



PODCAST #11 – RECOVERING FROM DEVELOPMENTAL TRAUMA

 by Carolyn Spring

Hi there! I'm Carolyn Spring and welcome to my podcast where I talk about all things trauma. I dig into the nuts and bolts of trauma, how we can recover, what blocks us, and all things neuroscience-y - what actually goes on in the body and brain during and after trauma, especially from the perspective of evolutionary neurobiology. This podcast is for anyone who's experienced trauma, or knows someone who has, which is pretty much everyone. For more podcasts, blogposts, books and training check out my website at carolynspring.com.

Hello friends! Carolyn Spring here.

Welcome to my podcast 'Recovering from developmental trauma'.

Today I want to talk a little bit about how it takes time to recover from trauma, because as many of you will know I'm passionate about us recovering. I just think that our suffering matters too

much for us not to do something about it. It's bad enough that we were abused or traumatised in childhood. It's totally unacceptable if that abuse or trauma robs us of our adulthood. So when I say I'm passionate about recovery from trauma, that's not to put a heavy on anyone, or to shame anyone for not having recovered. Hear me right: it comes from a place of deep compassion, and pain for your pain.

It's often our shame that makes us believe that people are criticising us when they're exhorting us, encouraging us towards recovery. We hear it as them pointing out that we've failed - we've failed to recover - rather than their compassion for our pain, because they don't want to see us suffer. And when we feel so powerless to recover - because powerlessness itself is a consequence of trauma - then we can end up feeling even worse. 'I want to recover from trauma, you want me to recover from trauma, but I can't! How bad am I!' So any



by Carolyn Spring

encouragement to recover can end up feeling really insensitive: hey, here's a recovery you can't have!

And that is as far from the heart of the matter for me as you can get. So I want to defuse some of that shame, and frustration, and explain in this podcast why it can take time – a lot of time – to recover, and why we shouldn't feel bad about that, or compare ourselves to others. I think our tendency is to look at people who are living the lives secretly we want to live, and just feel that they're too far out of reach. Like, 'Well, that's a nice idea, but you're way ahead of me.' It would be like wanting to do Couch to 5K and then modelling yourself on Mo Farah.

But what I want to offer is not just encouragement that recovery is possible – because that's my story, my narrative, my experience – but HOW it's possible. And yes, in emotional terms I might be doing regular 10Ks now, but it wasn't always like that. In fact, in both physical and emotional terms, I spent a lot of time in a wheelchair. And you know what it's like when you have a moment of madness in January, and you think, 'Right, that's it, I'm going to get fit?' And you join a gym? And you're all enthusiastic and positive and you're really really determined you're going to do it this time? But then you go to the gym induction session and if you're like me you're an extremely unfit, overweight, woman in her mid-

forties, so it's not a natural environment. And then the gym instructor is a super-fit guy with a six-pack in his twenties.

And I've joined gyms a few times over the years, and I've tended to perceive one of two responses. Either the induction guy is really patronising, and explaining to me what a bicep is and he assumes I'm incapable of all movement. And I get all annoyed and defensive, and I want to tell him that I used to be really fit and sporty but then I got ME and please don't patronise me. Or he's really nice but he just doesn't get how I can't do anything that he's asking.

I remember going once and this young chap got me to go on the exercise bike for a 5-minute warm-up before he did a fitness test. And I was like, 'Okay, we can try ...' and I couldn't – literally couldn't – cycle for five minutes straight, at least not at the resistance he set it at. And that was just the warm-up!! He had no concept at all at just what a bad way I was in, and his exercise programme was just beyond me. But he was looking at me the whole time as if to say, 'But it's easy, it's easy ... just be like me.' And of course I wanted to explain that that was the whole problem, that if I were like him I'd be a gym instructor, not in the situation I'm in. So my experiences of gym inductions is either too easy or too hard. It's the goldilocks dynamic of fitness, just as it is for trauma recovery – we need to get it just right.



So what I want to tackle really is the idea that trauma recovery was just easy for me – that it was always easy for me. Far from it! I’m not the gym instructor with a ripped and toned body. I was in a wheelchair! I had therapy for 9.5 years – that’s a very long time – and I worked very hard for the whole of that time. I struggled and struggled and struggled. Because it’s a long-term process to turn around chronic developmental trauma. We have to learn things that we didn’t learn as children and you can’t do that overnight.

