



# RELATIONAL TRAUMA RESOURCE GUIDE



**CAROLYN SPRING**

reversing adversity

# CONTENTS

MY EXPERIENCE OF LIVING WITH DID: SHAME	4
ATTACHMENT STYLES	15
TEN STEPS TO BECOMING A DISSOCIATION-FRIENDLY THERAPIST	17
HEALTHY FRIENDSHIPS	29
TWENTY HELPFUL THINGS MY THERAPISTS SAID	31
BOUNDARIES	39
ANGER SAYS NO	47
HEARING THE CRY	50
ME AND MY BOUNDARIES – A THERAPIST’S TALE	57
TRUST IS BUILT	64
WORDS THAT MAKE US FEEL SEEN	68

Carolyn Spring is an author, speaker, trainer and trauma survivor. She has written and published numerous books, articles, resources, blog posts and podcasts and delivered training to tens of thousands of survivors and professionals both in person and online. Through her unique blend of lived experience, research, training and consultancy, and with a distinctive communication style, she helps people to recover from trauma and to reverse adversity. She loves to make the complex simple and to give hope for recovery from even the most extreme suffering. She brings a rare positivity and compassion to issues of abuse, shame, suicide and trauma.



For more information go to: [www.carolynspring.com](http://www.carolynspring.com) or find her on [Apple Podcasts](#), [YouTube](#), [Facebook](#), [Instagram](#), [Twitter](#) and [LinkedIn](#).

## RELATIONAL TRAUMA RESOURCE GUIDE

Published by Carolyn Spring Publishing (Peterborough, UK)  
[www.carolynspring.com](http://www.carolynspring.com)

© 2021 Carolyn Spring.

All content written and collated by Carolyn Spring unless otherwise indicated. This publication is in copyright. No reproduction of any part may take place without the written permission of Carolyn Spring.



# MY EXPERIENCE OF LIVING WITH DID: SHAME



by Carolyn Spring

If I had to choose one single characteristic of someone with DID, who has suffered serious abuse, what would it be? Their dissociation? The presence of dissociative parts of the personality? Their post-traumatic symptoms such as flashbacks and hypervigilance? Actually, for me, I would say that the thread that marks us all, the ubiquitous watermark in the story of all our lives, is shame. A few years ago, in a flash of insight about how drenched in shame my life has been, I wrote this in my journal:

*'I would do anything not to be me. And that, in effect, is what I have done, by being DID. I have become a shifting multitude of other people, other parts, other personalities. Anything, anything, but me. That is the restless sense I have now every day - of trying*

*to get away from myself, of trying to twizzle away from the reality of me-being-me, to keep my mind busy and alert and active on a range of things, on anything but not on the awareness of me-being-me. I know - I know - deep down I know that these things are true and that these things happened and that try as I might to distance myself from them, to push them into ego-alien memory fragments and alter personalities, they are - they always will be - me. It is me, me, me: the me who was hurt and abused and taken as a baby, as an infant, as a child, and used for other people's evil and malice. My self-concept is thus imprisoned in the wrongness of being me.'*

Shame is a strange thing. We can feel so ashamed of feeling ashamed that it can



# MY EXPERIENCE OF LIVING WITH DID: SHAME



by Carolyn Spring

be hard even to think about it, to talk about it. How many times, when we've dared to allude to it, when we've allowed it to poke its head just a millimetre above the parapet, when we've tried to talk about this most disabling of feelings, has someone responded: 'Oh you've got nothing to be ashamed of!' And then down it bobs and scuttles away in shame ... 'I'm ashamed for feeling ashamed.'

Guilt is so much easier to deal with. Guilt says, 'I did something bad', and that can be fixed, that can be put right, we can pay for it or maybe even die for it and there's a clear transaction that needs to take place. Of course many of us struggle with guilt too, that caving-in feeling inside when we know we've done wrong and we accept the bad feelings it gives to us. But shame is more insidious. It's not about what we did wrong. It's about us *being* wrong, just because we are. It's a core organising principle of our psyche, our identity and view of ourselves - 'This is who I am.' Like a weed, it wraps itself around our entire system of selves, strangling our relationships, our good feelings, our experiences, our hopes. It can smother us to death.

And we all have a phobia of shame - we would do almost anything not to feel shame. It burns and scalds like bleach in our entrails. So we avoid shame

unconsciously, before we even know we have, because it's such a potent, repulsive thing. But in our minds, we know it's there and it shows up in our self-talk and the background dribble of our thoughts: I am ashamed of who I am. I am stupid, I'm incompetent, I'm pathetic, I'm inept, I'm disgusting, I'm crazy, I'm bad. Everything I want, everything I think, everything I feel, everything I do is shameful and toxic.

And it can be so constant, like motorway hum, that we only recognise its presence when we can get away, find a sunny patch of meadow miles from the screech of tyres and the grind of engines and listen to the silence. Shame was so normal for me that I had to experience those moments of silence - those moments of 'unshame' - before I could consider the new paradigm of living without shame roaring unnoticed in my ears.

And I had to realise that shame has its purpose. Some say that lies in evolutionary biology, that we had our best chance of survival in a group, where we could pool our resources, find a mate, share childcare, defend against predators. So if belonging to a group was good news, then we needed an inbuilt instinct - shame - to warn us of behaviours that might threaten our place in that group. And each 'group' has its own rules - like the teenagers in secondary school who



# MY EXPERIENCE OF LIVING WITH DID: SHAME



by Carolyn Spring

are 'in' when they wear their tie upside down or their shirt hanging out; the football supporters with their replica kits, their chants, their insistence that 4-4-2 is the only proper way to play; even the therapists, with their purple or beige cardigans and membership of BACP. When we contravene the 'rules', we are shamed and the purpose of the hard-wiring of our response is to redirect our actions to what the group finds acceptable because rejection risks death.

But what if the 'group' itself is dysfunctional? What if we live in a society that elevates celebrity and power and success? What if the brutal survival instinct of that group means that only the fittest are 'in' and the lost and lonely, the depressed and the abused, the shy and the faltering and the mentally ill, are thrown to the wolves? We feel so 'faulty' – we have panic attacks and lose time, we are triggered and have flashbacks, we cope with compulsive behaviours around food and sex and alcohol and drugs, our emotions are like a snowstorm, our relationships beset with struggles – and the rules of the group tell us that we are wrong to be distressed, that our reactions are bizarre, that it is more important to 'act normal' than it is to deal with our trauma. The rules say that we should hide or deny or suppress what has happened to us. And the shame from that is an agony

of daily reality for many of us. I sometimes think that the only way to be acceptable in normal society is for me to shed 95% of who and what I am. If I could just excise this trauma from my life, the way it has changed me and shaped me – for good and for bad – then maybe I could join in with the vacuous inanity of 'Britain's Got Talent' without the feeling that I'm a fraud and a squatter.

Society then doesn't generally want you to speak out about your symptoms, your life, your struggles. There is the shame of being silenced – and no-one really wants you to talk about your history or your abuse either. It's a hush-hush thing. The lack of treatment options on the NHS then suggests that you're not worth helping or you're being a nuisance or you're too damaged to treat or to be worth treating. After all, isn't it better for the 'group' as a whole if we throw a few weaklings to assuage the bears' hunger? Then if you tell people about being dissociative or having been abused, people shrink back. Imperceptibly perhaps but they do shrink back.

So the core message we hear is an intrinsically shaming one: 'Shut up and be quiet and don't bother us with your nasty abuse histories and your mental illnesses!'



# MY EXPERIENCE OF LIVING WITH DID: SHAME



by Carolyn Spring

This society we live in values ‘stuff’ more than people. It values perfection and success, not the limp and struggle of the misfits: the lost, the lonely, the depressed or the abused. We know we don’t measure up to the standards around us and we know we never can, however much the adverts scream at us that we ‘deserve’ a new kitchen that we simply cannot afford. We are basically ‘out’ and there’s nothing we can do to get back ‘in’ and the shame of that runs deep. Of course, it’s society that ought to be ashamed of itself, not us – but how often do the perpetrators feel the shame they ought to? They shift that onto us and we take it because we’ve never known another way.

But I wasn’t born with this shame. It’s not my lot in life. It helped me enormously to realise that it is the experiences that I’ve had that have nurtured this shame in me but it’s not my birthright. And if it is experiences that grew it, then new experiences can shrink it too.

One of the core developmental roots of shame is our unmet needs in childhood. If we don’t receive the care and nurture and love that as infants we need, we develop a sense of self that we are unworthy of care: that we *are* ‘bad’. Not that we have done something bad but that we *are* bad, intrinsically. Our shame-based identity may then be reinforced by the implicit

or explicit messages that we received in the home or during the abuse: ‘You’re no good’, ‘You’re a waste of space’, ‘You’re useless’, ‘You’re ugly’, ‘You’re pathetic.’ And so often we take these voices into ourselves and in DID they may become the critical parts of our self that pick at us all day telling us that we can’t: we can’t succeed, we can’t be loved, we can’t be liked, we can’t be clever. And in some of us they evolve into actual parts of the personality – our ‘introjected perpetrator’ parts whose mindset is modelled on our abusers, who repeat what they have heard, reflecting our abusers’ antipathy and disgust.

That’s when shame is reinforced by shame. Our core sense of badness is reinforced by ourselves, by our parts which replay the abusive scripts of our past even though we may be miles and decades away from those original voices. When our persecutory parts then act out and harm us or threaten others, when their shame-driven fury erupts into real life with all its consequences and hardcore limits, then shame swallows us again, that we’ve got these so-called ‘bad’ parts of us who are doing ‘bad’ things which then proves and reinforces our supposed ‘badness’. It’s a self-fulfilling prophecy.



# MY EXPERIENCE OF LIVING WITH DID: SHAME



by Carolyn Spring



For those of us with a dissociative disorder who were sexually abused in childhood, the shame of nakedness and violation, of our privacy being not just invaded but obliterated, is crippling – a total flood of overwhelming and unmanageable feelings. Somehow we inculcate the accusation of being ‘damaged goods’: a broken, dirty, good-for-nothing doll discarded in a skip. We’ve been dirtied by the abuse and the feeling screams inside that no-one will want to cuddle us or cherish us ever again. This deep, stig-of-the-dump conviction infiltrates our intimate relationships and we believe we must be deceiving this poor husband or wife or partner or friend or therapist that they would want to have anything to do with us. We are slap-bang up against this core belief that we are good-for-nothing, broken beyond repair. And it’s an active

agent within us, because of our sense that we are toxic, and we will infect them if they get too close. I wrote this in my journal several years ago:

*‘I’m feeling angry or something now as I write this. It’s like a stirred-up agitation inside, and I want to damage something. What do I want to damage? My abusers? No, no, that would be wrong, bad, too dangerous. I want to damage MYSELF. I want to go out and drive my car really fast, really dangerously, push it to the limit and slam it headlong into a tree. I HATE FEELING LIKE THIS. I FEEL SO WRONG INSIDE, so malformed or something, like intrinsically toxic and shameful and bad, all broken and rusting and twisted, decayed, spewing filth and vomit and in need of TOTAL DESTRUCTION. A core of absolute filth, mustn’t touch it, mustn’t see it, mustn’t go anywhere near it, like some poisonous radioactive scum that will destroy everything around it.’*

I blamed myself for the abuse, for wanting the relationship with the people who groomed me, as if I had poisoned them and they wouldn’t have abused me but for my own toxicity. It’s never a child’s fault but shame clouded every thought and attempt by me to believe otherwise. Enjoyment, pleasure, desire, laughter: the presence of any of these in my memory, alongside the abuse, alongside the



# MY EXPERIENCE OF LIVING WITH DID: SHAME



by Carolyn Spring

relationship that led to the abuse, decried my innocence. The shame of it burned hotly. How could I enjoy being with someone who abused me? But I did and it's normal and it's because abuse occurs in a matrix of trickery and grooming and manipulation and deceit. We are led blindfold into a pit and then blamed by the abuser for dragging them there as well.

When memories of abuse flood back in these dissociated fragments of somatosensory experience, the shame floods right back in as well – the shame we felt during the abuse, the degrading, humiliating acts we were forced to endure or perform, the powerlessness, the shame of exploited vulnerability. Sexual abuse is always wrong and damaging, but in ritual abuse there is a degree of intentional humiliation and degradation that has as its motivation only the sadistic desire to crush the child to a nothing and to eviscerate their soul. The shame we feel now – at being abused, at knowing our abusers, at our family history or family connections that invited or colluded with the abuse – is compounded by these body flashbacks of the shame that we felt then. Shame is the puppet-master in our disclosures, in processing the trauma, limiting our moves, directing our flight into the avoidance of downcast eyes and covering withdrawal, the silent contortions of not having words to

express it, not having feelings to feel it. We need to keep the therapist at a distance and not contaminate them with this thick, black, tar-like yuck of shame that we seem to breed from within ourselves. In remembering and processing and moving beyond the shame, it's a constant struggle with shame to be able to go there at all.

For many survivors, certainly for me, the shame of forced perpetration is the final taboo. The very memories of it are layered under thick, gloopy shame, dissociated away because they are too painful to contemplate. Perhaps it's because of our innate sense of good and bad, our biological drive to be part of the 'group', and the knowledge that in our society a 'paedophile' – a 'pervert' or 'monster' as the tabloids would label them – is the most depraved form of life. The angry, vicious, hateful mob baying for blood outside Court when the likes of Ian Huntley or Vanessa George are sentenced is the hatred we fear.

When we have been forced to sexually abuse, or physically abuse or maim or even murder another child, maybe even a baby, then we feel only the shame and vile disgust of the societal anger and fear directed against us. As a child we can't see it for what it is – a choice-less choice, an abuse of our will, unutterable duress. We just feel that the act defines our identity: that now we are an abuser too. So we



# MY EXPERIENCE OF LIVING WITH DID: SHAME



by Carolyn Spring

turn back on ourselves everything that we hate and fear about our own abusers. We become a lightning rod for all the outrage and all the hurt that we feel for what was done to us – it loops around and lands squarely back on us. That’s why we hate ourselves so much, why we feel so ashamed. We live with the constant fear of exposure. We live with the anxious hiccupping expectation that once you know, we won’t know you any more.

Shame can also be a defence. This may seem obvious but I never cease to amaze myself by how many difficult things I just don’t think about: dissociation is a way of thought. But it’s blindingly self-evident that either I am bad, or my abusers are. And it’s always easier to blame yourself than it is to blame your attachment figures. It is intolerable to think of them as ‘bad’ – that makes the world too scary and there is nothing that you can do about it. If you are bad then at least you can have some control over your own badness. You can try to be good; you can punish yourself. John Briere sums this up neatly in what he calls the ‘Abuse Dichotomy’ in his book *Child Abuse Trauma* (1992):

*I am being hurt, emotionally or physically, by a parent or other adult whom I love, care for, and trust deeply. Based on how I think about the world thus far, this injury can only be due to one of two things: either I am bad,*

*or my parent is bad. But I have been taught by other adults, either at home or at school, that parents are always right, and always do things for my own good (any alternative is simply too frightening). So when parents or carers occasionally hurt me, it is for my own good, because I have been bad. This is called punishment. Therefore, it must be my fault that I am being hurt, just as my parent says. This must be punishment. I must deserve this. Therefore, I am as bad as whatever is done to me. The punishment must fit the crime: anything else suggests my parents are bad, which I have rejected because my parents do things for my own good. I am bad because I have been hurt. I have been hurt because I am bad. But I am hurt quite often, and/or quite deeply. Therefore I must be very bad.*

Placing the badness in the abuser rather than the abused is often the hardest part of our recovery. I wish it were easier. I wish this infection of shame would clear with a single course of therapy-antibiotics. I wish the people who ought to feel ashamed would stop blame-shifting. With consummate skill they slide it sideways into our laps, like a conjuring card trick, so that we take the punishment for their shameful acts. They can stare shamelessly into the camera and harrumph loudly at these spiteful ‘and totally false’ allegations that we are making. I wish their lies didn’t mess with



# MY EXPERIENCE OF LIVING WITH DID: SHAME



by Carolyn Spring

our heads so easily, that a single denial causes us to twirl around within ourselves wondering if we've made it all up. But instead we live these shame-constricted lives, where shame is truer than truth, and where therapy is our only option for relief.

But shame doesn't only lead us to the therapy room. Shame manifests in the therapy room as a result of the therapy itself. The fundamental vulnerability of needing therapy at all is further increased by this strange, alien environment with its therapist who has been to 'therapy school' to learn the rules and create this break-from-reality headspace. We don't understand the rules, at least not at first. They have the power and we don't. That in itself is a reminder of our traumatic powerlessness and evokes continual ripples of shame as we struggle to answer the questions and struggle to contain our neediness, and struggle – shamefully, oh so shamefully – to come to terms with the past that we deny and all these shameful, rejected, disowned parts of our self with their attachment needs grinding mercilessly away at our adult avoidance. I wrote this in my journal a few years ago:

*'I hide too well. I don't want to show my real self, all riddled with doubt and self-hatred and this whining, incessantly needy child inside, brattish, spoilt, vacuous, pathetic.*

*I hate my needy parts. They are wrong, wrong, wrong – so wrong. Neediness is shameful – whacked out of you, taunted, demeaned. It's the nastiness of a caregiver offering comfort and solace and then humiliatingly scoffing and mocking that you said you wanted it: pathetic child. I felt so hated. There was nothing my abusers hated about me more than neediness, cringing, whining, wanting, crying. Shut your mouth. Pack it in. Stop that awful noise. Pull yourself together. Grow up. Don't you dare cry.'*

Effective therapy by its very nature takes you to a deeply vulnerable place where your innermost needs are exposed. If you had the kind of childhood environment that I did, which is common amongst DID survivors, having needs was shameful and it was actively shamed. Those feelings are then re-elicited within the therapeutic relationship and so in working through the shame, shame looms large. It's shameful to want, need, and wish. It's shameful to feel weak, and vulnerable, and alone. It's shameful to struggle, it's shameful to feel, it's shameful to do everything that happens in therapy. No wonder the whole thing feels so excruciatingly like a trick.

