

CONVERSATIONS



— WITH —
CAROLYN SPRING
transcribed

PODCAST #3 – RECOVERY IS BUILDING SKILLS



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.

Welcome to this podcast – 'Recovery is building skills'

I'm often asked how life is different for me now compared to when things were at their worst, which was probably around 2007-2008. At that point I'd been in therapy a couple of years and everything was kicking off. I was in the middle of the police investigation into my abusers. And I was 'florid DID' – lots of parts taking

over, lots of things like dissociative fugues, losing time, uncontrolled switching, flashbacks, overdoses: just terrible.

Just to explain: 'dissociative fugue' refers to a specific condition in the DSM-5, but I'm using it here in the context of my behaviour at that time rather than a specific psychiatric diagnosis. So it's often where you've been triggered in some way – pushed outside your 'window of tolerance' – and you take flight. You go off somewhere but you have very little conscious awareness of what you're doing or where you're going. Eventually – hopefully! – you'll 'come' to and you might be miles from home. You've basically switched to another part and you've got amnesia for that, and for some reason – and usually there's a very good reason – for some reason, this part has taken you somewhere else.

Because at that time, I was trying to work through the trauma of two childhood



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pregnancies that I had as a result of rape. I'd held them out of mind – dissociated from them – because they were just too awful to bear. I couldn't come to terms with them. The emotional pain was overwhelming. So instead, I acted out in my behavior. I acted out what I couldn't speak out in words. And I kept 'fuguing'. I kept going off, in another part of my personality, to the place where the births had taken place, trying to find the babies. Those parts of me, stuck in trauma-time, couldn't see that over 20 years had passed. They were just trying to find the babies. They were trying to piece it all together, to change the ending – I'm not sure what they were trying to do, but they were definitely stuck in a time-warp.

So I'd just 'come round' and I'd be somewhere else. I'd be sat in a car in the villages where it happened. Hours would have passed. There'd be a dozen missed calls on my phone from people trying to find me. I'd have a very vague sense of stuff happening, but it's like I couldn't separate out reality from dream from memory. I just felt overwhelmingly distressed and upset. And it was always really hard to get my front brain back online, to be able to think clearly, to calm down, to make decisions. Sometimes I'd get stuck, half aware that I was miles from home, and then just be frozen and stuck and unable to move or do anything about it, switching in and out and feeling really helpless. And I think as well part

of me wanted to be rescued. Part of me desperately wanted someone to come and make it all alright for me.

This went on for a while, and I started to deal with it, started to stop it happening, fundamentally, I think, by paying attention to what was going on in me – what was going on in my parts. Because at that time I wasn't willing to listen to my parts. I didn't want to know what they were thinking or feeling, or how they were making sense of the world. I just wanted them to go away. I quite literally hated them. In my mind, they were the problem. They were making my life a misery. So obviously I wanted rid of them. But then I began to realise that they weren't the problem, but that they were trying to be the solution. They were telling me stuff that I hadn't been able to deal with. They were showing me what needed to be processed and resolved. So I started tuning in to them. And when I started doing that – when I started welcoming them rather than rejecting them – then I began to be able to work through the traumas that they held, rather than continuing to dissociate from it and therefore it coming out through behaviours such as dissociative fugues.

So my life now compared to then is like night and day. Sometimes now I find it hard to believe that I was in such a mess. I can't believe how far I've come. It was a very dark period of my life, full of pain, full of suffering. And I think what's



hopeful, looking back, is that things can be that bad and yet we can survive it and we can grow and things can become this good. Now, looking back, I don't regret that period of my life at all. Whereas at the time, I hated it. I hated every minute of it. It felt like the worst thing ever, to have had this breakdown, to have so dramatically lost the plot, and to be struggling so much on a daily basis. But I now see how necessary it was, to drag me out of denial and to drag me out of coping with everything through avoidance, and to get me into a place where, with support, I was able to develop the courage to actually face stuff and deal with it. And so I learned a lot of skills for managing emotions, skills for dealing with trauma, for processing things.