What’s so hard, when you’re stuck in the middle of it all, is to imagine that things will ever get any easier. But in many respects it’s no different from the transformation from infancy to adulthood. So I’m going to use an analogy in this podcast about being a baby, but I don’t want you to hear that in any way as being negative. I don’t mean it in the way that some people would say, ‘Oh you’re such a baby!’ Or we’d get told to ‘grow up’. I’m meaning this positively, not pejoratively, and I’m using it as a strict developmental analogy. So it’s a ‘this is *like* this’ thing, not ‘this *is* this’ thing. Because neither am I suggesting that we become a baby again in order to recover from trauma. So two misconceptions there, before I start, that I want to clear up before things get messy!

So imagine then, as a thought experiment, if you could go back to being a baby but

with adult insight and understanding. And imagine what it would be like to be newborn and to think, ‘But I can’t even coordinate moving my fingers to my mouth. I can’t turn my head at will. I can’t sit up. It’s going to take me a whole year just to learn to move – just to learn to say my very first words. A whole year of being a baby! Not making any progress at all!’

And then that progress begins to speed up a little bit, and by the end of my second year I’m walking, I’m putting words together, I’m able to play and I’m starting to use a bit of imagination, I’m starting to develop a bit of theory of mind. So in just two years there’s been a tonne of development – absolutely massive compared to that jerky, floppy, can’t-even-focus-properly baby, but compared to what an adult can do, as a toddler I’m still way behind the curve. And even when we get to 18 – I mean I look back at myself at 18 and think, ‘Oh my goodness, how young is that! You were just a baby *then*! You have so much to learn still and do and experience in the world. You know nothing, 18-year-old-me, you know nothing!’

And so it’s this kind of dynamic and principle within life that progress is slow. Development is slow, and yet it’s huge at the same time. I mean, how much progress is that, to go from not being able to coordinate moving your fingers to your mouth, to being able to construct





by Carolyn Spring

complex, abstract thought and memory and write poetry – within the space of 18-20 years. To be able to regulate your emotions, to be able to think complex thoughts and empathise with others and compute multiple potential scenarios, to start investing in a pension – that kind of long-term strategic planning and thought – compared to the baby that can't even put their hand in their mouth: they bash themselves in the face with it instead.

And so it's just the biggest leaps that you could ever imagine, and at one level it takes so long – it takes 18, 25, more years! – and yet at the same time it's so fast given how much progress is made. And I just think it's a lot like that for us within recovery from trauma and overcoming stuff, that it feels like, 'Ugh! I've been at this a year! I'm such a baby still. I'm barely toddling. I put one foot in front of another and I fall down. And it's so frustrating. I can't look after myself. I can't manage. I need help with everything. I feel totally dependent on others. I can't manage my eating, I can't manage my bodily functions, I can't manage any of these things.'

And that's what it's like for a life after trauma. And yet it's such a clear parallel with being a baby. And yet – oh my goodness, how much progress have you also made? If we stand back and recognise the enormity of the task ahead of us, it can help give us some perspective, maybe help us be a bit

more patient with ourselves. Because nobody looks at a twelve-month old and thinks, 'Oh, for goodness' sake, get a grip. What is wrong with you that you cannot speak in whole sentences and write essays? What is the matter with you that you get upset so easily and you need so much sleep? And that you can't even cook for yourself yet or earn your own money? What is the matter with you, child?!' Of course you don't. You have the adult perspective of what is developmentally appropriate.

And I think it's like that in trauma terms, that those of us looking at it from the outside, from the adult perspective, are thinking, 'You're doing so well. This year, look at what you've learned to do: y you've learned to sit upright. My word! What an achievement! You've learned to reach out for things. You've learned to master pinching your finger and thumb together. Next year you're going to learn to hold a crayon and draw.' It is immense progress and it is at exactly the right pace.

So I think we need to learn to be patient with ourselves. We need to learn to understand the developmental process that we're in – the stages that we've got to go through – and have confidence that if we keep putting ourselves in the right environment, if we keep moving forwards, if we surround ourselves with the right people (the right parenting, as it were) then we will grow and develop. But we do have to be patient, and yet so



often we beat ourselves up for not being good enough: not being fast enough, not being grown up enough yet, not being sorted enough yet, not being 'done' yet.

And that then just holds us back, because it's that criticalness that we're trying to overcome. How many of us grew up in families where we were applauded for what we did? No – generally we grew up in families where we were criticised for not being good enough, for having needs, for having emotions. So we won't recover from that by continuing to replicate that. We have to be patient with ourselves, and provide an inner dialogue towards ourselves of the encouraging parent: 'Well done, good for you, keep going, go for it!' That's what, I bet, all of us wanted to hear as children. It's what we've got to be saying to ourselves now as we make progress through this recovery process.