Shames causes us to hide and isolate. We avoid people. We put on a 'false self'. We keep ourselves to ourselves – we don't go out, we run away from relationships, from



# MY EXPERIENCE OF LIVING WITH DID: SHAME



by Carolyn Spring

interaction with people. Yet in DID we don't just put on one 'false self', we take on a whole stack of alternate personalities. I believe that the creation or at least the maintenance of alter personalities is not just based in trauma and dissociation but is also driven by shame. The essence of DID is about not wanting to be me: the me that was abused, the me that is so needy and dependent and pathetic now. So we alienate and compartmentalise the shadow sides of our selves and push them or exile them into alternate personalities.

We can't deny our attachment needs but we can push them away from our competent, adult selves into our 'little ones', who can more safely express them. Or we have angry and hostile parts of our selves. But having been taught that anger is wrong or bad, we are ashamed of it - so we squeeze it out from our good-girl exterior into disowned parts of the self. And it's the same with self-harm or comfort-eating or any other form of medicating pain away - we allow the shame of that to sit with 'someone else', another part of us who can be safely blamed from a distance, keeping the adult self safely ensconced away from such 'unacceptable' practices. Aside from the purpose of self-harm to reduce pain rather than to cause it, there is also a shame-based form in which we act out our hatred against the self for being so bad. And then the scars shame us further.

To deal with shame, we also compensate. In response to feeling so bad, we excel at being good. We're the nicest person in the world; the most helpful, the most loving, the most caring, the most patient, the most compliant and the most hardworking. So many of us with DID have ended up in the caring professions and much of that, I suspect, is driven by us compensating for the sense of shame and badness that we feel by 'loving' others - either to make up for how bad we really are on the inside, or to cover it over so that no-one will see it, and reject us. Of course in reality we are a motley bunch, just as loving or unloving as other people. Dare to reject our 'love' and 'care', however, and we'll show you how spiteful we can be! But we push all our nastiness into invisible parts and beam broadly out of our niceness to the world around us. Then we are tormented by the knowledge that hidden inside us, lurking there in secret shame, is a part called Destroyer or Evil One or (in my case) Dark. Of course 'Dark' doesn't really belong to me, so that means that I'm Always Nice. It was a nice theory - while it lasted. Progress in therapy for me has seen a paradoxical increase in my 'nastiness' - less of the good girl, more of the 'this is real' girl, less of the extremes of Dark's pent-up explosions, more of a mix of the nice and the nasty in the outward me, who has also learned to say 'no'.



# MY EXPERIENCE OF LIVING WITH DID: SHAME



by Carolyn Spring

Dark's malice is obvious but self-sabotage is much harder to spot. It's not as conscious or as deliberate as self-harm but it's every bit as damaging. It's the way that we do things at an unconscious level to trip ourselves up or to prove to people that we really are bad and useless and shouldn't be trusted. We don't let ourselves succeed. Shame tells us that we don't deserve it. Just as we're approaching some new height of relationship, or career, or therapeutic breakthrough – we blast a hole in our balloon and plummet back to earth. So often we are at our most dangerous when we are at our most successful. We glimpse the 'good' and that contradicts our built-in, shame-based belief system of self-evident badness and toxicity and so we react suddenly to restore the status quo. A therapist's compliment comes with a misinterpreted message: 'Watch out, watch out, there's danger about!' It's just too contradictory to our shame-based identity to be able to absorb a compliment as a safe and positive thing, so we balance it up by hearing it as a threat, a prelude to abuse.

But there is hope. There is a cure. Shame will tell us that there is none and that we don't deserve one anyway but, in Phil Mollon's words, the cure for shame is empathy. Shame cuts us off from people – it puts us, as we've seen, outside the group, excluded and unwanted. Empathy,

on the other hand, reconnects us to people. It puts us on the same wavelength, looking eyeball-to-eyeball, experiencing the other's experience and being in the same psychological living space. Empathy restores to us the hope that we can be part of the group. Reconnecting with an other, we smell the scent of possibility, that if one might accept us, then maybe the group might too. An attuned, human relationship is key. That's what we're looking for, and that's what is effective, in therapy.

Most people are so averse to the emotional experience of shame, because it is so uncomfortable and distressing, that they stay at a distance, badly attuned and remote, and say, 'Don't be ashamed.' But how hard is it to reach down into someone's shame-filled existence and sit there for a while with them in it, to breathe it in, to get to know the colour and the hue of this shame, to taste it, to feel it under your fingers? Just by doing that – by attuning and sitting closely by – the shame starts to recede. Shame never obeys the command given from a distance to leave. Shame is the experience of being outside the camp. You've got to come outside the camp to reach me and make the camp come this far, to extend its boundaries – then there will be no shame, when I know that I am as human as you



# MY EXPERIENCE OF LIVING WITH DID: SHAME



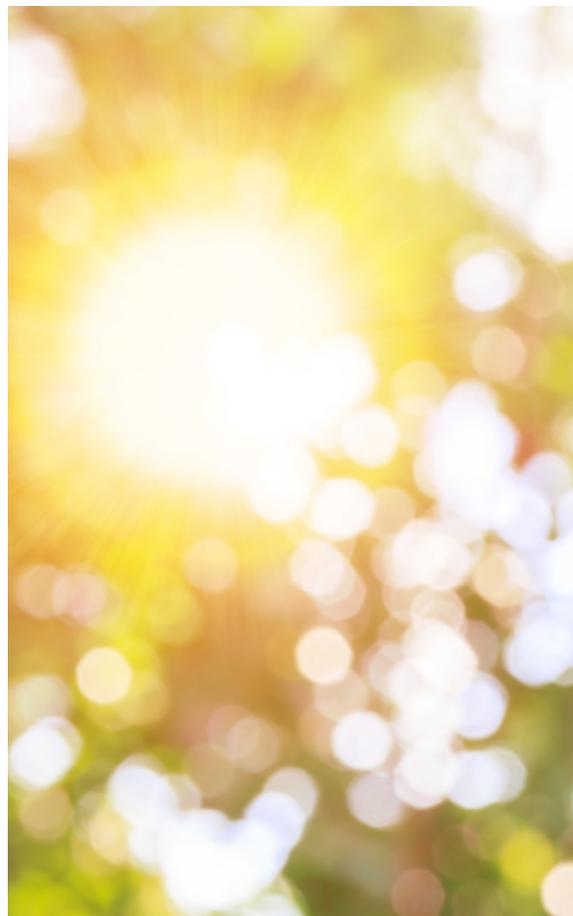
by Carolyn Spring

are, because you have got that close to me for me to smell what unshame smells like.

This is the power that a therapist has with their client – to offer that opportunity to safely reconnect to another person and not be rejected. If we can make that connection, we will start to see shame shift. Partners can do it, and friends, and supporters too – the key is being an attuned human being, not your job description.

Shame is a central experience of being a dissociative survivor of trauma. It infects and controls so much of what we do. We are ashamed to talk about shame. We are ashamed to challenge it. We are ashamed to need the attuned human relationship that we know will cure it because we fear that no-one will want to give it to us. Perhaps then the first step in overcoming shame is to accept ourselves. For those of us with DID, that means accepting all the parts of our self, however shameful, however angry, however badly behaved or persecutory or malicious.

It means realising that we have disowned what we cannot bear and we have forced it into the recesses. We have good reason to be the way that we are and most of us want to change. Shaming ourselves for being the way we are is the worst way



to facilitate that change. Shame breeds shame. I have found, and I am still finding, that empathy is indeed the cure for shame and I need it not just from others but from myself towards myself as well.

As I develop that empathy, as I allow the soft ‘ouch’ of compassion to replace the hardened abuse of my inner voices, shame is starting to shift. I’ve got a long way to go but I’m no longer ashamed of how far. •



# ATTACHMENT STYLES

## SECURE

*'I just need to ask for help to get my mother to stay close.'*

### BEHAVIOUR IN THE STRANGE SITUATION

- Mostly able to explore and play, using the mother as a secure base
- Varying degrees of wariness about the stranger
- Varying degrees of distress when mother left the room
- Positive reunion with the mother
- Easily comforted by the mother and seeks physical contact with her
- Returned quickly to play

### CHILD

- Balanced in attachment and exploration
- Able to experience and express negative emotions
- Has confidence in their capacity to manage distress (either on their own or by seeking help)
- Able to behave flexibly and openly with relationship
- In tune with own feelings and thoughts
- Accurate and honest communication
- Resilient

### MOTHER

- Sensitive
- Loving
- Responsive
- Attuned
- Consistent
- Willing to repair a ruptured relationship

### CORE BELIEF ABOUT SELF

- I am competent
- I am lovable
- My needs are important
- My feelings are important

### CORE BELIEF ABOUT MOTHER

- She will be unconditionally available and responsive at times of need

## INSECURE-AMBIVALENT

*'If I scream for attention, I can get my mother to stay close.'*

### BEHAVIOUR IN THE STRANGE SITUATION

- Sometimes had difficulty using the mother as a secure base to explore and play
- Varying degrees of wariness about the stranger
- Varying degrees of distress when mother left the room
- Difficult reunion with the mother
- Sometimes their distress increased upon reunion
- Moved towards the mother, wanting to be picked up, but then started to struggle, kick, hit or flail
- Many continued to be distressed despite mother's attempts to soothe: resistant and angry

### CHILD

- Is uncertain of the link between their behaviour and the parent's response – seems arbitrary
- Increases the 'volume' of their distress in order to get attention, including crying, fretting, whining, fussing, being provocative, fractious or demanding
- Desires a response from the parent but is also angry at the parent for being unreliable
- Does not trust the parent to continue to give attention when it is won, and so resists being soothed and comforted
- Preoccupied and hypersensitive to other people's emotional availability and interest
- Finds it difficult to play and explore

- Finds it difficult to be left alone
- Coercive and controlling towards others in order to get attention, including being angry, threatening, needy and seductive
- Anxious need to feel loved and noticed

### MOTHER

- Inconsistent
- Preoccupied with own needs and uncertainties
- Fears being ignored and emotionally abandoned
- Anxious need for reassurance from others
- Demanding in relationships
- Cares more about being loved by the child than the child feeling loved
- Poor at mirroring the child's feelings – slow to notice distress

### CORE BELIEF ABOUT SELF

- I have no confidence in my ability to affect the behaviour of others – people only notice me when I'm shouting or screaming for attention

### CORE BELIEF ABOUT MOTHER

- She is inconsistent and unpredictable
- Her needs are more important than mine



**BEHAVIOUR IN THE STRANGE SITUATION**

- Mostly able to explore and play, using the mother as a secure base, although sometimes more independent than the secure babies
- Varying degrees of wariness about the stranger, although possibly more receptive towards her than the other groups
- Varying degrees of distress when mother leaves the room
- Reunion appears superficially to be positive, but some striking aspects:
  - Not particularly passionate
  - Returned quickly to play
  - Often started to move towards the mother upon reunion, and let out a cry
  - But then DOESN'T seek to be picked up
  - Looked away from mother towards toys or the stranger
  - Upon the second reunion, didn't move towards mother at all
  - Seemed blasé and unconcerned about the whole thing

**CHILD**

- Downplays and inhibits their feelings of need
- Over-regulates their emotions
- Consistently omits negative feelings from their experience

- Deactivates their attachment needs in order to stay close
- Tends to be compliant in the presence of the carer
- Does not know how to elicit care and protection

**MOTHER**

- Copes with attachment needs from child by distancing emotionally and/or physically
- Imposes on child their own views of how 'good' children should behave
- Rejects child when child is emotional or needy; accepts child when they are being independent, self-contained and self-sufficient
- Predictably and consistently rejecting

**CORE BELIEF ABOUT SELF**

- I can look after myself and don't need anyone else's help
- I am independent and strong

**CORE BELIEF ABOUT MOTHER**

- She will reject me if I show my feelings or need anything from her

**BEHAVIOUR IN THE STRANGE SITUATION**

- Principal behaviour fell into one of the other categories
- Showed 10-30 seconds of 'inexplicable, contradictory or bizarre behaviour', e.g.
  - Approached the mother backwards
  - Froze in place
  - Collapsed to the floor
  - Fell into a dazed, trance-like state
  - Put hand up to mouth in a kind of frozen scream

**CHILD**

- Left feeling distressed for long periods of time
- Attachment behaviour goes unterminated
- Becomes emotionally hyper-aroused and then dissociates
- Lacks a coherent sense of self
- Cannot manage emotional arousal in him/herself or others
- Experiences intense fear and shame

**MOTHER**

- Abusive, hostile
- Helpless, lost, panicky
- Has unresolved trauma
- Unable to empathise with child's needs or distress

- Distressed by the child's distress, often triggering a dissociative state
- Unpredictable: invites approach and then avoids
- Fails to show any response or offer comfort when child is distressed
- Becomes disoriented/dissociative when child shows attachment behaviours
- Negative-intrusive behaviours such as mocking a distressed child
- Exhibits role-confusion, e.g. requires comfort and protection from the child or speaks to the child seductively
- Refuses physical or eye contact after a distressing separation

**CORE BELIEF ABOUT SELF**

- I am the cause of my mother's fear
- I am shameful and worthless
- There is nothing I can do: collapse of strategy for dealing with attachment needs

**CORE BELIEF ABOUT MOTHER**

- She is 'frightened and frightening'
- She is abusive and hostile
- She is helpless



Collapse of strategy: 'fright without solution' (Main and Hesse, 1992)





# TEN STEPS TO BECOMING A DISSOCIATION-FRIENDLY THERAPIST



by Carolyn Spring

## 1. ACCEPT THAT DID IS REAL

So the psychiatrist says it doesn't exist, it's an American fad. Or it's attention-seeking hyper-imagination. The GP doesn't have a READ code for it ('computer says no') and it falls between the cracks in this particular mental health service, being neither a mood disorder, a personality disorder nor a psychotic disorder. But that doesn't mean to say that DID doesn't exist. Research overwhelmingly indicates that it does exist, that DID is a real and valid diagnosis and this is backed up by cross-cultural studies and a wealth of case reports and epidemiological research.

Those of us with DID also deny it: 'I haven't got proper DID' or 'I'm making it up.' Denial and dissociation are two sides of the same coin and why would we want

to accept that we have a 'mental health condition' when there is so much stigma about mental illness? And why would we want to accept DID in particular when it seems incontrovertibly to point towards the trauma history that we have spent our lives denying and avoiding?

How many people, when told that DID doesn't exist and that they have 'borderline personality disorder' or better still 'unstable personality disorder' or that they are schizophrenic or delusional or 'just a bit depressed,' that they are lying and malingering and attention-seeking and making stuff up and being just a downright pain ... how many of them, when told that DID isn't real, suddenly see the light and get better? If denial of DID were a good way to treat it, wouldn't everyone's struggles





by Carolyn Spring

and symptoms have gone away by now? So to accept that DID is real, to be willing to work with someone who has this cluster of baffling symptoms, these little time-hops where parts of the day go missing, these unexplained physical complaints, this insomnia, these flashbacks, this panic and hyperarousal and then this flaked-out numb nothingness ... just to accept that what we are experiencing is real, that it has a name, and that therefore it might also have a solution, is the first and perhaps most important thing you can do for us.

And not just to believe that DID is real but to believe that there is hope for recovery too – that is priceless.

## 2. YOU DON'T NEED TO BE AN 'EXPERT'

I'm wary of the 'expert' label because it evokes power and authority. For those of us who have suffered abuse at the hands of people with 'power and authority,' it's a shaky way to start. I prefer the label 'human being.' I value the fact that people are trained and knowledgeable, that therapy is a 'profession' for 'professionals' and that the training is designed to safeguard the vulnerable. But treating DID is not like chasing bacteria out of the bloodstream. It's about a human being coming alongside another human being and giving them the courage to face the trauma and the abuse that has threatened to overwhelm them. In that setting, I don't

want some bespectacled expert who can quote chapter and verse. I want someone who at core is a thoroughly decent human being, who is willing to let me be the expert on me, who is willing to learn about me with me, and not assume that I am like every other DID client he or she has ever previously known.