And I talk a lot in my writing and training about recovery in terms of developing skills, which certainly isn't how I used to think about or how I used to hear people talk about it. I think I used to hear people talk about recovery in quite vague terms. There was this idea that things were awful, you were in a mess, and maybe one day they'd be better. Like that would just happen, if enough time passed, or if you had enough therapy. And it always seemed so vague and nebulous to me. It wasn't very inspiring. It didn't give me much hope. It felt like you had to hope that you'd win the lottery, in a way. And so the focus for my life was just surviving a day or even an hour at a time. My focus was almost entirely a matter of

just trying to get through. I didn't really know what was 'wrong' with me so I certainly didn't know how to put it right. I felt overwhelmed and helpless. I felt powerless. And of course powerlessness is the core experience of trauma. So it was a vicious cycle.

I think one of the most helpful things to grasp, when we've had a breakdown or when our symptoms, if you like, are out of control, is that there IS a way through this. The fact that we don't know the way right now doesn't mean to say that there isn't a way, or that we can't find it. We just haven't found it yet. And recovery is not about just surviving and then hoping that somehow things get better. To me, recovery is about problem-solving. It's about figuring out what the problem is, why the problem has occurred, what the potential solutions could be, and then how to put those solutions into place.

Often what people think they need is therapy. And I wouldn't disagree with that – therapy has been a massive part of my recovery process. But it wasn't the therapy in itself that made the difference, and this is where people can get it upside-down. It was *the skills I learned* and *the work I did* in therapy that made the difference. Arguably that work can be done, and those skills can be learned, in another context – so we shouldn't confuse the solution for *one of the ways in which we can implement the solution*.



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If you're Usain Bolt and you're trying to run the 100m in record time, it's not the coaching in itself that makes the difference. It's what you do as a result of the coaching – the weights, the cardio, the skills, the reactions, the technique, the power. So you can have coaching, you can have the best coaching in the world, and not get any better – because you still have to do the work. And similarly, you could arguably do that work without a coach. But obviously, at least in the analogy of sport, you're maximising your chances if you get yourself a great coach.

And so in recovery from trauma, we've got to know what it is that we need to achieve. And in basic terms it's getting our brains to adapt again to a life *after* trauma: to process the trauma, to resolve it, to file it away properly in memory – because that's not been done yet. Trauma involves a corruption of memory, often because the hippocampus – a part of the brain with a significant role in memory storage and memory retrieval – tends to go offline during extremely stressful events. And we've got to get our nervous system to come back down to the green zone again, rather than always being on alert ready to respond to imminent threat. Recovery from trauma is so much more than just talking about what happened, and maybe crying about it, which is what most people's concept seems to be.

It's way more than that. Because when we're being overwhelmed by the symptoms of trauma – flashbacks, body memories, multiplicity, constant states of anxiety and dread, paranoia, shame, and so on and so forth – then it can be hard to see a way of out of that. We're literally trying to cope with one symptom at a time. It's exhausting. It's overwhelming. And that's very much what life was like for me back in 2008. I was so deep down in a pit of suffering and despair that I could never imagine life outside that pit, let alone life on the mountain tops. And that's where hope is so important. It's important, I think, for people like me to send out the message, loud and clear, that recovery is possible.

And when I say that, I'm not negating the suffering of the pit. I'm not saying, 'Hey recovery is possible, therefore if you've not recovered, it's in some way your fault.' Not at all! That's crazy! That's like saying to someone who's broken their leg in a car crash that because in 6 months' time their leg will be healed, it's not broken now and they should be able to walk. Of course they can't. Of course it hurts now. It won't always hurt, but of course it does now. It's a process.

And sometimes as survivors I think we find it hard to hold in mind two concepts at once. We are either stuck in the mode of 'I have a broken leg and it hurts like crazy and I can't walk' or we can be fixated on 'Recovery is possible and



one day I'll be able to walk without pain again.' The reality is that both are true, simultaneously. One doesn't cancel out the other. And that's what I'm saying when I bang on about recovery: 'Yes, it hurts now. Yes, your leg is broken. Yes, you can't weight-bear. *But* one day you *will* be able to walk and run and jump without pain.' And what I'm most interested in is the process of how to get from one to the other, which is about building skills.

So, for example, recovery from a broken leg involves a series of steps. It might require surgery to set the bones right. It might require a plaster cast. It might require rest and avoiding putting weight on your leg. It might then require physio to strengthen the muscles again. It might require a whole programme of rehabilitation.