Again, if we can go back to being that baby from an adult perspective, it can be helpful and encouraging to look at people older than us, so to speak, developmentally further down the track. We can think, 'Aah! So it is possible! There's Carolyn. She was at exactly where I'm at. She couldn't put her hand to her mouth, she couldn't support her neck, she couldn't sit upright, she couldn't crawl, she couldn't pincer, she couldn't walk, she couldn't do any of this. She's been at exactly where

I'm at. So when I see where she's at now, that shouldn't make me feel inadequate or ashamed, that I'm not at where she's at. No – instead I can be encouraged, that if she's at where she's at now – but she's been at where I'm at – then I can do it as well.'

And that is actually what I 100% believe. We're all on the same developmental arc. Unless there's some serious, serious issues somewhere, almost every healthy baby learns to walk. Some do it sooner, and some do it later, but they all tend to do it in the end.

And I saw this in my early career in very stark terms. I was a foster carer for a number of years so I went to a lot of toddler groups and baby clubs and health visitor groups, and I hung out with an awful lot of other parents. And I had a certain perspective from having had a lot of children in my care – 22 in total. Most of them were under the age of 3, so I looked after a lot of babies and a lot of toddlers. And even before I fostered, I looked after over a hundred different children in other contexts too.

And so you get very used to the dissimilarities between them: that some are fast to walk, some are slow to walk, some are fast to talk, some are slow to talk, some are fast to potty train, some are slow to potty train, some are fast to speak, some are slow to speak. But they all get there in the end.



So I had a really interesting experience where through bizarre coincidence I looked after two sets of siblings simultaneously. Four children, two from one family, two from another. I had baby one from family A at the same time as baby one from family B. And then a year or so later, after they'd both been adopted, I had their younger siblings. So I had baby two from family A at the same time as baby two from family B. It would be easier if I could use their names but obviously I can't, even though this was fifteen, twenty years ago now. So the siblings never lived with each other with me at the same time, but I had one from each family at the same time, for the same developmental stage.

So you could see similarities and you could see contrasts. So both babies from family A were relatively similar, and both babies from family B were relatively similar. But family A were very different to family B, even though they had the same environment at the same time with me.

But they had differences within the family too. Family B, the older baby, was a screamer – she's who I've talked about on another blog post, and in that post I called her Amber. But then her younger sibling, who came to me straight from the maternity unit and didn't experience any of the abuse that her older sister did, was a relatively easy baby. I'll call her Libby-Loo as that was a bit of nickname we had for her. Happy to wait

for her milk, happy to play while I did jobs, just basically happy and contented, but very eager, very inquisitive, and a fast developer.

The younger sibling from Family A was even more contented and placid though. She was so chilled out, so easy-going. She would literally sit in her highchair at mealtimes and just smile. This big, sunbeam of a smile and while we were fussing around with multiple other children and babies – mealtimes were always very busy as we had up to five children at a time – then Baby Sunbeam wouldn't fuss in the slightest. Just would sit and squish her grapes or play with her toys and literally beam the biggest smile at everyone the whole time. You couldn't get a bigger contrast between her and the screamer. So I had this living experiment of being able to see variations not just from one family, one set of genetic code, to another, but also variations within the same family – at the same time. It was absolutely fascinating.

And I remember the Health Visitor coming around, as she did very often given how many children used to come through our home. And we'd weigh them and check them and test them and do all those things, and we'd discuss their progress and their milestones. And on one occasion Libby-Loo was crawling and trying to pull herself upright, but the Sunbeam Baby wasn't doing anything of the sort. She'd just sit



there, smiling. There were only three weeks between them, which used to confuse the hell out of the checkout assistants in the supermarket. 'Aww, are they twins?' they'd ask. The clue should have been that one was dual heritage, but regardless of that and the fact that one was long and thin and the other short and round, everyone assumed that two babies of the same age must be twins. 'No, they're not twins,' I'd explain, wickedly. 'There's three weeks between them.' And then I'd walk off.

So anyway, Baby Sunbeam wasn't doing any of the things that Libby-Loo was doing. And so we were discussing it with the Health Visitor. We weren't concerned, but better safe than sorry. And the Health Visitor just said, 'Everyone develops at a different rate. There's nothing wrong with them. It's just that's their rate. Give them all the nurture in the world, and their nature will still take the upper hand in determining their rate of development. But they all get there in the end.'