DID is a way of coping with trauma by avoiding it. What that trauma is, what it has meant for me, how I have avoided it, what I need now, the sense I have made of myself and the world – all of that is unique to me and my history. Perhaps some therapists feel a little scared when faced with the prospect of working with people with DID, as if the label is all there is to me and others like me. But I find that they are scared much less by the prospect of working with me as just a traumatised human being. It's incredible how intimidating and off-putting a label can be. And having DID is no big deal. Of course it's difficult, of course it's this overspill of trauma that affects every aspect of our life, of course it's this roller-coaster ride of disowned and then overwhelming emotions, but it's just DID. The therapists who aren't impressed by my diagnosis, and aren't scared by it either, but see me as a human being who has experienced suffering and who needs to heal that suffering, seem to be the ones I am most likely to trust and be able to work with.



by Carolyn Spring

### 3. BELIEVE OUR SUBJECTIVE REALITY AND HOLD YOUR OBJECTIVE REALITY

The core experience of DID is identity confusion or identity alteration. Those of us with DID don't experience ourselves as singular at core. We don't quite know who we are. We might experience ourselves at times as older or younger than we are chronologically. We might experience fluctuations between different aspects of ourselves that make us feel, quite definitely, that we are someone else. When these floating aspects of ourselves coalesce apart from each other, we call them 'parts' or 'alters' or any other name that describes the sense that they are alternate parts of this most intangible of states - 'me'. These parts can be elaborate separate entities with names and ages and genders and experiences and feelings and memories, or they can be an indistinctly-shimmering sense within of just differentness. We exist like this because during childhood development, when we should have been developing a core, unified sense of identity, we were instead overwhelmed by trauma and that integration didn't take place. How we experience the world is true for us. It doesn't need to be true for you.

Sometimes, in our need to feel accepted, we can become militant about our dissociativity, insisting that we are 'multiples' and that 'singletons' need

to accept us as we are. I don't share that viewpoint: I am glad that there are people in the world who didn't suffer the trauma I did during childhood and who were able to integrate their sense of self. Because, actually, living like this isn't in the slightest bit fun. I want to figure out the steps that I missed and I want someone who is sufficiently integrated on the inside of them to mirror to me that inner togetherness that I am currently lacking.

Our parts are very real to us but, despite our protestations, we do just have the one body and parts are part of a whole, not separate 'persons.' Multiplicity is a trick of the mind to protect us from trauma. It's trauma that tells us that we want to stay separate. Most of the time it is far too overwhelming to consider 'integration' or 'connection' with these disowned, traumatised parts of ourselves. In therapy, I want to know that what I experience is valid and true for me. I want the freedom to be able to have my own point of view, and for that to be heard. But I don't want to suck my therapist into my world view, the one borne of trauma, the one that whispers that DID is 'just the way it is' and that relegates me to living an disintegrated, painful existence for the rest of my life. So in my therapy I have wanted my therapists to validate my subjective experience but hold fast to their objective reality too. I don't ever want to be cut adrift into a dissociative existence and be told that living separate from myself full of torment





by Carolyn Spring

and nightmares and flashbacks and the incessant heaving self-loathing that parts have for each other is normal and it is all there is. I want to accept my subjective reality of disintegration and dissociation, but always have something to shoot for: life where trauma no longer calls the tune.

## 4. DON'T FREAK OUT WHEN PARTS APPEAR

One very honest therapist who hadn't worked with DID previously sat in the Q&A at the end of one of my workshops and patiently waited for his opportunity to speak. Then he blurted:

'So at times you act and talk and think as if you're 12 years old?'

'Yes.'

'And at other times it's as if you're four years old?'

'Yes.'

'And this happens all within one session?'

'Yes, sometimes within a matter of seconds or minutes. Parts can come out after another like musical chairs.'

He paused and cleared his throat. 'I think I'd find that a bit difficult. I think I might be a bit freaked out by that.'

I know what he means. In the early months, having DID with practically no co-consciousness at all, in effect I had never ever 'seen' someone with DID switching either. It had freaked my husband when

he had first encountered younger or traumatised parts of me and my therapist was similarly bizarred-out. But then it became normal, and comprehensible, and part of the relationship. Nowadays, if I didn't switch to another part during a therapy session it would probably mean that I was working to avoid something.

But if my therapist gasped every time I switched, it wouldn't lead to the therapeutic gains, the facing and processing of traumatic material that it preludes. Switching is OK. it's where you do it that matters, so it needs to be somewhere safe.

A friend of mine with DID was looking for a new therapist to work with and met with one who seemed to tick all the boxes. The initial session was going well until she asked what proved to be a double-or-quits question: 'What would you do if I switched?' Without missing a heartbeat, the confident therapist replied, 'Oh that's not a problem. I would just ground you and bring you as the adult back to the here-and-now.' There are good times to do this - at the end of a session, or when as clients we are being assaulted by emotions and we are tumbling out of either the top or the bottom of our 'window of tolerance', when flashbacks are too intense and we are losing simultaneous touch with current day reality. But this therapist was, I assume, working under the false assumption that parts being 'out' is a bad





by Carolyn Spring

thing and that recovery comes by stopping it happening. That's not recovery – that's suppression and denial and it won't work, at least not in the long-term.

Ignoring the traumatised parts of ourselves has been our maladaptive coping strategy which we're coming to therapy to heal. Parts are important and valued parts of the entire personality system and shouldn't be ignored or squished – most of us have done that all our lives, until we couldn't ignore them anymore. We desperately need help to reconnect with them safely and in a safe place. If they can't come out during therapy, which theoretically should be the safest point of our week, when can they come out?

Perhaps the best response to parts appearing is to welcome them genuinely, get to know them, figure out their 'role' or 'function' in the personality system as a whole, and work slowly towards making a bridge between them and the adult host. They have been, generally speaking, disowned and cut-off – in other words dissociated – from the main part of the personality and they need to be welcomed back in. They do not need to be shut out or reacted to as if they are some freakish Frankenstein creation. I have needed my therapists to connect with my parts first in order to allow me to connect with them second. I have been shown how to relate to these disowned parts of me, not by treating them as if they are not real and

their trauma is not real, but by accepting them, engaging with them, understanding them.

It seems to me so much more effective to work at figuring out what an 8-year-old part represents, what that part holds, what contribution they have made to the survival of the whole person, than it is to gawp at the woman who thinks she's a child. Even less effective, in my experience, is to engage in a power-struggle of your objective reality ('You're not really 8 years old, you know!') over our subjective one. *Why do I feel that I'm 8 years old? What happened when I was 8 years old? How is this affecting the way you're relating to me? What am I avoiding by doing this? What am I facing by doing this?* By asking and even answering some of those questions, personally I have made huge strides towards accepting and understanding myself and the totality of my experience in life. By doing so I have become less dissociative and more integrated.

## 5. TREAT ALL PARTS EQUALLY

It's easy to like some of our 'younger' parts, the attachment-based ones whose unconscious strategy in life is to survive by getting close to you and getting you to come close to them. Ideally they would like you to take care of them. That's what the cuteness, the likeability, is for. And when they talk of the 'nasty ones,' of older parts in the dissociative system, or you encounter them for yourself, parts who



# TEN STEPS TO BECOMING A DISSOCIATION-FRIENDLY THERAPIST



by Carolyn Spring

self-harm or threaten or have rage-binges, it's easy to side with the vulnerable terror of these younger ones and feel at least a certain degree of antipathy towards these 'big ones' or 'evil ones' or 'persecutor parts.' Here is a 4-year-old part who just wants to be comforted and here is an introjected perpetrator part breathing out venom and anger and violence and hatred. It's not a hard choice really, is it?

But of course if you side with the younger ones, then you're missing a great opportunity. For many of us – certainly for me – a major driver for change has been when one of my therapists has been able to sidle up to 'Dark' or 'The Big Ones' and engage their energy for good. Our placatory parts, the attachment-based ones, will be horrified that one of these fury-filled 'big ones' told you to 'F\*\*\* off': what if they have upset you, offended you, enraged you? What will you do now? Will you send us away, reject us, hate us for our bad behaviour? We need to switch to a 'little one,' quick, and make our apologies, in case the rage deep down within has been seen and we are cast out for it.

But if you can engage with these angry parts, the parts that are feeling exactly what they ought to be feeling for the things that were done to them, if you can treat them the same way that you treat the loveable little ones, then they can begin to change. What I have found is that while my attachment-based parts

have been key at forming and maintaining a relationship with my therapists, it has been the parts with the explosive energy, the raw emotions of the 'what happened,' who have been the catalyst for recovery.

Rather than fighting them constantly, rather than pushing them away out of shame and loathing because I learned as a child that anger is bad and wrong and destructive, I have tried to mirror my therapists' acceptance of them and I have begun to understand that this anger is mine. These emotions – all the 'bad' ones – are mine. And I am incomplete and even ineffectual in life without their drive for justice, without their fight, without their protection. (Anger, I found, is an immensely helpful emotion that is both protective and creative. But that's another article ...)

And of course, the whole time, while you're responsive to the 'little ones' but standoffish with the aggressive ones, you're being watched. Maybe not at a conscious level, maybe not at a level that forms an explicit memory for us to pick over afterwards, but at the very least at an implicit level, all of the parts of us are watching how you relate and they are all asking the same questions: *Are you going to accept ME? Are you going to be here to help ME? Because maybe I'm not good enough – maybe I don't deserve it because I'm too shameful, too damaged, too toxic, too bad.* When you show unconditional





by Carolyn Spring

positive regard to all of us, however that manifests, we learn a vital lesson – that all these disowned parts of us can actually be accepted. They can be heard. They can say what they want to say and not be sent away. They can have the feelings and memories that they hold like unstable isotopes. If you accept them, then maybe we can.

## 6. TEACH GROUNDING SKILLS FOR OUR BENEFIT, NOT JUST FOR YOURS

‘Grounding’ is a wonderful thing. We use that term to describe an array of skills and techniques and activities that we use to bring us ‘down’ from being hyper and frantic, or bring us ‘up’ from being too hypo and numb. Grounding gets us back in the ‘here and now’ rather than the ‘there and then’ of trauma. Grounding gets us back in our bodies, back in our selves, back in the present, back in a place where we are in control. As I say, it’s a wonderful thing.

But sometimes, the words ‘Let’s ground’ are spoken not for our benefit but for yours. Trauma processing sounds of course as if it should have nice, clear limits around it – ‘This is processing trauma; this is not.’ Trauma processing sounds as if it should be logical and linear and controlled with an abundance of deep belly-breathing. I understand the concept that trauma is only processed when we’re in our ‘window of tolerance,’ when we can still both think and feel – and that if emotions are just

erupting like viscous lava, if our front brain is triggered and shut down, then we will only be retraumatized by this savage reliving of a traumatic event. I get that. But I think a lot of people are intimidated by the idea of ‘processing trauma,’ as if it only ever happens when you hit the magic balance of close enough but not too close. Better to hang well back than to go too far, surely?

But in reality, many of us just need to be able to feel these feelings that spurt up out of nowhere on the inside of us. It’s such a blessed relief, at last, after all this time, to experience the sensation of emotion. Everything has been so suffocated and blacked-out, feelings stuffed down and dissociated, that we wonder if we will ever feel anything that we should have felt, that we must have felt, that we wish we had felt, at the time. So when I have switched to a younger, emotional, traumatized part of myself and they are ‘telling,’ when their trauma narrative is bubbling out of my mouth with the voracious intensity of terror and trembling and nausea and disgust, at that moment I don’t want to ‘ground.’ I want to ride it. I want to let that part speak. I want to let the memory come and be done with it.

James Chu (2011) said that one of the hardest things to bear in trauma is the aloneness of it. I agree with him and I have found that one of the most healing aspects of processing trauma is not doing it alone. ▶▶





by Carolyn Spring

Right here, right now, I am in the room with someone who is listening and bearing witness and supporting and empathising and caring. What I am experiencing in my mind and my body is the memory of trauma and the memory of that aloneness. Bringing it out in the here and now, even though it comes through sobs or gasps or incoherent rambling, means that I am no longer alone and it is just a memory. That's not the time to ground me because although I look distressed, I know where I am and I don't want to avoid this trauma any longer. If we don't do this here, in the therapy room, it will explode out of me when I'm not safe and contained.

Sometimes I think it's the distress of seeing this trauma come alive, how unbearable the suffering that it represents, that causes you to seek and grab for 'grounding.' Let's put a stop to it, let's close this thing down. Let's not look at it – you're too upset. It's a fine line but it's a vital one. You have to remember that we didn't just remember this trauma – we endured it. When we talk of rape or torture or incessant aloneness or the stench of sweat and alcohol, we went through it. If we can't get just a little bit upset, in the here and now with you safely here with us, then it will continue to haunt us. Are you really so scared of the emotions – they're just feelings! – that you need to 'ground' it away? Or can you bear to sit with us in the agony of remembering, so that the agony is just a memory, just a feeling, just the memory of a feeling, and

nothing more? What I've found is that when it's been allowed to come out, its power fades. And when you can learn when I need to be grounded, and when you need me to be grounded, then the work can continue apace.

## 7. ACCEPT THAT YOU DON'T KNOW

We may tell you that Uncle James was there, that he gave us gifts, that we felt afraid of him. But if we haven't told you that he abused us, then you can't make that leap for us. Sitting with the unknown is hard, I expect, for both therapist and client. We all want to make meaning out of patterns, we all want to just know. But unless you let us sit in the dim, dark confusion of not knowing, we won't know that we know, only that you know and then, once again, it will be someone else's reality forced upon us and that won't help us at all.

If we are coerced into a dazzling recollection that satisfies your need for completion whilst re-traumatising us, then the work isn't therapeutic. Sometimes we can't blame denial for why we don't know. Sometimes, we simply don't know. So many traumatic memories are stored as somatosensory fragments, as implicit rather than explicit memory, that they won't fall into place as a nice, neat narrative of 'This ... then this ... then that.'





by Carolyn Spring

We need to start simply by trusting our own perceptions, our own awareness of the world, our own bodies. We need to tune into what we think and feel, rather than letting you finish the sentence for us. We need to figure it out for ourselves. You can't know whether what we glimpse and call a 'memory' is real or not. You can't know whether it actually happened just as recalled – and neither can you know that it definitely didn't happen either. You weren't there. Surely the most unhelpful response is not to be believed when we share horror and atrocities. But perhaps just as damaging is when you leap up to colour in the dim-grey picture for us, with colours you have taken from other clients, from your own experience, from supervision groups, from books.

Believe everything and believe nothing: you're not an investigator, you're not a judge and you have to let us determine for ourselves what we believe without confusing it with the stories of others. Sitting with the unknown – whether it's about what happened to us, who we are or what we feel – goes against every instinct to pattern-match and complete. Yet unless we build up our own perceptions and thoughts and feelings and memories, we will continue to lack a solid, internal core. It's for us to know or not know and for you to simply bear witness.

## 8. HOLD YOUR BOUNDARIES, AND THEN FLEX THEM TOO

What are boundaries all about? The 50-minute hour? (Couldn't Freud count?) Whether or not to offer a cup of tea at the start of the session? Getting hung up on these expressions of boundaries can so often lead to forgetting why the boundaries are there in the first place: they are there to protect the vulnerable and to safeguard the work. They're a very good thing. I don't want my therapist suddenly inviting a colleague to sit in on our session, I don't want her to wander off to answer the phone and I don't want to spend my time listening to her talk about flower arranging (the thought of it!) Boundaries are there to protect us both and to facilitate the work we're doing in therapy – therapy is work: hard, hard work. But if 'boundaries' start to oppress the vulnerable and risk the work, then maybe they are missing the point.

Working with DID means working with people whose boundaries as children were chronically invaded – either through active acts of abuse, or passive acts of neglect, or sinister mind games and manipulation and inverted caregiving/careseking roles. There are a multitude of ways in which we grew up not knowing what it was to be respected, to have choice, to be heard, to have a separate sense of self in an intimate relationship. The boundaries in the therapeutic relationship protect that.



# TEN STEPS TO BECOMING A DISSOCIATION-FRIENDLY THERAPIST



by Carolyn Spring

But many therapists flex the boundaries in working with DID and I agree wholeheartedly with that: you can't cram 50 parts of the personality into 50 minutes. You can't squeeze the trauma of disorganised attachment into six sessions. In most therapeutic dyads, some form of limited contact between sessions is part of the contract but it is hard for dissociative survivors, especially when in crisis, to contain their distress without support or a 'safe haven' for 7 long days and 7 even longer nights. Working with DID is prolonged, and intense, work and many of us have missed out on a raft of tiny but normal human interactions so that being offered a cup of tea can model self-care and comfort and nurture a thousand times faster than talking about it ever will.

Perhaps this is why therapy in the private sector seems so much better equipped to work with DID, where individual therapists can take thoughtful risks and work according to their own clinical judgement rather than being constrained by policies and procedures and risk assessments that at times seem designed to safeguard the institution more than they are there to empower the disempowered.

Flexing the boundaries is a good thing as long as it's not a reactive thing, as long as it's a decision that you've reflected on and you're comfortable with and you can maintain it. As long as you do not offer it and then retract it: we know of too many

people with DID whose therapists have given 'too much,' only to realise months down the line that they can't cope with what they are giving. To escape from their promises, they then quit altogether. Please don't do that.

Flexing the boundaries is a good thing if it's truly in the client's best interests and it's not just there because you can't hold the anxiety of how we are between sessions. Flexing the boundaries is a good thing if it's a mindful act that comes from a deep-and-wide assessment of the plan for therapy that you have co-created with the client and it's not a buckling to the pressure of a traumatic attachment need or a fight-or-flight response.

Above all, hold the boundary of your self and don't become enmeshed and try to rescue. In order to heal from boundary violations, most of all we need you to avoid replicating the dynamics of intimate invasion we encountered in childhood. We need you to remain you and for us to be allowed to become us.

