

The Wound That Sees. The Wound That Blinds.
The therapist's history, the client's present, and what happens in between
A Two-Evening Online Training with
Christiane Sanderson

Zoom Webinar
7 & 8 October 2026, Wednesday & Thursday

Times:
6:00 pm – 9:00 pm, London UK
1:00 pm – 4:00 pm, New York, USA

CPD hours: 6



Location: Online streaming only
(all our webinar tickets now include complimentary access to a video recorded version for 1 year or 3 years, depending on the ticket type)

Every therapist carries a wound.

Not metaphorically but neurologically. Somatically. In the way a certain quality of silence lands differently than it should. In the way a client's tear, or their withdrawal, their defiance, their longing, activates something the therapist did not expect — something that is not quite empathy, not quite memory, but unmistakably both. For many therapists, this is the source of their finest clinical capacity: the ability to register what a client has not yet been able to say. Shame recognised before it is spoken. Grief held before it surfaces. Terror sensed beneath composure. **A therapist who has had to make sense of their own suffering will often perceive it in another with a precision that no training alone can manufacture. That suffering — worked through, metabolised, carried — is what we mean by the wound.**

But the same wound that sharpens perception can also distort it.

The therapist who feels too much of themselves in a client may begin, subtly, to lose sight of the client altogether. **They rescue where they should challenge. They accommodate where they should hold. They withdraw where they should stay present. Without realising it, they may begin to repeat the very relational patterns that once shaped them.**
This training is built around that tension.

Not to resolve it neatly, and not to shame it into silence, but to work with it clinically. To ask not whether your history enters the room, but what it is doing once it is there.

Is it functioning as a resource — deepening attunement, widening perception, making possible a more truthful therapeutic encounter?
Or has it become interference — a signal crossing the wire from the therapist's past into the client's present?



The answer is rarely simple. Often, for the same therapist, it is both. Sometimes within the same session.

What changes everything is scrutiny.

Not self-blame. Not endless self-analysis. Scrutiny.

The willingness to track, with clinical rigour, the moments when your own nervous system is leading the work — and the moments when it is offering something precise, disciplined, and deeply useful.

That is what this training is here to develop: the capacity to recognise, in real time, when your wound is driving and to use what arises as clinically meaningful information.

The Moment Judgement Changes Shape

Most therapists know the dramatic version: the session that destabilised them, the client who provoked something unmistakable. That is not what this training is about.

It is about the quieter version — the moment your interpretation feels precise, your timing feels justified, your intervention feels necessary, and somewhere inside, barely registered, there is a flicker. A tightening. Something more charged than it was a moment ago. You notice it. And continue.

A client hesitates. You move in — gently, but firmly. They follow. The session deepens. It is only later you wonder whether what felt like guidance was something in you needing the moment to land.

Not loudly. Not disruptively. But convincingly — dressed in the language of clinical reasoning. And that is precisely why it is so difficult to detect.

What Is Actually Happening

**This is not a failure of training or a lapse in professionalism.
It is a function of how two nervous systems operate in sustained, intimate contact.**

Contemporary research in interpersonal neurobiology — the work of Allan Schore, Daniel Siegel, and Stephen Porges — has mapped how, under conditions of emotional intensity, therapist and client become entrained in continuous non-verbal exchange, shaping each other's perception, affect, and sense of meaning outside conscious awareness.

Under relational pressure, the nervous system shifts toward urgency detection, narrowing reflective capacity precisely when it is most needed.

The result is not breakdown. Attention narrows. Certain details become vivid; others recede. Timing accelerates or slows. **And what feels clinically significant becomes harder to distinguish from what is personally charged.**

Crucially, the therapist's unresolved material does not announce itself. It arrives dressed as clinical judgement — as empathy, as the right intervention at the right moment.

This is what makes it so difficult to catch — and so important to learn to recognise.

Before You Can Think About It

Therapists are trained to reflect on countertransference. To bring difficult material to supervision. To notice when they are affected and to use that information.

But reflection, by its nature, is retrospective.



The question this training addresses is different: **what happens in the room, in real time, before reflection becomes possible?**

Before the session ends. Before supervision. Before the moment of retrospective clarity arrives and you think:
I moved too quickly.
I missed something.
I should have stayed.

Because the shift does not happen in what you do.

It happens earlier — in the moment where something in the work meets your own history, and you feel it, and move past it.

And the most unsettling part is not that it happens.

It is that it feels, in the moment, like knowing exactly what you are doing.