And I thought that was such a good analogy for trauma recovery. We'll all get there in the end. We all have a rate. There's nothing wrong with us for the rate at which we're recovering. Yes, we can maximise the nurture. We can put the effort in. We can get the right environment, the right stimulus. But a lot of it comes down to, 'What's our rate?'

And it felt during therapy for me, that I was like the screamer, Amber, Libby-Loo's older sister. At fourteen months she wasn't walking. She wasn't crawling. She wasn't even bum-shuffling. She basically tended to sit in the middle of the room, rooted to the spot, and would very easily burst into tears and get overwhelmed.

And that for me was what therapy was like for an awful long time. I didn't feel like I was improving. I didn't feel like I was growing. I didn't feel like I was moving. Just rooted to the spot, stuck, and liable to burst into tears. Progress was so slow that you really couldn't see any. And just like asking the health visitor if everything is okay, my therapist would discuss me with her supervisor. 'Are we doing something wrong? Are we making a mess of things? Are we colluding with powerlessness, or dissociation, or trauma? Why is there no progress?' Because the therapist, like all parents with small babies, was tempted to look around at everyone else's client, and measure their milestones.

So as a therapist you sit in the equivalent of a baby club – peer supervision, swapping notes, getting a bit of support for the sleepless nights and all the anxiety. And there's always someone there whose baby is walking at 7 months and talking in paragraphs at 12 months and studying at Harvard by 18 months. And in peer supervision, there's always someone who knows it all and has done



it all and who claims that they have an 'advanced perambulation certification system' which 'speeds up the learning to walk process with a two-step protocol'. And you're sat with this pudding of a baby, or a client, who won't crawl or bum-shuffle or pull to standing or do anything and who just sits and cries, and you can think, 'What is wrong with me? What is wrong with *them*?'

But maybe there's nothing wrong with them. Maybe it's just their rate. Until you know what *their* rate is, you won't have a benchmark. You cannot, just cannot, benchmark people against other people. Allegedly, Einstein didn't start speaking until he was three years old. So he was a bit of a verbal pudding. But not so daft, was he? That's just what his rate was. And he got there in the end – oh my word, did he get there in the end.

And the same is true, I believe, in recovery from trauma. Yes, a lot of it is about what we put into it, and the quality of the 'parenting' so to speak that we receive – the quality of therapy or support that we're given. But I think we can all get there in the end, in one way or another. I think it's just about recognising those developmental stages that we go through and that they're all the same.

And so when people look at me and say, 'Oh I could never get to where you're at', surely that's what a baby would be thinking if it could: 'How does this adult

do all of this? Look at them! They walk and they talk and they think and they plan – and I'm struggling to pick the grape up and put it in my mouth, and chew it, and get it in the right place to swallow it, and I'm struggling to do any of that. But they're planting a vineyard! It's like ... how complex, how way beyond me is that!'

And yet they too struggled to pick the grape up when they were a baby – and that's the journey that we all go on. So I want to encourage you not to give up hope because things are tough and things seem impossible.

Because the whole point of developmental stages is that you can't do the next stage until you've conquered this stage. It's impossible for you to learn to grow a vineyard until you can actually pick up a grape, and chew it, and swallow it. (We can't run before we walk.) So we shouldn't expect to make those leaps.

A lot of people say they want to do what I do and speak in public and write books, and I think, 'That's great. That's planting a vineyard. Go for it! But first you need to be able to master the pincer grip and form a bolus and be able to digest a grape.' You'll get there in the end – but don't set yourself up for disappointment and frustration and self-criticism by getting ahead of yourself. Focus on the stage you're at, knowing that the next stage will come automatically



once you've mastered this one. Don't go beating yourself up because you're not growing at someone else's rate, or you're not at the same stage. Have the same patience and compassion as you would for Baby Sunbeam in her highchair dropping grapes on the floor still.

And I think what's happened after trauma and abuse and neglect is that we've missed out on so many key developmental stages. We've got some of them sorted, and so we assume that we should be able to do everything all at the same time and all in one go. But actually we need to be really patient with ourselves and say, 'Yeah, I missed out on that.'

And so similarly I looked after a child who had missed out on her first year at school - her reception year. She just hadn't been sent to school, or pre-school, at all, and she had been very neglected in lots of ways. And so she sort of started school in Year 1 and she really struggled. Her teachers explained to me at the time that the issue was that in Reception they do things very practically. They learn through play. And then when they get to Year 1 they start to explain some of these concepts to them in more abstract terms. So they do it in concrete play to start with. And then in Year 1 they can start to explain those concepts more abstractly - things like adding and subtracting on paper.