## 9. JUST BE A GOOD THERAPIST

Sometimes it must feel so confusing and overwhelming. Here is this person with this most controversial of labels and maybe even your colleagues are raising an eyebrow that you've got sucked into this work. You're doing things differently, you're working at the edge of your competence, your supervisor is asking

# TEN STEPS TO BECOMING A DISSOCIATION-FRIENDLY THERAPIST



by Carolyn Spring

awkward questions and you go to bed at night wondering if you're doing the right thing. Or are you making things worse and should you be struck off for your preposterous hubris in thinking that you can help this label-cum-client?

I know for many therapists, the pressure to 'refer on' (regardless of the fact that there is no one to refer on to), the pressure to 'look after yourself' (meaning, don't go out of your comfort zone and just work with 'less distressing material') can be overwhelming. Research consistently shows that it is the relationship between therapist and client that is the greatest factor in successful therapy but surely they weren't talking about this kind of client were they?

I may have a 'label' – although who put it there and what right they had to do so is another question entirely – and I may at times have overwhelming symptoms of unhealed suffering. But I am not some other class of human being and I don't need another class of therapist to work with me. And after all, what is therapy really all about? Is it about theories and neuroses and complexes and contracts and transferences and core conditions ... or is it about a human being coming alongside another human being to help them work through their suffering and their distress so that they can live again? In

my view, therapy shouldn't get clogged up in schools of thought or 'rules' for practice. It should focus first and foremost on our humanity.

In *The Psychology of Science* (1966), Abraham Maslow said, 'I suppose it is tempting, if the only tool you have is a hammer, to treat everything as if it were a nail.' It sometimes feels as if conflicts between different therapeutic approaches or schools of thought boils down to proving that the hammer is better than the screwdriver. Doesn't it depend on whether it's a nail or a screw that you're trying to deal with? And in working with DID – as in fact in working with every other 'label' – the client is a person, a human being, not some rusty piece of hardware protruding from a lump of rotten wood. Treat your clients first and foremost as suffering human beings.

Then you can treat them as clients to protect them and to help them – not so that you can stand back at a 'professional distance' to keep you safe from their supposed 'contamination' – but so that you don't forget that you are there to help them. Use every tool at your disposal to help them and do the basics of therapy well – be reflective, listen, empathise, show respect, encourage autonomy, be confidential. Use every single tool you can lay your hands on to help the human being



# TEN STEPS TO BECOMING A DISSOCIATION-FRIENDLY THERAPIST



by Carolyn Spring

in front of you but don't mistake your client for a screw with a rotten thread.

And above all, perhaps, don't get in the way. This is about your client, not you. We are not coming to make you feel good about yourself, to fulfil a need to be needed, or to improve your professional prestige because now you work with 'complex cases'. Trust the process of therapy, because it works and trust yourself to come alongside us, the clients, whose recovery it is. Seek attunement, seek to empathise, seek to bear witness, seek to encourage and affirm, seek to listen, seek to care, and 'progress' will come. We are hard-wired both to survive and to heal, and we will recover.

## 10. GET A LIFE

A burnt-out therapist is a dangerous thing. Working with trauma is traumatic: secondary, or vicarious, trauma is a very real phenomenon and bearing witness week in, week out, sitting with us, week in, week out, empathising and attuning your right brain to our assaulted minds, week in, week out, will have an impact on you. You need to get a life. You need to look after yourself and not feel guilty for doing so. Our lives exist on a drip-feed of trauma in every waking and every sleeping moment: we can't escape it. We are coming to therapy because we don't



want it to be like this anymore. So we need a signpost to a better life and we need to know that you're living it first. I don't ever want to do flower arranging (the thought!) but I am glad my therapist does as it reminds me that there is beauty and peace and creativity in the world and there are places and spaces and moments when trauma doesn't reign. It reminds me of what is possible, even when I am feeling that everything is impossible. So have your holidays and your days off and your days out, and replenish your energies and keep coming back refreshed so that you still want to work with us, rather than feeling that you should.

Get a life, and enjoy it, because that's what we want to be able to do too. •



# HEALTHY FRIENDSHIPS

HEALTHY FRIENDSHIP	UNHEALTHY FRIENDSHIP
Realistic about how life changes; commitment within reason and reality, bearing in mind other priorities, e.g. spouse/partner, family, work, prior commitments.	Grandiose promises of commitment e.g. <ul style="list-style-type: none"> <li>• 'We'll be best friends forever'</li> <li>• 'I'll be there for you whenever you need me'</li> <li>• 'You can tell me anything'</li> </ul>
Reasonable level of appropriate emotion: the relationship is warm and comfortable rather than full of 'highs' and 'lows'.	High emotionality and displays of affection that are powerfully addictive, e.g. <ul style="list-style-type: none"> <li>• 'Love you'</li> <li>• 'Missing you'</li> <li>• 'Hugs'</li> </ul>
Can tolerate both separation and closeness at appropriate levels without being 'activated' by either.	Finds it difficult to tolerate separations, fearing the end of the relationship, and becomes either positively or negatively 'activated' by closeness, i.e. becoming 'addicted' to it and wanting increasing measures of it; or becomes anxious and tense with closeness.
Remains an individual and respects differences.	Desires to 'merge' with the other; takes on the interests of the other rather than developing own genuine interests.
Ability to tolerate conflict within the relationship.	Cannot tolerate conflict in the relationship or 'agree to disagree' – either insists on 'working through' minor issues (meaning having to agree), or complies externally whilst fuming internally.
Takes responsibility for own feelings; benefits from support of friend, but is not dependent on it.	Needs someone else to manage their feelings for them; friend's unavailability or unwillingness to calm them down is taken as rejection and a sign of not caring.
Has appropriate levels of sharing of personal information and feelings and does not break confidences of others.	Wants to share at a consistently deep and intimate level, and resents being 'shut out' or not knowing what's going on in the other's head; needs to share moment-by-moment personal thoughts and feelings; wants to be more intimate than anyone else in the friend's life.
Accepts a yes and a no both as reasonable responses to requests and suggestions.	Makes the friend feel guilty for saying no and makes meaning out of it ('You don't care') that is not reasonable. Engages in emotional blackmail to coerce a 'yes'.
Has a good balance of other friends and relationships.	Focuses exclusively on the one friendship/relationship and is not open to developing others, because this one is so 'special'.
Relates as an equal and a peer.	Takes either a 'one-up' or 'one-down' stance within the relationship.
Does not get drawn into 'secrets' and inappropriate confidences.	Promises to keep secrets whatever, and/or breaks appropriate confidences and gossips.

# HEALTHY FRIENDSHIPS

HEALTHY FRIENDSHIP	UNHEALTHY FRIENDSHIP
Is able and willing to confront unhelpful or inappropriate behaviour openly and honestly.	Becomes either defensive when challenged, or obsequiously compliant. Confronts behaviour which does not meet their own needs, rather than that which is truly unhelpful. Tackles issues only through manipulation or passive aggression.
Does not get drawn into 'triangular' relationships; deals with issues directly and does not get drawn into dealing with a third party's issues.	Complains about other people to the friend, rather than dealing with those issues with those people; separates friend from others by engaging in triangular relationships, e.g. repeating on what others have said, stirring up strife and discouraging open, direct confrontation.
Develops friendship slowly and with some caution, based on a range of factors such as trust and loyalty, and takes into account 'red flags' on the relationship; earns trust.	Rushes into friendship, does not take into account 'red flags' on the relationship; divulges private information before trust has been established; assumes and demands trust.
Values honesty and is direct and straightforward in communicating.	Is willing to be dishonest if it creates a deeper level of 'intimacy', deepens the bond in some way, or avoids conflict; communicates through indirect means such as manipulation or passive-aggression (e.g. silence or withdrawal).
Respects physical and sexual boundaries.	Pushes for inappropriate physical and/or sexual closeness.
Is willing to resolve conflict and forgive/move on.	Keeps score and revisits old wounds endlessly in new conflicts.
Gives freely with transparency in 'transactions'.	Gives with an ulterior motive and demands additional payment, e.g. gratitude, more time/contact, in return for supposed 'gifts'.
Is both encouraging and constructive in providing input or feedback.	Flatters or criticises harshly, often with an underlying motive of seduction or revenge.
Is able to stand back and consider and reflect upon the relationship as a whole, including its history and its future.	Is reactive to current, immediate issues within the relationship, and is unable to integrate the past and the future, focusing on 'right now'.
Is committed to the relationship over the long-term and is able to manage different levels of relatedness depending on the 'season'.	Threatens to jettison the relationship if there is conflict, rather than trying to work it through; is 'all or nothing' about the relationship.
Generally assumes that all is well with the relationship unless something specific comes up.	Constantly monitors the state of the relationship and requires reassurance of the friend's continuing availability and commitment.



# TWENTY HELPFUL THINGS MY THERAPISTS SAID

## REFLECTIONS ON PSYCHOTHERAPY BY A CLIENT WITH DISSOCIATIVE IDENTITY DISORDER



by Carolyn Spring

### 1. I LIKE PINEAPPLE

I don't suppose it's unusual to like pineapple but here was a person who liked pineapple and blueberries, who ate breakfast, who was real: alive and different and existing in her own right. Someone who ate pineapple, not just someone who wanted to hurt me. There was a delectable simplicity about liking pineapple and that throwaway comment crashed against months of avoidant haranguing and fearful apprehension of this person who otherwise had seemed unknowably untrusting of me. Now in three words I felt trusted – trusted to know that she likes pineapple. And the tiny enormity of that pineapple, exposed in a languid disclosure, made us realise how little we knew of normal, of favourite fruit and breakfasts without dread and a sore throat.

### 2. I DON'T THINK SEX IS YUK

Possibly said in defeat, not knowing how to counter indignant, adolescent repulsion, but a breakthrough nonetheless. Peeling away layer upon layer of darkest assumption that sex is yuk, that all sex is yuk, that everyone finds sex yuk. *I don't think sex is yuk* – a dazzling possibility, shocking, promising, hopeful. Someone brave enough, convinced enough, at last to say: *there is good sex*. Sex that isn't perverted or disgusting or harmful or coercive or humiliating or sickening or abusive. And so a summary of the wrongness of what happened to us and a validation of our clenched-tight-knowing that it was wrong, that we hated it, that we were right to hate it; and relief that there is something else, something better, something unpolluted



# TWENTY HELPFUL THINGS MY THERAPISTS SAID



by Carolyn Spring

and clean and wholesome and lovely. A validation that the ache within us for something good, something not-yuk, is OK.

### 3. IT'S NOT HAPPENING NOW

Those words – ‘it’s not happening now’ – used to prickle. Those words scratched me, irritated me; they were caustic and unwanted. At first I just felt stupid – I know it’s not happening now. But slowly that mantra began to contain the awfulness of flashbacks. Everything compressed together in a sandwiched world of past-and-present together, the room around me vague and dreamlike, choking breathlessness, hot flakes and embers of disgust, retching self-loathing ... of memories happening now. All this was like a collision of time – nothing was real, or distinct, or remarkable. It just was, it just is. Then the whisper-like certainty of it’s not happening now. And a gradual re-orienting of my mind towards *it’s over* and a disengagement from the triggering panic. Bit by bit, over time, the mantra became a buffer – *it’s OK, it’s not happening now* – so that detached and curious I could hear, ‘You’re just being triggered and nothing more, nothing more’, until the arousal ebbed away.

### 4. I CAN HELP YOU

I grew up in a world where no-one helps you, where you can only really

help yourself and where those who are supposed to protect you deliberately and intentionally hurt you. Desperate for years with the sparseness of medical and church-based help, desperate with guilt and self-harm, desperate with suicide, desperate with post-traumatic stress and the clamouring screech inside of 17 years of abuse, desperate with the aloneness of ostracism and stigma ... and then one day, in a therapist’s office, in a first session, she says *I can help you*. Electrifying, time-stopped, breathless wonder and disbelief that after years of people watching me be raped and tortured and degraded – people watching and participating but never ever intervening or preventing or helping – here is someone saying *I can help you*. Is it a trick? What do I have to give in return? Are you mad? But then, with stillness, with conviction, with quietness, so that the air did not move and the traffic outside did not drone: *I can help you*.

### 5. I BELIEVE YOU

No-one believes you. You know that; deep inside, you have always believed it. When you talk of things that happened that shouldn’t happen, things that don’t happen, things that can’t happen, why would anyone believe you? You don’t believe yourself. In your mind – in your minds! – all the time, two truths, two worlds: the outside world of everyone else’s truth and the inside one of confusion and pain. There



# TWENTY HELPFUL THINGS MY THERAPISTS SAID



by Carolyn Spring

is no confirmation, no validation, of your inner world in the outer world. Whispers in darkness that say: That didn't happen, you're making it up, no-one will believe you if you tell.

Confusion of what in the middle of the night was dream and what was real, the insistence (loud, strident) to yourself that pain doesn't hurt and *they won't believe me*. But then I spoke, words funnelling out from petrified blanks in my mind, words squeezed into being to describe the things that are true in my tremulous body and frozen affect but that my mind would not believe. And she said *I believe you* and a shudder, a pleading inside – *please don't believe me, please don't let it be true* – but an exhalation too of tension, the knowing that what is true has been validated as true and there is now at least one person in the world – for the first time one person in the world – who can tell me that it's true and that it happened and that I'm real.

## 6. IT WASN'T YOUR FAULT

Never had it occurred to me consciously that it was my fault; always unconsciously did I believe that it was. But suddenly those words – *it's not your fault* – and I realised that I had always blamed myself, always felt responsible, always assumed, in narcissistic, precocious error, that I caused it. Then the disturbing, fluttery

fear that I didn't cause it: was I really so helpless? That seemed, somehow, worse. So I oscillated back, in those words – *it wasn't your fault* – between sturdy powerlessness and guilty exoneration. If it wasn't my fault, whose was it? Years of assumption, schemata for living, shaken up like a bag of flour and lying now like a fine dust over my sense of self. Do I blame someone else if I can't blame myself? How can I blame them? – better to blame myself. That people did evil things to me and I didn't deserve it and I wasn't to blame is newly traumatic: I live in a world that I cannot control through taking the blame and my worldview feels anxiously collapsed.

## 7. I'M SORRY

These are the words that adults in my life never spoke. Two apologies: *I'm sorry that it happened* – shocking, why would anyone care? – and *I'm sorry I got it wrong* – impossible humility, it must be a trick. Can it be true, that someone is sorry that it happened? When caregivers stood by and failed to act, failed to be sorry, showed no regret? What is this person, recently a stranger, feeling towards me? Suddenly I see care and compassion lived out, acted out, articulated and enunciated in the form of these words – *I am sorry* – and there is glimmering hope. Then later, at a moment of empathy-failure – *I am sorry I got it wrong*. And that sears me with



# TWENTY HELPFUL THINGS MY THERAPISTS SAID



by Carolyn Spring

wonder. You can't be wrong, it must be me, it is always me that is wrong - I am fretfully intolerant of this apology and I flail around needing to find the hard aggression I am so used to in people who are always right even when they are hurting me. *I am sorry I hurt you* - people don't apologise for hurting me, do they?

## 8. I DON'T UNDERSTAND

My therapists are not omniscient and they don't understand. I'm glad when they say it. I'm glad when they stop pretending that what I'm saying makes sense to them. I don't know how to communicate the confusion and the distress, fragments of being and fragments of knowing, that I lived in, that I did, that I was. I feel betrayed by the all-knowing smugness of a therapist who seems to understand. I am trying to speak of things that I cannot comprehend, that I cannot integrate, that I cannot fit with the normal, the outer, the shared, the real. Sometimes when I hear *I don't understand*, I hear an acknowledgement not of failure but of incomprehension that reflects my own. It feels calming to sit with their broken uncertainty rather than alone in my own.

## 9. YOU'RE OK JUST AS YOU ARE

I grew up with unconditional negative regard, my acceptability nebulous and eternally unattainable. So I leaned

forward continually and expectantly into the disdain-eyes of my mother in everything I did, leaning forward, forward, trying always that little bit harder to be the good girl who never complained or resisted. *I will try harder, I will be better, I will unlove myself enough to be OK one day.* 'Look at me!', my efforts to my unappeasable mother always said. 'I know I'm bad but look at how hard I'm trying not to be.' Never hard enough. I could empty myself of everything that is me and still never attain it. *You're OK just as you are*: it feels like heresy, disloyal and unkind. I know I'm not OK. How can I be so ungrateful to my mother as to disagree with her omniscient contempt of me? This new person, this impostor, this 'therapist': everything about her must be wrong. She is wrong to accept me, wrong to approve me. The impossible wrongness of my mother's dismay at who I am is the normative, regulated state of my mind; being OK just as I am grates and jars, painful in its painlessness.