A Different Kind of Clinical Awareness

The instinct, when this territory is named, is to treat it as a problem of self-knowledge — something to be resolved through more analysis, more processing, more time in personal therapy. That is not what this training proposes.

What it proposes is more precise: the capacity to stay with the signal rather than override it. To recognise — in real time, before it shapes the intervention — the moment when something personal has entered the work. To use what arises as clinically meaningful information, rather than being quietly driven by it.

This is not about stepping outside the work to reflect on yourself. It is about remaining inside the work — while holding, simultaneously, the client's world and your own.

Christiane Sanderson has spent decades working in exactly this territory — the intersection of the therapist's own experience and the client's clinical need — and is known for naming it with an honesty the profession does not always make room for. Her approach does not ask therapists to eliminate their personal responses, or to regard them with suspicion. It asks them to work with greater rigour at precisely the point where rigour is hardest to maintain.

What This Training Covers

Across two evenings, Christiane Sanderson will work directly with what actually happens in the room — not as abstraction, but as lived clinical reality, addressed with the precision and honesty it deserves.

Evening One — Recognising What the Work Has Touched

- *When personal history enters the room — and why it feels like clinical reasoning*
- How unresolved material enters clinical work — not dramatically, but convincingly
- Recognising the earliest somatic and relational signals that something personal has been activated
- Understanding why these moments feel like clarity — and how to question that without losing confidence
- Differentiating grounded clinical judgement from subtly reorganised perception
- Mapping the internal conditions — relational patterns, client presentations, therapeutic themes — that make activation more likely
- Why cognitive awareness alone is not sufficient: the limits of retrospective insight

Evening Two — Staying in Position When It Matters Most

Metabolising what arises — without being driven by it



- How to stay with internal signals without withdrawing, over-correcting, or losing the client
- Developing the capacity to track both the client's process and your own internal state simultaneously
- Practical in-session strategies for metabolising activation while remaining present and effective
- Recognising and interrupting subtle enactments before they shape the session's direction
- Using countertransference as precise clinical information rather than noise to be managed
- The cumulative cost: vicarious traumatisation, boundary erosion, and the slow narrowing of clinical range

What Makes This Training Distinctive

This is not a workshop about self-care.

It is not an invitation to process your own material in a professional setting.

It is a specialist clinical training for experienced therapists who recognise, in honest moments, that their own history enters the work — and who want to engage that reality with greater rigour, greater skill, and greater honesty than the profession usually asks of them.

Christiane Sanderson brings to this territory something rare: the willingness to name what is actually happening, without flinching and without moralising — and the clinical depth to show what can be done about it.

You Will Leave Able To

- Recognise the moment your internal state begins to shape your clinical perception — before it shapes your intervention
- Stay with early somatic and relational signals instead of overriding them
- Distinguish grounded clinical judgement from subtly reorganised perception
- Interrupt enactments before they influence the direction of the session
- Use what arises in you as clinically precise, therapeutically useful information
- Maintain presence, position, and effectiveness — even when the work becomes personally charged

A Final Consideration

The wound does not disappear with experience.

It changes position.

It becomes quieter. More integrated. Less visible to others.

But not necessarily to the work.

With the right kind of attention, it becomes more visible to the person who carries it.

And that visibility changes something fundamental: not that the wound is resolved — but that it is no longer operating without your knowledge.

Because the real risk in this work is not that we are affected.

It is that we are affected in ways that feel like judgement.

If you have ever left a session with the sense that:

you were certain in the moment

and less certain afterwards —

then you already know the territory this training addresses.

Join Christiane Sanderson

For two evenings that bring into focus one of the most consequential — and least examined — dynamics in therapeutic practice:

not whether your history enters the room,



but how it shapes what you believe is happening when it does.

About the Speaker

Christiane Sanderson BSc, MSc is a consultant psychologist, senior lecturer, and one of the UK's most respected authorities on trauma, abuse, and the psychological impact of coercive and harmful relationships. She has trained thousands of practitioners across the UK and internationally, and is known for bringing unusual clinical honesty to the most demanding areas of therapeutic work.

She is the author of numerous highly regarded clinical texts, including *Counselling Adult Survivors of Child Sexual Abuse*, *Counselling Skills for Working with Trauma*, and *Counselling Survivors of Domestic Abuse*. Her work is characterised by the rare combination of scholarly rigour and the kind of grounded, practical clarity that only comes from decades of real clinical encounter

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