So this child really struggled with simple adding because she'd never played with counters in Reception, adding one counter, one counter, one-two counters, in play. She'd not had that experience of actually playing with the counters themselves. She just went straight to these abstract squiggles, marks on a page, so to her it didn't have the same depth and reality about it. It was a squiggle that we know as the number two with another squiggle that we know as a plus sign plus the number two squiggle plus the equals signs squiggle and then she was supposed to draw a squiggle, the right shaped squiggle, at the end.

And so she saw it as just a bunch of squiggles, lines, marks, drawings on a page, rather than, 'Oh, yeah, I get what this is. This was when we had two counters and then with my friend I gave her two counters and then we added them up on our fingers, and those two fingers relate to that squiggle, that's a number two squiggle, and two means one counter and one counter ... aah I get it now.'

And so she just missed out on those very basic kind of developmental steps, from not having played with counters at home, from not counting on her fingers at breakfast, from not playing with counters in pre-school and in Reception. And the kids in her class were way, way ahead of her, and I think she felt a lot of shame around that. And so even into



adulthood – she’s an adult now – she’s always really struggled with maths, because it was like there was just a bit missing in her head, of the concreteness of it, and then confidence in it, because she kind of grew up believing that there was something fundamentally wrong with her, that she was just bad at maths, she just wasn’t able to do it – but no, she just missed out on a developmental step.

And it’s like that for us emotionally, that we miss out on these developmental steps of being soothed as a baby, and learning to calm down, learning to be able to tolerate distress. So when we’re hungry, needing to be fed, feeling hunger, we need to be reassured and have someone else’s heart rate soothing and down-regulating our heart rate, having their vagus nerve activating ours, having our mirror neurons mirroring theirs, and calming us down, labelling our emotions and giving us strategies for how to delay gratification or to cope with distress. As trauma survivors we missed out on some fundamental developmental stages as babies, as toddlers, as young children, and instead we were exposed to the most horrific forms of abuse and emotional distress. And then we grew up into adulthood thinking there’s something wrong with us as people: that we’re evil, we’re toxic, we’re bad, we’re faulty – because we struggle to manage our emotions.

But of course we struggle to manage our emotions. We missed out on learning how to do it. We missed out on playing with the counters. So we need to go back and do that. And that’s what’s so helpful in therapy when we do that, and we have session after session to just learn to calm down: learning to regulate the emotion, learning to label feelings, to notice the feeling that comes up and give a name to it, learning to describe it, learning to reflect on it, learning to understand where it’s coming from, learning to express it with words. And doing that in the presence of this other person’s brain that acts like an auxiliary cortex that just trains ours and shows us how to do it – we’re going back to the building blocks of emotion again, going back to those counters, and doing it from scratch again.

So that’s how we learn emotional regulation, affect regulation, and if we don’t have that in place then it manifests as mental health difficulties. It manifests in anxiety, it manifests in what gets labelled as ‘borderline personality disorder’, it manifests in all these ways that get a bad press and sound scary and put us into a different category of person. But really we just missed out on playing with emotional counters. And if we can just go back and do that again and learn that, we will build those developmental stages that we missed.

And that’s the process that I went through during 9.5 years of therapy.



And it was highly, highly effective but at the time it often felt ineffective. Week in, week out, session after session it didn't really feel that I was doing anything. It's like the baby that's playing with the spoon and squishing the grapes in their fingers on the highchair tray – you wouldn't say, 'The baby had a very important developmental learning session today.' You'd be like, 'No, we were just doing life – just mealtimes, just normal stuff.' It's like the baby playing in the bath, and they're learning about water and they're learning about gravity and they're learning about bubbles and they're learning about balance and they're learning imagination and they're learning coordination. They're learning all these things, and yet you could just say, 'But they're just having a bath.'

And so so much of that is what therapy was like for me. It was like, 'Oh we didn't really achieve anything this week, did we?' Uh-oh! 'We achieved *huge* amounts this week because we learned to soothe again, when I got distressed and overwhelmed. I got absolutely frantic wanting to smash my hand against a wall, wanting to bash my head in. I wanted to just scream with the distress of it, and yet having the therapist just patiently and gently and softly saying, 'Slow it down' and calming everything down again – that was just so helpful to build those neural networks. Like playing with the counters I never got to play with as a child, learning emotional regulation.'