## 10. I WON'T SEND YOU AWAY

If I make you cross, if I make you sad, if I make you frustrated, if I make you scared, if I make you yuk, if I make you repulsed ... will you send me away? Of course you will. Can it really be true that there is this place, this one place in the whole world, this one place in this empty humming space between us in this room right here



# TWENTY HELPFUL THINGS MY THERAPISTS SAID



by Carolyn Spring

right now – one place where I can be? – one place where I can say anything, one place where I can feel anything, one place where I can stay? The clock hand ticks and I know I will have to leave but I can come back next week – the certainty of that is exhilarating. *I can keep coming back, can't I? Whatever is unfinished, unsaid, undone: we can bring it here again next week can't we?* Suddenly I have a future – week-long, 7 days – I have a future where we can look at a past that isn't now and I can keep coming back, coming back into more and more now moments, and I can keep saying and being and feeling and you won't send me away. One wrong move as a child and dread sucked up my insides like a vacuum cleaner: I will be sent away, to some Oliveresque children's home faintly but grotesquely sketched in my imagination. I had to be very very careful not to do the wrong thing and be sent away and now here – here in this empty humming space between us – I can be and not be sent away. *Can I?*

## 11. YOU'RE NOT YUK

*Yuk* is the child's word to convey the foetid, rancid, seething disgust, the slithering foulness, of wet and scum and nauseating me. I describe horror and repulsiveness and I am smeared with the reality of it, wiping away the crud and the excrement as if it still remains. I tell you and mirrored in your eyes I

see the revulsion that you see in me and then softly and cleanly and honestly and truly you speak to me: *You're not yuk.* The words are like magic – a gasping for breath, a *really?* and something in your eyes of openness and compassion is the first time I've heard that in that way, the first time I've believed that I'm not a Little Shit. And it is a magical wiping away and I can't believe you just yet but I want to and the oil-slick blackness inside emulsifies slightly at your detergent kindness and swirling patterns appear in my mind of aspirations of possibilities of hopes of being one day clean.

## 12. I'M NOT CROSS WITH YOU – I'M CROSS WITH THEM

People don't need a reason to be cross; people just *are* cross, they need a reason *not* to be cross. There is this mother: scratchy, hard, prim; tipsy, explosive, bigoted; furious, gossipy, efficient. A thousand combinations of mood and personality and chameleon in intensity and cause, but always, always cross. We were forever just a moment, just a word, just a breath away from fury and acid; holding tightly to ourselves every muscle of our thoughts so that none should start the landslide. Gratuitous rage at everything and everyone was a cloak around our mealtimes, our bedtimes, our life. And now this mellowness of thought and



# TWENTY HELPFUL THINGS MY THERAPISTS SAID



by Carolyn Spring

feeling in a therapy room means nothing to us because crossness just is, in the background, in the shadows, in the cobwebs, in the air. She was cross with everything except what was happening to me. Angry only, I imagined, that I had blood in my pants and there would be more washing to do and I didn't want to be in trouble for that. She was angry with everyone except the people who were doing it to me.

## 13. I'M COMING BACK

Out of sight, out of mind. Even after three years my object-inconstant mind could not comprehend beyond the inevitable cessation of being that was a therapist on holiday. The therapy room encounter was a mirage only hours later: a week is a long-time when you cannot remember anyone. And then the anticipation, the dread, of starting again the following week. I could remember the physical form, even remember the facts of our previous meetings, but I could not hold and contain within myself the memory of safety and connection with a person between sessions. Even the therapist behind the text or the email was a different person. But those words – *I'm coming back* – an empty promise at first but a real one. She always came back. And years of uncertainty plagued by threats – *if you're not a good girl* – began to be placated.

## 14. YOU ARE PRECIOUS

Precious as a good thing, not a bad thing, shameful and hurting and distorted and macabre. Precious in the sense of having intrinsic value, before and beyond what happened to me, regardless of what sex act I can perform on an adult, what sense of gain I can provide. For as long as I've known, I've been what I've been as an appendage to someone else's psyche, with no value in and of myself, no sense of goodness, no sense of autonomous worth.

But now, this idea blossoming upon me – intrinsic value, intrinsic worth, intrinsic goodness. *Am I precious?* – even without earning it through suffocating perversion which itself confirms my unwanted, unglad sense of evil? To be precious, to be precious to someone: huge draughts of disbelief mingle with excitement. *Can I be precious?* Can I be something, someone, to value, to regard with loving-kindness, to love? And love not as control and power and manipulation and guilt and coercion but love as patience and kindness and goodness and respect? *You are precious.*

## 15. I TRUST YOU

I never trusted myself. I knew, in metaphors and shadows of my mind, what I had done. Guilt at surviving, guilt at complicity (however forced) hung shroud-like upon me. Forever expectant of exposure of some unconscious crime,



# TWENTY HELPFUL THINGS MY THERAPISTS SAID



by Carolyn Spring

*I trust you* flickered against me like a malfunctioning mosquito light. *Don't you realise, don't you know?* Unsafe in their trust of me, pressured almost by their trust of me, I slithered and squirmed away from such an untruth. *You can't trust me, you mustn't trust me.* I had no evidence to offer of such untrustworthiness, just a sense that deep within I harboured a criminal dangerousness, shameful secrets, that I had seen things and done things that I should not. That slither of hope – *I trust you* – infected me as a wound, my mind scabbing over at the possibility that it offered, of atonement and redemption and belonging. I wanted, more than anything, to be trusted, to be trustworthy, as if by being so would separate me forever from my birthright wrongs and escape me into the world of my therapists, far far away from the evil I had seen.

## 16. I WON'T HURT YOU

The assumption, of course, is that everyone would. The assumption is that hurting is what I exist for, that I can see pleasure mirrored in someone's eyes only when there is pain. Then as an adult, if there is no pain from that other, I must myself balance the pain-pleasure transaction or bankrupt the relationship. Closeness, intimacy, love: all must be bankrolled at some level with pain. I will be loved if I'm in pain. I am good when I am in pain. And now the impossibility of pleasing this therapist who doesn't want my pain,

doesn't want me hurt. Just emptiness lies between us and I don't know what it means. No pain, no gain. I cannot get her to love me now. *Please hurt me.* Or at least let me hurt myself.

## 17. I LIKE YOU

I know what it is to like people. From below I adulate the strong, the wise, the powerful. But for someone to like me is risible, hollow mockery. What is there to like about me? Inadequate, always crumpled-up in the inadequacy of what I am and what I can't be, never fitting in, always suspiciously distant in my assumed lack of acceptance. I see people, self-declarative in their confidence, exuberant in self-enjoyment, fully aware of their likes and dislikes, fully expressive of such likes and dislikes, part of the group, secure in their attachments. And now *I like you* and I want to laugh, first in defensive ridicule and then in alarm at the feral discomfort of what that could mean, of echoes of what it meant to be liked. I want to shrink back inside, swipe away the liking of me, retaliate with noxious offence – anything to stay safe from this petulant, unreasonable liking of me that speaks shivery danger. Being liked wasn't safe.

## 18. I FEEL ...

There seemed enormous hubris in *I feel*. Feelings expressed were unknown to me; do other people have feelings? Here



# TWENTY HELPFUL THINGS MY THERAPISTS SAID



by Carolyn Spring

is this person, masked in unknownness, telling me what they feel. It is discomfiting, alarming, breathtaking, but crisp with novelty. These are feelings expressed but not acted upon, feelings of sorrow or joy or anger or pleasure or doubt or urgency, feelings from another person wave-breaking above the tide mark of their consciousness, expressed to me. Is this what it means to be real? To be a real person expressing real feelings? Is it really truly OK to express feelings? – where is the shame, the humiliation, the tight-shrinking clutch in the tummy, the dread of hurt that should come, that always came? Suddenly here is the someone-else’s-mind and a different way of thinking and seeing and feeling that is to me abstractly alien, invitingly fresh, boisterously new. Here is another person, the other person who can say what they feel, and feel what they feel, without punishment or terror.

## 19. IT DOES MATTER

Sexual abuse – it doesn’t matter. Rape and torture – it doesn’t matter. Infanticidal attachment – it doesn’t matter. Somehow the horror has to be airbrushed away with it not mattering, somehow the gagging revulsion has to be suppressed. It doesn’t matter; I don’t matter. That is the only explanation for those things, the only rationale behind what happened. And then my therapist with freedom-words: *it does matter*. No, no, it can’t matter, I can’t let it matter. *It does matter*. Yes, yes, it does

matter; no, no, it doesn’t matter. And so, adrift in rapids I hurtle through the splash-crash of emotions – it mustn’t matter but it does. It matters to my therapist; perhaps then in time I can let it matter to me.

## 20. YOU CAN CHOOSE

I didn’t know what it was to choose. The sense of an individual, autonomous, able to be oneself, with wants and preferences and feelings and ideas: I didn’t understand this. I thought – really thought – that life was about survival, edging past other people’s moods and inconsistencies, winning their approval so that they wouldn’t hurt you, trying to fit in and blend into beige-like anonymity and avoid a low-revving constant sense of danger. As a child I had been allowed to choose, in an insidiously evil kind of way that destroyed my sense of free-will: sometimes I got to choose who raped me or I could put my hand up to choose when the abuse was to start. ‘Choices’ I took to mean my ability to steer the best course through a crash waiting to happen – risk-management, seatbelt-clutching style. But now: *You can choose*. And the powerlessness of evaporated free-will against this new freedom, real freedom, grown-up tax-paying freedom, seemed a contrast too blinding to regard. *You can choose*: again and again, loud like a claxon, reminding me of me. I am me, and I can choose. •



# BOUNDARIES



by Carolyn Spring

It was 2005 and I was about to have a breakdown.

First there was the pressure of decades of dissociated trauma, pushing relentlessly at the seams of my mind. And then there was the very real and practical issue of looking after five small children. My then-husband and I were full-time, professional foster carers and we were good at what we did. But however many children we took in, there was always another duty social worker on the other end of the phone. There was always another sob story and another child, another family and another crisis. I found it almost impossible to say no. How could I when there was so much need? I felt the pain of these children keenly, as well as the responsibility to alleviate it.

I had no boundaries, and as a result I was continually victim to other people's emotions, demands and needs.

The breakdown that ensued was catastrophic. I had been competent, professional, capable. Now I had a panic attack just trying to get out of bed. I was consumed by the flashbacks and red raw emotion of unprocessed trauma of 17 years of childhood abuse. The boundary that my mind had held in place between my traumatised life and my apparently normal life had collapsed, and chaos ensued. Self-harm and suicidality. Dissociative identity disorder. Body memories. Terror.

'Dissociative parts of the personality' grabbed the headlines, but my inability to



# BOUNDARIES



by Carolyn Spring

set boundaries was the silent assassin destroying me from the inside. The powerlessness of trauma had left me without a sense of autonomy. For too long I had mindlessly enacted the relational templates of my upbringing, unable to choose when to say yes and when to say no, and enmeshed in a destructive morass of compulsive care-giving alongside chronic self-neglect. I said yes to everyone else, and no to myself. Other people mattered; I did not. And so, breakdown.

Through therapy, I began to explore the concept of boundaries. I had always assumed that a boundary was a rule, but I began to understand it instead as an edge, a marker, a distinguishing line, a perimeter. We can develop a rule based on the boundary, but the boundary itself is not the rule; it's just the context for it. A boundary instead is like an invisible line that defines who we are and who we are not; where we start and where we end; what is ours and what is not; and what we're responsible for and what we're not.

In literal terms, it is easy enough to understand a boundary in terms of the actual perimeter of our property: it is what we pay solicitors hundreds of pounds to check when we are buying a house. We need to know exactly where our property starts and ends, which fences we're responsible for, what rights of way run

through our land, and if there are plans for a flyover through our back garden. So the title deeds for our house show a plan of our property, often with a thick, red line around it that defines what is ours and what is our neighbour's.

The boundaries of a property can be demarcated with a fence; the boundaries for us as people are defined – in part at least – by our skin. Everything that takes place within my skin, everything that my body does, or my brain thinks, constitutes 'me' – however much I feel that I am a 'we', however much I lose touch with my body and, when stressed, float up to the ceiling. This is the legacy of the boundary-breaking of abuse, not a natural state of affairs. But I can begin to define 'me' better if I understand that the boundary for 'me' exists mostly within my skin.

Are boundaries negative? No. They are neutral, a statement of fact or identity or property. And observing them can be intrinsically liberating, because when we know how far we can go, we can push right up to that limit. When I know that I own all the way down to the fence by the apple tree, I can pick the apples and eat them in safety because I know that they are mine. Boundaries can make us feel safe and give us the confidence to explore right up to their limits. But when we feel 'limitless', we constantly



# BOUNDARIES



by Carolyn Spring

assess if what we're doing is okay, and it actually reduces our exploratory behaviour. Knowing our boundaries can enable us to make the most of life. If we use a metaphor and say that our life is like a garden, then I need to know where my garden starts, and where it ends. *Which is my garden, and which is my neighbour's? Where does it begin, and where does it finish?* This information is vital, because I need to take responsibility for my grass, my trees, my fences, and my shrubs. I don't need to mow my neighbour's lawn, but I do need to mow my own.

As infants we are born needing help with every aspect of our life, but we develop from babyhood into childhood and eventually adulthood, and that journey takes us on a process of becoming – in theory, at least – an autonomous individual with free will and responsibility for ourselves. It's when that process of maturing and attaining autonomy is interfered with that we run into difficulties.

So as adults we become responsible for what grows and takes place within our garden. I can prune my shrubs however I want to, as long as they are in my garden. I may ask for some neighbourly advice over the fence about the best place to plant perennials, but I don't have to follow that advice, and nor do I have the right to place a water feature in the middle of my

neighbour's lawn. My garden, as my life, is my responsibility.

But abuse messes all that up. Abuse teaches us from a very young age that our property doesn't really begin at our skin. Abuse teaches us that the 'no fly zone' around our skin that we call 'personal space' can be invaded or ignored. Abuse teaches us that our boundaries don't matter. Abuse strips up of our privacy. It teaches us that other people can walk right into our gardens and dig over our pansies, and we can't stop them. It teaches us that our gardens don't really belong to us and that we don't have ownership or control. It teaches us that our gardens are worthless and lacking in beauty.

That's the process we have to repair as adults.

When we were children, there was nothing – absolutely nothing – that we could do about abuse, or even neglect. We were totally powerless to stop adults, people bigger and stronger than us, coming into our gardens and defacing them. And many of us are left believing that this situation still persists: that our gardens are public property, rather than private places. That we can't keep other people out. And that we're not able to be responsible for our own gardens ourselves.



# BOUNDARIES



by Carolyn Spring

I grew up feeling ashamed that I couldn't manage my feelings, that I couldn't even manage my body, which from the age of fifteen was crippled by Chronic Fatigue Syndrome. I had a deep sense of my own incompetence. I saw the green fingers of others, and I felt reliant on them to help me. I was chronically disempowered, and heading into my twenties my garden became a tangle of weeds. I fundamentally believed that I was utterly dependent on the kindness of others to help me manage my garden. Yet at the same time, I was competent and dependable and skilled – at managing other people's gardens. The strangest thing was that I wasn't even struck by this paradox: it was just the way it was.

Recovery for me has meant figuring out where my boundary lines are – drawing around my 'garden' on a mental map in a big, thick, red marker pen and being able to say 'this is mine'. The flipside to that has also involved me saying 'this isn't yours' and so telling people who want to desecrate my garden that they're not welcome any more. It has also involved me figuring out that I alone am responsible for my own garden. The NHS isn't going to mow my lawn for me, although it would be nice if it could lend me a lawnmower. Recovery has involved me realising that the people who defaced my garden in the first place aren't going to come and make

it any better – however much I wish they would. I've had to accept that it's actually jolly hard work keeping my garden, my life, in order – especially when other people have dumped so much rubble in it.

It's not fair that I'm the one with the responsibility to clear it out when I didn't cause the problem in the first place. It's not fair – but as my therapist is fond of saying, 'It is what it is.' I'm very grateful both to her and my husband for encouraging me, and lending me a hand, and helping me cut back huge swathes of undergrowth. But ultimately it's my garden, and it's my responsibility, and they can't do it for me.

I've also had to learn to get my nose out of other people's gardens. I've found that, when your own garden is a mess, a great distraction is to go and help someone else with theirs. I used to be ever so 'helpful' to other people, getting stuck in, sorting their gardens out. I took in homeless single mothers as lodgers. I set up community projects. I helped women caught in domestic violence. But what I began to realise over time was that the more digging I did in someone else's garden, the less I did in my own. And the less they seemed to do in their own garden too! By helping them in the way I was, I was actually just perpetuating the idea that they weren't capable of managing their own gardens themselves. I was digging and mowing



# BOUNDARIES



by Carolyn Spring

and chopping and strimming and by doing so I was in effect saying, 'You can't do this yourself! You're too damaged, too weak, too mad! That's why I'm having to do it for you.' And that was pretty arrogant of me given the state of my own garden. That message was not my intention, but actions speak louder than words.

And instead their gardens were overrun partly because they weren't tending to them themselves. Again, like me, many of them were off helping someone else with their garden. And so this whole cycle of 'proxy gardening' was in place. We were looking to other people to tidy up our gardens because we couldn't face them ourselves. We were too ashamed, too helpless, too overwhelmed. And so partly to avoid those unbearable feelings, and partly to feel better about ourselves and win the favour and approval of others, we were off digging away in someone else's garden and clinging to the idea that we were really nice people for helping out like that.

And then, one day I realised, in a sickening thump of revelation, that I had to face the mess of my own garden myself. And I also had to let other people face the mess of their gardens themselves. My garden wasn't magically going to right itself because of the work I'd done for others. I wasn't going to get out of debt just by

endlessly, continually giving. I wasn't going to feel better about myself by soothing others' charred self-images.

I began to understand that the 'grass' in our gardens is like our 'feelings'. Like feelings, grass grows all on its own, even when we're not looking, even when we're asleep. Feelings spurt up outside our control – no one wakes up and decides to be in a bad mood. And environmental factors – things that happen to us – like water and sunlight, like abuse and redundancy, illness and divorce, so often cause our feelings, our 'grass', to grow more quickly.

