broken; it is about holding space for transformation and involving ourselves in the work. Each core wound carries with it the seeds of resilience and growth. By leaning into the discomfort and complexity of this work, both clients and

therapists can discover profound truths about themselves and their capacity for connection.

To those embarking on this journey, let this guide serve as a reminder: the path of healing is everything but linear. It winds through uncertainty, setbacks, and moments of profound discovery. Though it may feel daunting at times, remember that each step forward—no matter how small—is a testament to courage and hope. Let SIP be both your compass and your companion, offering clarity and support as you navigate the intricate terrain of human experience. Above all, hold dear the belief that healing is possible. Whether as a window into the client's world or a mirror for self-reflection, SIP invites us to see and be seen, to know and be known. It is an ever-evolving practice, one that asks us to show up fully, authentically, and with unwavering compassion. As you continue this work, trust that the breadcrumbs you follow will lead to deeper understanding, transformative connection, and, ultimately, profound healing.