So much of the time, we think, 'We're going to use this technique, or we're going to unlock this trauma or we're going to process this traumatic memory.' And yes, that's part of it. But I think a fundamental part of therapy is the process we go through, week in, week out, of learning to feel safe in the presence of another person, and learning to express but then regulate our distress. And it's the vitally important process then of taking that experience from therapy out into the gaps between therapy, the week in between, and practising self-soothing. We often find it so hard to wait a whole week between therapy sessions – I know I did – but the real learning is how we manage it. It's not this awful injustice that we have to wait a week for therapy. It's an opportunity for us to learn and to grow. It's the baby having to wait for the milk for a few minutes being as important as being given the milk. The gaps between therapy sessions can be as developmentally important as the therapy sessions themselves.

And we don't want it to be too much – we want the baby to be able to wait a few seconds to start with, then a few minutes, for the milk, and then to be able to wait from one feed to another, and from one mealtime to the next. You build it up gradually – the gaps in between, both as their stomach and digestive system matures but also as their affect regulation, their distress tolerance, their trust grows.



And the same for us when we're in a total mess and in crisis and in therapy – you build the gaps up gradually. So yes it can be absolutely helpful for some contact sometimes for some people between therapy sessions. But we're also wanting to build the gaps up, and look at the gaps as positives, not just negatives. Of course it doesn't feel like that, but it's about getting the right balance of what Vygotsky called a 'zone of proximal development'.

We don't want to be too far in our comfort zone that we don't grow, and we don't want to be so far outside it that we overstretch and fall on our faces. So just like a toddler learning to walk, you don't just say, 'There you go, off you go now!' and straight down on hard floor, on concrete, into a busy road. Of course not. You're there, you're catching them, you're doing everything you can to stop them smashing onto the carpet, because you don't want them to be put off, you don't want them to be hurt.

But you need to let them toddle a bit as well. They'll push their toddle truck and the steps will come and suddenly the toddle truck will run away with them a bit and it'll be like 'Whoa!' and you'll grab them before they smash their skull in. But a few little tumbles is also okay, because they've got to learn their balance. And if you put them in a walker, they'll never learn to walk. They've got to have the falls.

And the same for us in our process of recovery from trauma – not too much and not too little, the Goldilocks dynamic. It's always finding that right balance, and I think the natural thing once we have an overreactive amygdala, which is our fear detector, our smoke alarm, is to want to say, 'Don't let go of me! Don't let go of me *ever, at all!* You *must* hold onto me while I learn to walk. You *mustn't* abandon me.' And we put all our effort into protesting that we're not being held, rather than focusing on conquering the skill of walking.

Or a therapist might be at the other end of the spectrum. They might be like, 'No, come on. You don't need me. You can do this entirely on your own' – which of course we can't. If that gap between our positions is too far then we'll refuse to move, and we won't make any progress. So we need the encouragement of, 'Come on, I believe in you, you can do this. I'll meet you where you're at, but I'll also draw you out of your comfort zone and I'll help you to move forwards, because you're only going to learn to walk if you let go.'

So lots of parallels there, then, of the dissimilarities between us all, our different rates of progress, the developmental arc we have to go on from infancy to adulthood, and the same developmental process we have to go on to recover from trauma. Because what we're doing with a lot



of this is repairing the breaches in our development – the areas where it didn't get to happen, and the areas where it was shot to pieces, for example because of abuse.

So we're going back to play with the counters, making it concrete, until we can grasp the abstract stuff, because we've grown our brain networks first. So lots of very concrete stuff of affect regulation so that we can learn to mentalise, learn to verbalise and articulate our emotions, learn to manage our emotions, to be guided by them but not controlled by them. It's a process that we go through. We can't go through it too quickly – we need support. But we also mustn't just sit in a baby-walker and get someone to push us around, because we'll never learn there. So a balance in all things.

So can you be compassionate and patient towards yourself for your 'rate of progress', or are you comparing

yourself to others? Can you be encouraged and inspired by others who are further along than you, rather than shamed by it? What developmental areas did you miss out on in childhood? What do you not seem to 'get'? What is your 'zone of proximal development' – not too far in your comfort zone, but not too far outside it? And are you willing to take a few, safely-controlled tumbles, and experience a bit of discomfort as you learn to walk?

There's some questions to think about until next time.

So that's all we have time for in this episode. Thank you for joining me. You can subscribe on Apple Podcasts, on Spotify, or you can listen direct from my website at carolynspring.com/podcasts.

I hope that helps, at least a little and speak soon!