But this 'grass' – this 'emotion' of ours – grows in our garden. And therefore we are responsible for it. We can sit there and protest that we didn't make it grow and blame it all on photosynthesis, but if it's in our garden then it's our responsibility to manage it. It's our responsibility to mow our lawns and keep the moss in check. It's not our next door neighbour's responsibility to come and mow our lawn, and nor is it our responsibility to go and mow their lawn. We're each responsible for our own grass.

For many of us, when we were children, the people who should have been training us and helping us learn how to manage our gardens didn't do that. Some of them just weren't much good at being parents



# BOUNDARIES



by Carolyn Spring

or caregivers, and having neglected their own gardens they failed to teach us how to mow and trim and prune. But some of them were also outright abusive – they burst into our gardens, took them over as their own, urinated in our ornamental ponds and crapped in our hyacinths. And what we have found is that other people’s ‘crap’ acts as fertiliser – it makes our grass grow a lot. Before we know it, we’ve got meadows of out-of-control, wavy, waist-high, wild grass to deal with – while other people have neat, stripy lawns. That, unfortunately, is the way that life is: it’s not fair, but again ‘it is what it is’.

As children, many of us experienced upbringings where not only did our abusers barge into our gardens and trample our flower beds, but they also, in effect, made us do their gardening for them. They insisted that we look after their lawns, their borders, their shrubbery – in other words, we had to take care of their feelings. We had to be careful never to upset them (don’t walk on the grass!) and we had to make them feel good about themselves. They used us to manage their feelings and meet their needs, whilst destroying our shrubbery. And for many of us, as we’ve entered adult life, we’ve just assumed that everyone else has the right to order us about and make us do their gardening, because that’s the pattern we had as children. We were not taught

that our gardens are precious places that should be protected and tended.

This manifested in me in frequent overwork. Write just another email, help just another person, take in just another child. Give, give, give. It didn’t matter that I was exhausted. My only justification for being alive was to be a gardener for others. That’s what I believed at a profound level within myself, although I never consciously thought it. The boundary violations of my childhood had squashed my sense of self and here I was, an empty shell, an empty me, living for others because it was easier than dying. Many people took advantage of me and that just deepened my shame, reinforcing that core belief that I was worthless and undeserving. They would complain that I hadn’t mowed their lawn well enough, even though I was doing it for free. I was even useless at that.

With powerlessness as a key experience of trauma, we can end up feeling that we can’t stop people invading our gardens even though now we are adults. We can’t say no to people who want to live in our gardens, or people who want us to live in theirs. It’s a difficult thing to get to the point where we realise that we can now start to erect fences and walls around our gardens, and that we can (and we must) as adults learn to say ‘no’. Much of the work of therapy in recovery from trauma is in gaining the



# BOUNDARIES



by Carolyn Spring

confidence to mow our own lawns and to value our gardens enough to stop people using it as a public rights of way.

The recovery process is one where we begin to learn to get our gardens under control and where we learn to ask for help with it, rather than insisting that others do it for us, or giving up on it entirely. We can ask people to help but we cannot ask them to come and do it for us. Sometimes we treat therapists as contracted landscape gardeners: we want to pay them to do the hard work and absolve us of responsibility. But if it's our garden, it's our responsibility. We will only get on top of our own garden if we say no to other people's. Some of us like to play at 'gardening neighbourhood watch' and point out to everyone around us when they need to mow their lawns and how they should prune back their hedges. We may do this to be liked, but if we don't respect other people's boundaries and we are invading their gardens to rescue them, then we are doing a passive version of what abusers do. We are still taking over. If I walk into your garden and start mowing your lawn for you, you might be grateful today, but I will be disempowering you tomorrow.

The one word that is more effective than any other at erecting a boundary is 'no'. And yet 'no' can be the hardest word for us to use. 'No' is what we wanted to be

able to say when we were children, but so often we couldn't. It may have been ignored even if we had said it. It might have exacerbated the abuse. And in most cases the freeze response in us made any protest impossible. Whatever the reason, 'no' is a word that many of us find very difficult to say. But unless I learn to use the word 'no' and have it mean something, then I cannot in fact meaningfully use the word 'yes'. When we cannot say 'no', we end up saying 'yes', not because we want to, but out of coercion. Our 'yes' isn't really our 'yes' and our 'no' isn't really our 'no'. That's confusing not just to other people, but to ourselves as well.

Many of us were taught in childhood, either implicitly or explicitly, that 'no' is rude or wrong. But far from it - 'no' means that our 'yes' when given is freely given - it really does mean something. So we can trust people when they say 'yes' if at other times we know that they are willing to say 'no'. And we need to understand that 'no' just means 'no'. It doesn't mean withdrawal of relationship, or withdrawal of love. It doesn't mean anger or fury or rage or rejection. It just means, 'I don't want that in my lawn, thank you ... but you are free to put it in your lawn if you want to.'

It took me a very long time to realise that everything that exists within my garden has a right to be there. I can have



# BOUNDARIES



by Carolyn Spring

my own feelings, my own thoughts, my own opinions, my own hopes, my own fears. Growing up, I believed that I had to think the same as my parents, feel only the feelings they allowed me to feel, and share their opinions. The rejection and disapproval when I disagreed with them was too much to bear. According to their worldview, I shouldn't ... shouldn't have feelings, shouldn't have opinions, shouldn't do anything other than tend their garden – supporting their avoidance and denial of feelings, like a trellis holding up ivy, supporting their exclusion of my reality, my feelings and my trauma.

It took me a long time to realise that if I was ever going to establish my own garden, and thrive within it, then I would have to back out of their garden. And I would have to put up big 'no trespassing' signs. When I did, for a short time it felt as if all hell had broken loose. They protested with a vicious attack on my right to autonomy, my 'selfishness' at refusing to mow their lawn, my 'cruelty' at removing from them the right to control my garden. It was a difficult time.

But the end result, several years later, is that I am free now to live in and enjoy my own garden. And I am free to do things – like writing – that was forbidden in the old system. I am free to deal with the weeds and the moss that have grown in the damp places in my garden. I no longer have to

live in order to please others, and manage their emotions for them. I am not lobbing bricks into their garden; I'm just relocating to my own plot of land, and closing the gate to people who won't respect my flowers. I've eventually realised that the guilt that they tried to put upon me for 'upsetting' them is not my guilt. Their feelings are in their garden and are their responsibility. I have nothing to feel guilty about.

In the past, our gardens have been used as public play spaces or arenas for war by our abusers. But we need to start to see them as precious, private sanctuaries. We need to work hard at dealing with the undergrowth that has accumulated through years of abuse and neglect. We need to ask others to come alongside us in this, to lend us some shears, to help with a bit of heavy digging. But at the same time we need to recognise that we alone are responsible for our own gardens and that if other people say 'no' to helping with ours, then that is okay. We need to respect their boundaries as much as we want them to respect ours.

The powerlessness of trauma will tell us that none of this is possible, but it is. If we are responsible just for our own garden, not the gardens of our entire neighbourhood – and certainly not the gardens of our abusers – then we can begin to make them places of safety and beauty. We can recover. •





# ANGER SAYS NO



by Carolyn Spring

For a very long time, I didn't 'do' anger.

In the family I grew up in, the adults were allowed to be angry, and even my sister was allowed to be angry, but for some reason I was not. The adults were allowed to be angry with me, but as a child I wasn't allowed to be angry with them. Nothing much changed when I myself became an adult, and mostly I just accepted it as the way it was. Many of us grow up with the mandate of 'Don't upset your mother'.

There's a lot of people who are uncomfortable with anger, and I seemed to run into an awful lot of them in my early adulthood. So by the time I arrived in therapy, I was armed with my version of what it takes to be 'mature': 'I don't do anger,' I said, and not only did I sincerely mean it, but I actually thought it was the

end goal of adulthood. I didn't understand the puzzled look that came back towards me. I certainly didn't understand when my therapist seemed to indicate that my 'not doing anger' might be something we'd want to work on.

I equated anger with vehement, violent rage. It was destructive. It was demeaning. It was ugly and putrid and rotten and foul. Surely everyone in their right mind should be aiming to 'not do anger'?

'Aah, but there's anger and there's anger,' my therapist said, unhelpfully. By this point I was beginning to feel a bit unsettled. Even talking about anger was making me squirm. I was convinced it was some sort of a trap, but I couldn't quite figure out what for.



# ANGER SAYS NO



by Carolyn Spring

'Part of your problem is that you're not angry enough.'

You can go right off therapists, you know. This one was really getting under my skin.

And then there I was this weekend, talking to a survivor, and encouraging her to find her anger and use it to keep herself safe. 'Part of our problem is that we're not angry enough,' I said, unoriginally.

It was an arduous journey from anger-teetotalism to where I'm at today. I had to unpick a lot of cognitive distortions, beliefs implanted covertly by abusers to cover their tracks. Because it was convenient that in my family I wasn't allowed to be angry: convenient for the people who wanted to keep me quiet and didn't want to be confronted by the reality of their own wrongdoing.

But I hadn't seen it like that. So many of the beliefs we grow up with, we end up clinging to because we uncritically believe them to be true. Yorkshire is better than Lancashire; the milk goes in before the teabag; Christmas lunch can't be eaten before 3pm. And children aren't allowed to be angry with their parents. Obvious, huh?

But if you want to hurt a child, you need maintain a secret. What better way than to create a family culture where the children

are never allowed to object to anything that is done to them? Where anger is forbidden? Where the child is always in the wrong?

There are lots of reasons why I didn't 'do' anger, but it took me a long time before I realised that this was one of them. I had been set up never to be angry, because if I were angry, if I found my voice, if I learned to say, 'No!', then where would that leave my abusers?

Once I realised it was a set-up, it made me doubly angry: angry for the abuse, and angry for being tricked into never being angry.

So now out it all came - anger unleashed. Angry that I wasn't allowed to be angry. Angry at what they did to me. Angry at the way they covered their tracks. Angry at their blaming of me, how I was the one nobody could trust, the one nobody should ever believe. And angry too because it was a set-up, to maintain their secret.

Anger is a protective force and a creative force. Anger doesn't have to explode all over another person, to destroy them, to eviscerate them. Anger at its simplest is the boundary that says, 'No!'

I had to get angry with them, in order to protect myself from them. They kept on expecting me to take the blame and be



# ANGER SAYS NO



by Carolyn Spring

silent. They got angry with me when I dared to say that I'd been abused, even though I never said by whom. But this time I got angry back. I refused to take the blame. And I put up a boundary for the first time in my life.

That was ten years ago, and it was the best thing I ever did. And now I'm standing talking to this dear survivor, and she wants to know how she can keep herself safe from her abusers.

My heart explodes on the inside of me. I seethe with the wrongness of it all. Why should she be hurt? Why should she be so fearful? Why should they get away with this?

My mind spins through the obvious options, of grounding and breathing, of journalling and 'phone a friend'. All the usual stuff – good stuff, wise stuff. But something more is needed. Something fundamental in all of this. How do we keep ourselves safe from people who would abuse us, when we don't even know what we're doing, when we're programmed to obey them, when we switch automatically into submission mode? It surges up within me, and I know what the answer is. We need to get angry.

We find the explosive energy of decades of unexpressed rage, and we tap into it to set a boundary. All the pain, all the hurt, all the injustice – instead of using it against

ourselves, we lay a hold of it to plant a wall around ourselves. We say, 'No!'

No, we're not going to do what they say. No, we're not going to let ourselves be hurt. No we're not going to take the blame again. No, they can't have access to us. No, we won't do what they want.

*No, no, no, no, no.*

Want to stay safe? Get angry.

Want to change your life? Get angry.

Want to heal? Want to find help? Want to succeed? Then get angry.

Because the anger is in there. Anger is the natural response when our boundaries are transgressed. It's the natural response when we're invalidated and abused, when we're maltreated and betrayed. Anger is the normal response to having been abused.

But we often fear anger, as if by acknowledging it, it will erupt all over us and we will set fire to the world around us. But I think we should fear our anger-less-ness more, because it's that which fails to set a boundary, and keep us safe.

Anger is a protective force, a creative force. We mustn't use it to hurt anyone. But we must use it to stay safe. ●





# HEARING THE CRY



by Carolyn Spring

For fifteen years – the most fulfilling and joyous, yet painful of times – I was a foster carer, looking after 22 children in total. I miss it, but I don't miss the washing, the nappies, or the endless retrieval of half-chewed grapes from the floor.

I looked after one baby for nearly two years: I'll call her Amber. She was four months old when she arrived, bald as a potato, tiny as a turnip, scrunched up like sweetcorn in her car seat. It was summer, and it was a heatwave, and her infant body stank of sweat and cigarettes and sour milk. But she gazed up at me, stirring from sleep, with Simpson-esque eyes, shooting me a *love me, love me, don't dare not to love me* kind of a smile. There was something so desperate about it that I felt compelled not to leave her. And indeed, she wouldn't let me. She sat in

her seat while I folded laundry. But there was no question of me taking it upstairs, not even for a moment. Not without her. 'Yiiiiiaaaaaahhhrrrr!' she would scream even as I moved towards the door. 'Don't leave me!' she seemed to be saying. And so she came with me. Every single time.

We were out for the day one weekend, a big road trip of a day, to see turrets and towers at Warwick Castle. The older children had loved it: a mock joust, riding the ramparts, hide-and-seek through the arrow slits. A long day, a good day, a day of juggling primary age with toddlers, and Amber always in a sling by my chest, always skin-tight, always a moment away from 'Yiiiiiaaaaaahhhrrrr!' This was her survival strategy for life: scream so loudly that no-one would ever forget her, abandon her,



# HEARING THE CRY



by Carolyn Spring

or leave her – even for a moment. It was stupendously successful. It was exactly what she needed to do, to feel even just a little bit safe.

Then on the car journey home, disaster on the M6. There was an accident up ahead. The traffic slowed and crawled and eventually shuffled to a halt. For hours in melt-heat we sat, engine-off, in the middle lane, hot children, hot adults, and an Amber who mercifully had slept. Until now. ‘Yiiiiiaaaaaahhhrrrr!’ she cried, for milk, as was her wont immediately upon waking. And right at that moment, the traffic started moving.

But oh so slowly. It moved oh so slowly. So terribly, enragingly, unacceptably slowly. We needed to pull over at the next services, the next turn-off, the next lay-by. ‘Does feeding a baby count as a hard shoulder emergency?’ we debated, hearts pounding, to the ear-splitting backdrop of ‘Yiiiiiaaaaaahhhrrrr!’, ‘Yiiiiiaaaaaahhhrrrr!’, ‘Yiiiiiaaaaaahhhrrrr!’

‘It’s coming,’ we all tried in turn to say, to console her. Try a dummy, try an empty bottle, try every manner of distraction technique known to man. But we needed fresh baby milk from the boot, and for that we needed to be stationary, and to be stationary we needed to get off this damned-turgid, why-does-it-hate-me

motorway. But we were crawling in slow motion forwards, with a thousand hot and angry drivers swarming like bees up our backside. Everyone else wanted to get off the motorway too.

Maybe it was only a minute, maybe two. It felt like forever. And by the time we were able, safely, to pull over, ‘Yiiiiiaaaaaahhhrrrr!’ had become heart-rending sobs bereft of all hope. I could see it in every pore of her body: ‘*The milk’s not coming. Nobody cares. I am hunger, and hunger is all that I am. There is no end to my hunger. The world is a too-dangerous place.*’

And all the trauma of her early weeks came tumbling out, all the pain and all the distress erupting in that moment – from four months of neglect, and chaos, and abuse at the hands of the oh-so-helpful sex offender who was supporting her mother by babysitting. It was the most soul-searing pain I have ever seen in infant, child or adult.

There was no doubt about what to do. Park up, pick her up, soothe her, hold her, speak kindly to her, tell her it’s all going to be okay, and then ten seconds later the milk is ready and *here it is now, here it is, it’s okay, you see, it’s coming, you’ve got it, I’ve got you, you’re safe now, you’re okay, it’s okay, everything’s going to be okay ...* And she’s too distressed at first to suckle, but



# HEARING THE CRY



by Carolyn Spring

eventually, close in to my chest, and with a soothing sway and a soft, gentle voice, and the gazing, deep-deep gazing, of eyes into eyes, the gulps of distress slowly ebb into the world's most delicious sound, of *suck-suck-suck* on the bottle, and the raspy, choking breaths begin to settle, even through hiccups, into the growly sighs of relief.

This was a baby, who even at four months had been traumatised beyond what most of us can imagine. She didn't trust the world. She didn't trust that beneficence would reign and milk would appear, unless she screamed for it. She didn't trust that I would stay close, unless she screamed for it. She didn't know any other way of handling any other feeling, other than to scream for it.

Even now, 18 years later, my heart hurts when I think of her.

And what I did to soothe her was so natural, so automatic – I didn't need to read a book or go on a training course or study for a qualification to know it. It was instinct. It was normal. She was in distress, and what she needed was for me to stay calm, for me to resolve the source of her distress, and for me to provide a template for her nervous system to copy. The slow breathing, the gentle look, the melodic voice, the rhythmic rock, the skin to skin,

the nonsense words said with meaning and truth.

Of course. Of course that's what we do when a baby is distressed. We hold them, we talk to them, and we resolve the cause of their suffering. We promise them that everything is going to be okay, and they're safe now, and we're with them, and we're not going to leave them, and we stroke their hair or we wipe their cheek or we clasp their fingers and we snuggle and we impart to them with every inch of our being everything we can of safety and love and soft, soothing presence.

*At what point, I wonder, did we as adults 'grow up' out of that humanness? At what point did we think that we could soothe the distress of a traumatised adult – whose world has suddenly constricted, in flashbacks and memory glitches, back into the danger zone of milk-less-ness, or abandonment, or pain – with mere words, or worst still silence, or a threat to 'behave'?*

With that first explosion of 'Yiiiiiaaaaaahhhrrrr!' from Amber, I didn't conduct an assessment. I didn't whip out my clipboard. I didn't check that I was operating within my competency, that I was adequately insured. I didn't glance at the clock, or put out for someone to refer onto. I didn't say, 'I don't deal with this expression of distress.' I didn't ask her to



# HEARING THE CRY



by Carolyn Spring

calm herself and that I couldn't work with her until she did so.

'Yiiiiiaaaaaahhhrrrr!' she was screaming, because in the way that her brain had interpreted the world up to that point, she needed to. The sense she had made of what had happened to her was that she was reliant on adults, but they were dangerously unreliable. Sometimes they left you all alone, even for hours at a time. Sometimes they hurt you. Very often they forgot to feed you. They didn't notice you, or hold you, or comfort you. So you had to be loud. You had to be insistent, to maximise your chances of staying alive. Hungry? 'Yiiiiiaaaaaahhhrrrr!'. Tired? 'Yiiiiiaahhhrrrr!'. Lonely? 'Yiiiiiaaaaaahhhrrrr!'. Wet? 'Yiiiiiaaaaaahhhrrrr!' And better at least than the option of inaction: at four months of age, Baby Amber's strategy was working. Because at least she was alive.

But it had its limitations. It was a rigid, one-size-fits-all approach. It had one prototype for 'people' and they were deemed to be as cruel and neglectful as the first people who populated her primary weeks. It allowed no possibility of change. So there I was, new in her life, with every inch of my vagus nerve wanting to meet her needs, and show her that I cared, and regulate her body with mine. I wanted to feed her when she was hungry, comfort her when she was distressed. I wanted to share her

gaze and match to her breath. I wanted to call forth curiosity and playfulness and joy. I wanted all these good things for her. But nonetheless, 'Yiiiiiaaaaaahhhrrrr!'

'It's okay,' I wanted to plead with her, 'I'm coming. I'm here.' *Just a few more moments to warm the milk, just let me get sat in a chair, just let me get you straight ...* but no. She had no patience. She had no tolerance for distress. 'I'm dying!' said her cry, and she believed it. 'I need milk, and if I don't scream for it now, it won't come. It won't ever come. And I will die.' That was the primitive survival urgency behind every cry. She had learned to trust only in her own volume, and never in the goodness of her caregiver.

So it took a long time, to build that trust. Amber's birth mum struggled when she saw her. 'She's a devil child,' she used to say to me, exasperated at the senseless screaming froth in front of her. Very often, in the midst of a 'Yiiiiiaaaaaahhhrrrr!' she would turn away and go on her phone, lose herself in a daze of distraction just to shut it out. She felt helpless to respond to what this screaming-banshee-child wanted from her. I tried - gently - to show her. She couldn't see it. She couldn't reflect. 'She just hates me,' she lamented, time after time. And sometimes there was such sadness in that statement that my heart broke for her too. But other



# HEARING THE CRY



by Carolyn Spring

times rage poured out of her towards her daughter. 'Shut up!' she would shout at her, sometimes inches from her face. 'Shut up!'

She couldn't mentalise and step out from her own reactions, her own emotions, her own desperate, tragic hurt and lostness, and see that Amber was just trying to survive. It wasn't personal. I could see what Amber was doing, what she needed, how scared she felt at this uprush of hunger that she had felt so many times previously, that had never been abated. It was, to her as a newborn, a survival crisis. The imprint of that trauma, of hunger, of the absolute lack of milk now and forever more, triggered in her every time her stomach now emptied. Of course she reacted the way she did. She was right to. It was instinctual smarts.

But her mum couldn't see that. She could see only that her baby hated her, and she pushed away all consciousness of her, too hurt in her own hurt to be able to attend to the hurt of her baby. On one occasion she left Amber, four months and two weeks old, sat upright on a wooden chair, while she went to answer her phone. Not once did she look back. I froze for a moment, not knowing what to do, then sprang forwards to catch the little flopsicle as she toppled into my arms, catching her before she hit hard on the floor. Her mum was

oblivious. It wasn't malicious and it wasn't intentional. She just couldn't predict that that would happen. For good reason – though painful reasons, and reasons steeped deep not in blaming or judging but child protection at its best – her next four children were removed at birth.

The baby that was Amber is an adult now. She was adopted at the age of nearly two. I loved her with all my might and we formed a fierce bond as she learned to know me and trust me and believe me when I said, 'I'm here.' Adoption, although well-meaning, was another trauma for her to endure: so closely attached to me and then, seven days later, gone forever, never to be held again. Maybe it had to happen. Maybe it was best that it happened. There are no easy answers in the complex world of fostering and adoption.

Amber taught me that trauma is not just an event that we can remember. For certain, she will have no memory of those first four months of life, the sexual abuse, the abandonment, the neglect. It broke me daily to imagine what she had endured. And when she arrived, she didn't look at me and say, 'I am an abuse victim. This is what happened to me.' Of course she didn't. She had no words, no memories of the explicit kind. But she had implicit memories and beliefs and a strategy for life that was forged in that



# HEARING THE CRY



by Carolyn Spring

trauma. 'Yiiiiiaaaaaahhhrrrr!' as a baby, but 'Yiiiiiaaaaaahhhrrrr!' as a toddler tantrumming too. I imagine adolescence was another form of 'Yiiiiiaaaaaahhhrrrr!', perhaps just involving clothes and music and phones.

She was late walking as an infant because she refused to try to move. She wouldn't crawl even. 'Yiiiiiaaaaaahhhrrrr!' she would scream, and various children in our multi-mix household would rush to her assistance, to pass her whatever toy was now out of reach. So she didn't need to walk. The 'Yiiiiiaaaaaahhhrrrr!' was all-powerful. Then suddenly one day it suited her to, and she did. Just like that. But then 'Yiiiiiaaaaaahhhrrrr!' at the stair-gate, or 'Yiiiiiaaaaaahhhrrrr!' in the bath. 'Yiiiiiaaaaaahhhrrrr!' whenever she was thwarted, whenever the dread of lack or loneliness surged up through her.

She didn't know - she couldn't remember, or verbalise or conceptualise - why decibels were her superpower. She couldn't say that she didn't want to be left in the cot because she was afraid you were never coming back. She could explain none of it. But her body knew and remembered everything.

This is how trauma plays out. Unless resolved, its imprint stays within us. Whilst it is acceptable for a baby to 'Yiiiiiaaaaaahhhrrrr!' with rage, it evokes

less sympathy the older we get. By the time we are adults, in therapy or needing to be in therapy, we may have no more words than Amber to explain why we're reacting the way we are. We are distressed, and the 'Yiiiiiaaaaaahhhrrrr!' flashes up like lightning through us, in a microsecond: this imprint of trauma because we too were left, or hurt, or unloved. The Baby Amber in each of us still reacts with terror.

There are two responses to the Baby Amber within us. There is the reaction of the foster carer, someone with some skill and understanding, who can mentalise and reflect, who understands trauma, who knows that our behaviours aren't a personal attack, that they are the echo of trauma, that they had survival value then, even if they are outdated now. This in many cases is the therapist, who in similar ways but different ways offers attunement and presence and the steady, gaze-to-gaze compassion to retrain our nervous systems from a different template.

And then there is the birth mother character, inadequate to meet our needs, perhaps intentionally malicious, but often just wrapped up in her own pain and unable to step beyond it. That is what many of us experienced from our literal birth mothers. But often, too, she is now gone, or at least distant in our life. Instead, we so often play



# HEARING THE CRY



by Carolyn Spring

her role ourselves. We look down at the screaming-banshee inner-child within us, our own traumatised equivalent of Baby Amber, and we call it a devil-child. We turn away from it to our phone, with literal or metaphorical numbing, with self-harm or self-abuse or dissociation or medication. We can't bear to look. We don't know what to do with it. We don't know what it wants. We don't know how to make it stop making that god-awful noise.

The sound of Amber crying would tear through me like a hailstorm of knives. It was, for me at that time, literally the worst sound I could ever imagine. My heart rate jumped and I was moved to action, with an absolute, immediate, frantic imperative. That is the power of attachment, of neurobiological circuits designed to ensure that a mother does not forget her baby. But when the cry is unleashed with such pain, it is beyond painful to hear it. I lived on edge for months, waiting for the next 'Yiiiiiaaaaaahhhrrrr!' Sometimes I would even wake in the night, from a dream, imagining that I had heard it.

And that itself is a picture of what living with our own inner child can be like: the terror of when it will cry next; what it will do; and like Amber's mum we can demonise it, leave it unprotected to topple to harm, and walk away. The neglect we would never tolerate to a real live human



being we readily accept towards ourselves. How painful. How tragic. How sad. There are no pat answers here. There is only an awareness of trauma where it is unresolved, every 'Yiiiiiaaaaaahhhrrrr!' that has gone unheard and unresponded to, and which deserves the driver of your life to pull over onto the hard shoulder if necessary to attend to its needs. Can you do that? Can you reach down, with compassion and care, and lift your traumatised self out of its car seat, out of its lack and unlovedness and pain, and speak kindly to it, feed it, tell it that you're here now, that everything is going to be okay? Because that perhaps, for some people, might be the first step towards healing.●





## ME AND MY BOUNDARIES – A THERAPIST’S TALE



by Anonymous

The issue of boundaries had always been a non-issue for me: I saw my clients for 50 minutes; there was no contact between sessions (no need for contact between sessions, surely?); it was a purely professional relationship. No dramas, no big deal. And then I started work with my first really traumatised client, and everything was called into question for me, and I understood for the first time what terms like ‘relational depth’ and ‘attachment’ and ‘counter-transference’ really meant.

Perhaps it was because I said on my website that I had had some training in dissociation that this new client was drawn to me. She was pleased as punch that I had even heard of the term. She had been working with another therapist for three years, and all of a sudden the therapy had ended. She

had turned up for therapy one week and was told at the beginning of the session, with no prior warning, that this would be the last session. She had struggled to make sense of the reasons and had only really taken in words like ‘not ethical’ and ‘beyond competency’. She was understandably distressed by the abandonment.

I was shocked that a fellow professional would dump a client in this way, but assumed that there was something that I didn’t know, so determined not to pass judgment. It didn’t occur to me that I would ever be tempted to do the same – all my clients had finished either because they wanted to, or because we had worked towards it together and it had been a mutual decision with a proper ending. I couldn’t see any reason to terminate



# ME AND MY BOUNDARIES – A THERAPIST’S TALE



by Anonymous

therapy so suddenly, so reassured my new client that it wouldn't happen with me.

Within two or three sessions, different parts of her personality started to appear. I would have been freaked out had I not been on a number of training courses. Instead, it seemed logical and I was curious as to their purpose and what was causing the switches. I wasn't fazed. The work progressed and we worked slowly to build up trust and to focus on safety and stabilisation. I grew steadily in confidence. My supervisor gave me positive and reassuring feedback.

Bit by bit the trauma narrative came out. My client often switched to younger parts of herself, and we worked hard to settle and reassure and to provide some affect regulation strategies for them, so that it wasn't completely overwhelming. But I found it increasingly difficult to close the session after 50 minutes. For several weeks, I reasoned to myself that 'the therapeutic hour' could just as well be 60 minutes as 50. She was my last client on a Thursday, and as I didn't work on Fridays I always left myself plenty of time to write up notes and deal with any admin before going home, so I could stretch the session a little without any real consequence.

Over the next few weeks, the therapeutic 'hour' became an hour and a quarter, sometimes an hour and a half. I always tried to bring things to a close at the agreed time, but often my client was too distressed just as I was about to point out the time. It felt callous and cruel to close her down when what she was describing was so awful. Sometimes she remained as a younger part of herself and I struggled to bring her back to adult. The sessions crept longer.

Then one week she 'went there' in describing a particularly horrific traumatic event. I watched it unfold in front of me. In silent horror, partly in a freeze response myself, I watched as she relived it in front of me. She seemed to be feeling the actual pain. I did what I could to soothe her and ground her. The time slipped by. Feeling slight panic as she showed no signs of calming and coming back to the here-and-now again, I shook myself into action. 'Our time's gone for today,' I said. Nothing - no response. She was rocking, stuck in trauma time. 'Can we get adult you back?' Again, nothing. She was far, far away. I tried various mantras: 'It's okay, nothing bad is going to happen now. You're safe.' I tried asking her to ground by looking around and seeing where she was. Nothing. She was practically catatonic.



# ME AND MY BOUNDARIES – A THERAPIST’S TALE



by Anonymous

Eventually I figured that if I stood up and went to the door, she might ‘snap out of it’. It did stir something in her, but not much. I kept reiterating that it was time to go. At the same time, I felt absolutely awful – this was my fault, because I hadn’t been able to ground her sufficiently. What was that thing about safety and stabilisation first, before ‘going there’ with the trauma? Suddenly I felt very inexperienced and incompetent. As I stood holding the door, willing her to come back to me and willing her to move, I wondered if I was completely out of my depth and should refer on. And it occurred to me, that maybe this was what her previous therapist had felt. Was I was going to end up failing her too? I determined that I would not abandon her. I would be there for her, no matter what happened.

She did eventually stand up, and she walked, robot-like, out of my therapy room. I wasn’t quite sure what to do. I tried talking to her as normal, but there was a faraway look in her eyes. We went down the corridor and to the front door, which opened directly onto the street. I wondered if she’d be okay. Then I panicked that she wouldn’t be okay. She had never left like this before. Should I go with her to her car? Should I even be allowing her to drive like this? Should I call her husband? Should I call an ambulance? I desperately wished there was some kind of step-by-

step protocol to follow, to save me from having to make the decision myself. My heart was full and heavy with her pain and trauma. I felt absolutely terrible that I was kicking her out onto the street like this. Everything in me said that it wasn’t the right thing to do.

The problem was that, as it so happened, I had another client afterwards. He had rearranged from his usual slot earlier in the week due to a hospital appointment. Normally he came after work on a Tuesday, so I offered him the late slot on the Thursday. It was getting perilously close to the time when he would arrive. I imagined him turning up at the door, to find this client stuck there, disoriented and helpless. I also imagined her terror at a strange man arriving. I really didn’t know what to do. I didn’t want her to feel that I was kicking her out and abandoning her, and I certainly didn’t want to leave her like this, still stuck in trauma time. I felt very helpless, and all of a sudden had a glimpse into how helpless she must be feeling too. I asked her again if she was okay to leave. She nodded, and I thought I caught a glimpse of the adult coming back to take control. Or at least I hoped that I caught a glimpse. I watched from the doorway as she crossed the street, which fortunately was empty, and got into her car. I closed the door and wanted to burst into tears. I only didn’t let myself because I didn’t



# ME AND MY BOUNDARIES – A THERAPIST’S TALE



by Anonymous

want my mascara to run and for me to look to my next client as if I wasn't coping. There was such a heavy terror in me. I was certain I'd done the wrong thing. I remembered back to what I'd heard: that dissociation is a survival strategy, and our clients have been using it all their lives, so it's not going to desert them now when we can't be there for them. But I was shocked at how hard I found it to let her go. Everything in me wanted to look after her, make it better for. There was something about her smallness and vulnerability that yanked on my heartstrings. In five years of counselling, seeing dozens of clients, I'd never experienced anything as powerful as this before.

I managed to get back into myself, and into the right space within myself, before my next client came. But as soon as he'd gone, the fretfulness returned. I wanted to phone my client, to check she was okay. I wanted to drive around to her house. I wanted to phone her GP, her husband, her employer. I wanted to do anything at all so that I wasn't left alone with this awful terror, and the overwhelming sense of her helpless aloneness. I wanted to rescue her. I'd never wanted to rescue any of my clients before. Was I losing the plot, and was this kind of work really beyond me? I tried to talk about it at supervision, but I came out feeling that I'd just been told off. I decided not to bother trying to discuss

it at my next session. I imagined that my supervisor was thinking that I evidently wasn't very good at this counselling malarkey and if I didn't watch myself then she'd be reporting me to BACP. It made me clam up and I found myself bringing other clients to supervision, and dismissing this particular one as 'making good progress'.

By the end of the next session I had given the client my private mobile number and asked her to text me to let me know that she'd got home safely. I knew at one level that I was doing this for my own benefit, to allay my anxiety, but I rationalised it as a way of making her feel valuable and cared for. But then I'm not sure what happened. Looking back, it was as if my brain took a vacation and my attachment and caregiving system took command. Within a week, she was texting me every day. They were short, earnest texts, checking in with me, touching base, making a connection. I didn't say much in reply, just a quick reassurance, but I did reply, often within minutes. I didn't think about it. It seemed the human thing to do.

I could go into great detail about the ensuing weeks and months, but partly to protect my client – and partly because I'm too ashamed – I'll just summarise it by saying that I 'flexed' my boundaries more and more, and became my client's sole attachment figure. Each session went



# ME AND MY BOUNDARIES – A THERAPIST’S TALE



by Anonymous

on for as long as it needed to go on for. She started seeing me twice weekly. We began to schedule phone calls in between sessions, and made many more as the need arose. We texted and emailed daily, and often several times daily. I went with her to medical appointments. I drove her home on several occasions after therapy when I didn't feel she was safe to be alone, let alone drive. She was spiralling into chaos, and I spiralled into it with her.

Eventually after about six months of this, I suddenly terminated the therapy with her, on the grounds that I was unwell and wasn't able to work. And it was true – I went off work with stress, and let down not just this client (although she had the greatest needs) but all my clients. I was signed off by a doctor (mainly to alleviate my guilt – being self-employed, I didn't need the medical note for anything) and I ended with all my clients on the basis that I didn't know when I'd be able to return to work, if ever. For all of my clients, there was no ending session, because I was judged to be too unwell. I cut contact with this particular client as the only way to cope with her distress. I'm ashamed to say I changed my mobile number and didn't tell her. It was a disaster for everyone, and I was appalled at myself.

I was off work in the end for eighteen months. I felt completely burnt out and I

had unwittingly replicated all of my client's physical symptoms of trauma: I couldn't sleep, I didn't want to eat, I couldn't relax or calm down, I felt irritable and angry and I burst into tears frequently. I had nightmares and was wary and paranoid and didn't want to leave the house. I told myself for several weeks that it was the menopause (it wasn't – I'm too young) and then came up with every excuse under the sun for why I was reacting in this way. Eventually, when I had pretty much alienated everyone who was trying to help me, I gave in and admitted that I needed to go back into therapy and that there was a painful blistering boil of trauma from my own childhood, related to my mother's sudden death when I was six years old. My client's traumatic past was in too many ways a reflection of my own, and I was trying to solve my trauma by solving hers. Instead, I was adding to her trauma, and beginning to relive my own.

At least, that is the sanitised version and the narrative and meaning that I have put to those events which happened three years ago. I eventually managed to re-regulate and I went back to work part-time with a much lighter caseload, much more self-awareness, and much clearer and firmer boundaries. I realised – albeit too late – that the boundaries are there to protect the client; in my confusion I had ended up believing, with my client, that



# ME AND MY BOUNDARIES – A THERAPIST’S TALE



by Anonymous

boundaries are innately punitive and that any reasonable human being would have flexed the boundaries like I did, because she needed me to. What a mess I made of it all.

So why am I telling you this?

I’m sure there will be some clients reading this who feel that I’m stigmatising them, and blaming them, because they are in some way ‘too needy’. That’s not my intention at all. You come to therapy because you have unresolved attachment issues and trauma, and as therapists we’re here to help with that. In no way am I blaming the client. What I’m doing is trying to reflect on my own process of how I went from being very steady and boundaried, to being more or less out-of-control in the space of just a few months.

I was drawn into seeing myself as the rescuer of this poor client who had had so many abandonments and such little love. But I tumbled out of control, not because of my client’s history, but because of me. Yes, the client came with attachment issues, but that’s the nature of the work. The issue was in me, and I hadn’t realised that it was even there. It was my own unresolved attachment issues that started to take priority and were driving my actions and responses. I needed to be the mother to this client that I myself had lost.

But even while I thought I was doing the right thing, I was putting myself first, and in retrospect the warning signs were there when I started being less than honest in supervision.

It has been a humbling process, and one that not only led me back into my own personal therapy, but for me to wonder if this is the right work for me to do at all. I think there’s tremendous pressure, once you start work as a therapist, to pretend that your issues are ‘sorted’ and to have to be the one who is steady and calm and together. But you don’t know who is going to walk through your door next, and in what way the stuff that they bring will impact on your own hidden, unacknowledged stuff. I don’t think we are disqualified from the work because we have stuff. I think we just need to be able to own it and find the right way of dealing with it. I’ve had to take a long, hard look at myself and question why I want to do this work, and what it is that I get out of it. I have learned the hard way that we can only ask our clients to be honest and congruent with us to the extent that we are able to be honest and congruent with ourselves.

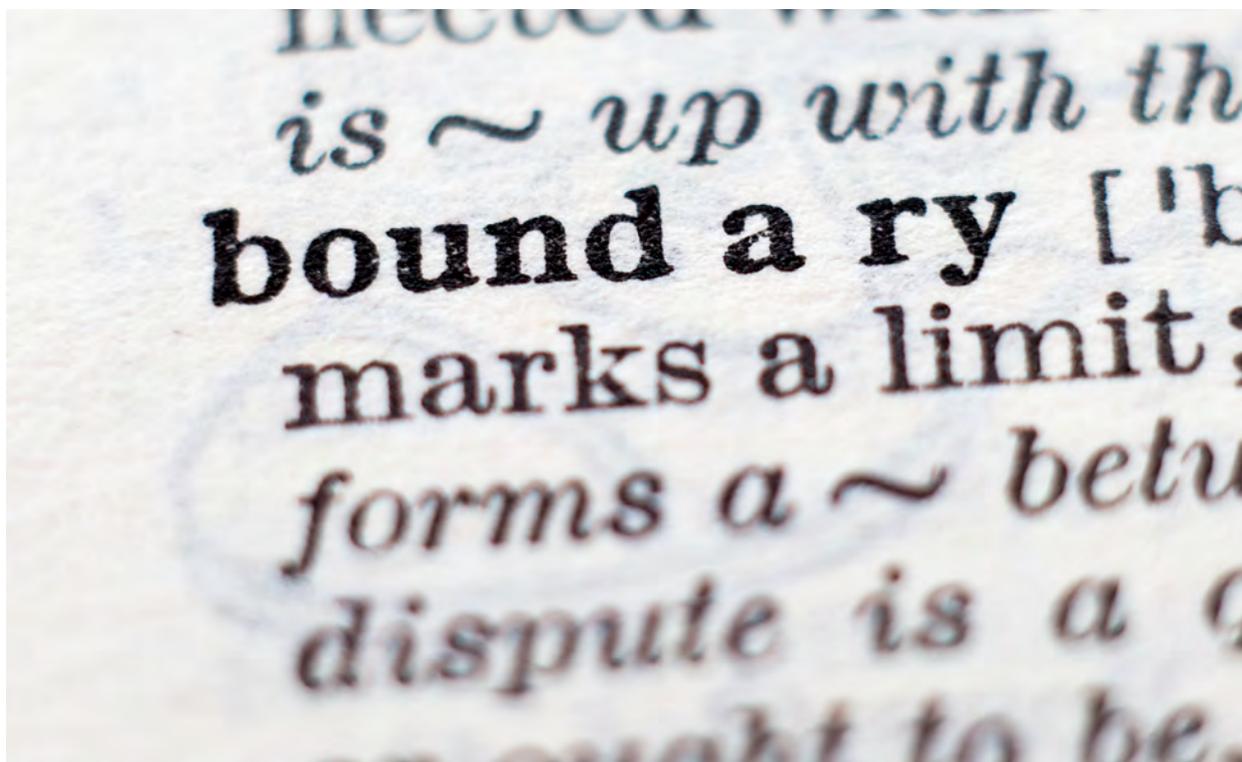
Trauma seems to have this way of igniting other trauma, even that which is hidden and buried. I caused great damage to a number of clients because I had only dealt



# ME AND MY BOUNDARIES – A THERAPIST’S TALE



by Anonymous



with mine at a very superficial level. I think we have to be able to be ruthlessly honest if we're going to do this work. It worries me when I see counsellors in training who haven't come anywhere near resolving their own stuff first, and I hope that my own experience will be an encouragement to all professionals to consider their own emotional health and their motives for this work, before they cause the kind of damage I did.

Fortunately, I am in the minority – most therapists are able to hold their boundaries and be of great therapeutic

benefit to their clients. But sometimes we look around at our colleagues and we daren't admit that we're struggling. I'm writing this because I want others to know that, if they've still got 'stuff', it's okay to admit to it – and it's more than okay to deal with it. We mustn't let our own unprocessed and unresolved trauma lay dormant inside us. We must resolve it before we try to help others resolve theirs.

*I have chosen to remain anonymous as a safeguard to my clients, past and present.* •





# TRUST IS BUILT



by Carolyn Spring

‘Trust me,’ says the therapist.

And everything in me wants to curl up and away, disappear some place in my head, and never come back.

It is an understatement to say it, but those two words are a massive trigger.

Because ‘Trust me’ said several of my abusers. ‘Trust me’ is the implicit message, even if never spoken, by parents whose responsibility it was to protect me and yet who both facilitated and inflicted the abuse. ‘Trust me’ is easy to say and almost impossible for an abuse survivor to obey.

Every single therapist I have worked with has said these words at some point. Of course they have – it’s a normal, natural

thing to say. It slips out easily. It’s meant with the best of intentions – to be soothing, to be reassuring, to calm some fears that have slipped in from the past, and to say, ‘Hey, it’s okay. You’re in safe hands here. I’m not your abuser. I’m not your mother. I’m not going to hurt you. I’m here to help.’

They are good words to say, and helpful words to say. When they are shortened into ‘Trust me’, though, their meaning – their tone, their intention, their sincerity and lack of guile – can sometimes be lost in translation, simply because those two words together spark memories of moments right before the abuse and which our brains have logged as ‘Beware! You’re about to be hurt!’

# TRUST IS BUILT



by Carolyn Spring

It's not even that I've ever wanted therapists to stop saying it. I have never wanted the therapists I've worked with to be afraid of unintentionally triggering me. The trigger itself is grist for the mill. It shows us what we have yet to process, what is still dissociated, what still holds way too much power in our lives. Without ever being triggered, we don't see the clues to what remains hidden. So do we see triggers as unwelcome intruders into the therapy room? Or do we see them as messengers guiding us to material that we weren't aware was there? Do we trust our brains to guide us towards healing?

The issue of trust underpins everything that happens in the therapy room. The very nature of the therapeutic relationship is predicated on trust: I will come, with all my hot, volatile, undignified mess and I will sit and expose it to another human being. Really?! It sounds like insanity! To sit in the room with another human being and reveal our soft underbelly is an act of tremendous trust. On the one hand, we rightly say that we struggle with trust, and yet on the other, every single week we sit in a chair and trust that we will not be rejected, mocked, humiliated or betrayed.

This is why the responsibility of the therapist is so great. This is why boundaries are so important. This is why professionalism is a must.

Trust isn't built by the big things. Certainly, though, it can be destroyed by the little things.

**Trust is built** on the therapist showing up, calm and grounded and centered, in the green zone, with their defences low and their attunement high.

**Trust is built** in holding hope for the client when hope has abandoned the client.

**Trust is built** in the details of the contracting, of sticking to what you've agreed, on clarifying what's become muddled.

**Trust is built** in saying you got it wrong.

**Trust is built** on being clear about who carries responsibility for what on either side of the therapeutic dyad.

**Trust is built** by doing everything in the client's best interests.

**Trust is built** in the therapist becoming neither rescuer nor persecutor, nor falling victim to the client's dissociation or rage.

**Trust is built** by holding firmly to boundaries.

**Trust is built** on allying with the client to reach their goals, not sowing secret agendas into the therapy, to influence them to become like you.



# TRUST IS BUILT



by Carolyn Spring

**Trust is built** by good supervision silently keeping the space safe.

**Trust is built** through touch, and **trust is built** through not touching, and knowing the appropriateness of both.

**Trust is built** on seeing and hearing and feeling everything that the client brings, with true unconditional positive regard, not just the appearance of it.

**Trust is built** by the highest standards of confidentiality.

**Trust is built** by the rituals of hello and goodbye, of continuity and predictability, of private jokes and friendly jousting.

**Trust is built** by the therapy being about the client, not about the therapist.

**Trust is built** by continually learning more.

**Trust is built** on believing that the client is the expert on themselves and not imposing upon them a label, diagnosis, framework, or theoretical approach, but collaborating with them to find the right way forwards for them.

**Trust is built** by the room looking and sounding and smelling the same each week.

**Trust is built** on validating the client's experience of the world, of the therapy, of the therapist, of themselves, even when it's clouded by the filter of trauma, because it's still their experience.

**Trust is built** on the emotions that land in the therapist's eyes and face as a mirroring back to the client of their pain, their grief, their sadness, their rage.

**Trust is built** by the therapist knowing what they don't know.

**Trust is built** in the kindness and the gentleness and the softness, and **trust is built** in the challenge and the steadiness and the exhortation to courage.

**Trust is built** by the therapist's knowledge and power being used in service of the client, not as leverage over the client.

**Trust is built** by building trust a little at a time, time after time, and that trust not being broken.

**Trust is built** by the therapist having appropriate confidence in their own competence and character.

**Trust is built** in believing in the client when the client can't see what there is to believe in.

# TRUST IS BUILT



by Carolyn Spring



**Trust is built** by always telling the truth.

**Trust is built** by feeling seen, and feeling heard, and feeling felt. By even entering therapy, I'm demonstrating trust in the therapist. That trust can grow - at times, too, it can shrink - but it's never static.

Trust is a dynamic quality that is proven and re-proven and built and broken a hundred times in every session. By mistrusting, our brains are trying to protect us from being hurt like we were hurt as children: it's a smart move. We

need to be wary. We need to be wise. 'How can I trust you?' I want to cry, even though by doing so, I'm demonstrating trust that it's okay for me to ask such a question.

*What is trust built on for you?*

*As a client, how does a therapist win your trust?*

*As a therapist, how do you know when and how to trust your professional instinct, your gut feelings, your red flags, your emotions?*

*How is trust built when trauma has so eroded it? •*





## WORDS THAT MAKE US FEEL SEEN



by Carolyn Spring

‘Does trauma always involve dissociation?’ someone asked me this week. Good question. But just as my pontificating was about to begin, I slammed on the brakes.

I stopped myself, because any response can sound like an edict, a dogma, ‘the gospel according to ...’ By answering in scientific or academic terms we can give an answer that closes down curiosity and hems people in rather than opening them up. When we answer a question, does what we say lead to more insight, or actually to less? Does it lead to more understanding, more compassion, more care? Or do our answers whack someone around the head with ‘rightness’?

In science and academia, of course, it’s important to break things down into exact,

definable terms. Precision of language is important. How can you measure something if you can’t even define it, or agree on what that ‘something’ is? But the problems start when we stray into the experience of real, live people. The more tightly we define our terms, sometimes the greater the scope for missing it – for failing to see the person in front of us, the person who is experiencing this thing that we are trying to define. We can end up feeling that their experience ought to match the definition, rather than the definition explaining, and adding colour and texture to, their experience.

The terms ‘trauma’ and ‘dissociation’ are a case in point. They’re not merely or only psychological terms, labels that we can slap onto people, as if people are tins and

# WORDS THAT MAKE US FEEL SEEN



by Carolyn Spring

jars. For sure they are helpful concepts, and it's always going to be useful to have a shared and common language, an agreed understanding of what we mean by these terms. But the point of a shared and common language is so that we can have a shared and common experience, so that we can more fully empathise with and come alongside one another. If I pronounce, edict-like, the nature of trauma and dissociation, am I increasing the likelihood of a shared experience, or am I decreasing the chances of that?

Many of our experiences in early life that we call 'trauma' - and which resulted in 'dissociation' - were at the hands of human beings who failed to see us, or hear us, or feel us. In recovering from those experiences, it would be a cruel irony, and entirely unproductive, to talk about 'trauma' and 'dissociation' in such a way that we also feel unseen, unheard and unfelt.

The danger with using terms such as 'trauma' and 'dissociation' is that we think we know what we're talking about, we think we know what the other person is talking about, and so it may curtail our curiosity. It may stop us really listening to the other person, and seeing what it is that they're trying to say and why they're saying it. Instead we can assume that we've understood them when maybe we haven't.

So when someone asks me a question such as, 'Does trauma always involve dissociation?' of course I'm interested in answering it as an intellectual exercise (my left brain is my comfort zone!) But nowadays I'm also interested in finding the person behind the question. Who is it that has experienced trauma? What does that trauma look like to them? What impact has it had on them? What do they mean by 'dissociation' (which above all words surely suffers from 'multiple meaning disorder')? What's the question they're really asking? What's their fear? What's their hope? What's their shame?

I could answer blithely: I could talk about trauma as a neurobiological response where we enter the red zone of helplessness and freeze in response to perceived life-threat, and how dissociation is the phenomenological adjunct to that dorsal vagal response of the autonomic nervous system, mediated by endogenous opioids, and acting as a brake on active defences in order to minimise further harm. But how does that help - really? In so many cases there's a frightened person asking a confused question about whether what they're experiencing is normal, what they should do about it, whether they're at fault, and whether there is hope for recovery. I'm more interested in addressing those questions than rattling off some theoretical spiel.



# WORDS THAT MAKE US FEEL SEEN



by Carolyn Spring



'Why are you asking?' I respond, eventually, with the brakes applied to my left brain. 'What's behind the question?' There is a brief flash of surprise, and then out pours a narrative of fear and shame and confusion, of someone desperately trying to piece the pieces together, to understand their actions and reactions, to find a glimmer of hope in the hopelessness of their symptoms. 'Tell me what you mean by trauma, and dissociation,' I say, softly. 'And tell me what you're hoping to hear.'

*Are the words we're using, to describe our own experience or to make sense of someone else's, distracting from human suffering and a bid for connection and support?*

*Or are they tools to be able to come alongside someone in their distress, to really sit with them, and to make them feel heard, and make them feel seen, and make them feel felt? •*



[WWW.CAROLYNSPRING.COM](http://WWW.CAROLYNSPRING.COM)