But so many people break their legs, and the NHS is so expert in dealing with acute physical trauma, that there's a very clear pathway. There's an expectation of recovery most of the time. As the person with the broken leg, you can be confident that the doctors know what they're doing, and you just follow the instructions that you've been given and all will be well.

With complex trauma, it's less clear than that. There isn't such a standard level of expertise. Our treatment skills are not so advanced. People do recover

from even the most appalling trauma, but it's not the norm yet. And so it can be a terrifying process, full of doubt and fear for the future. When you're having a breakdown and you're overwhelmed by the symptoms of trauma, it's a really scary time. You wonder if things will ever get better. And so not only do you have all your symptoms to deal with, but you also have the terror and uncertainty and sense of powerlessness of your current situation. It's a double-whammy.

And this is where psychoeducation comes in, which I'm a huge fan of. Because it's empowering. Knowledge is power. When I had my breakdown, when I didn't understand at all what was going on, it was that sense of ignorance – of stumbling around in the dark – that was hardest to bear. As soon as I began to understand what was happening in my brain, and I began to grasp some of the fundamental concepts of trauma and most importantly of *recovery from trauma*, then it really began to lighten the load. I could focus on dealing with my symptoms, rather than just panicking about them. So the double whammy was reduced to a single whammy, and even though it was a huge whammy, it was a lot more manageable.

Because we don't recover from trauma *just* by talking about it. That's like saying that Usain Bolt wins gold just by exercising. Exercise is a major part of what he does, but he has to be more



specific than that. He has to train in specific ways to build strength and power and speed and stamina. If he just spent all day jogging around an athletics track, he could justifiably say that he's doing a lot of exercise, but it wouldn't do much to help him break world records in the 100m. The same is true for us in recovery. Therapy can be a big part of that process, and talking about what happened to us can also be a big element, but they're not ends in themselves. They're part of a bigger picture, a broader strategy. What we're wanting to do, in recovering from trauma, is move the brain away from being adapted to a traumatic environment, and get it instead to function in the best way, the most adaptive way, to a non-traumatic environment.

So this only works if someone isn't still being traumatised. And that again is why therapy is not *the* answer, but only part of it. When people get fixated on therapy as 'the' thing that will fix the problem, they miss out on all the other steps that are necessary too, such as getting away from an unsafe environment.

Some people need therapy first in order to be able to build the skills and develop a strategy for making their here-and-now life safe. People, for example, who are still in abusive relationships, sometimes need that external support in order to be able to get themselves to

safety. And that's why the first phase of treatment for complex trauma is 'safety and stabilisation'. What we often think of as therapy tends to be focused more on 'treating the trauma'. But that's only effective if we've got to a place of safety, both literally in our environment, and to an extent within ourselves. We can't ask the brain to switch into 'safety mode' when it's not safe. That's counter-productive, and may even be dangerous as well. So we can't, for example, expect the brain to let go of dissociation as a coping mechanism if there's still ongoing trauma. Dissociation then is still being adaptive. It's essential. We need to fix the environment – we need to get to a place of safety in our lives, before we ask our brains to stop using trauma-coping strategies.

The war has to be over before we stop wearing hard hats. And when we divorce the symptoms of trauma from the trauma itself – when we have a medical model approach and think solely in terms of people having a 'disorder' – then we can miss this fundamental truth. So, for example, someone is having flashbacks all the time. They're dissociating regularly. They've got high levels of anxiety. They've maybe got some psychosomatic symptoms such as gastrointestinal disturbance – maybe what gets labelled irritable bowel syndrome. And then treatment in the medical model



focuses on stopping them dissociating, or trying to clear up the diarrhoea.

But if they're still in an abusive situation, then nothing is going to change. Treatment will be 'unsuccessful'. It might even be harmful. And the person might be labelled 'resistant' or 'untreatable' and will find it harder to get treatment in the future. Because the timing is all wrong. The sequence of treatment is all wrong. We're trying to get them to adjust to peacetime while the war is still ongoing. You don't want your troops in Afghanistan to take off their hard hats and put down their rifles until they've flown home.

A trauma disorder is when that soldier comes home and he or she can't walk down the street without scanning for snipers or IEDs. It's when their brain can't catch up with the fact that it's safe here. That's exactly the same as what is happening for us as survivors of things like childhood sexual abuse. Our brains are telling us that people aren't safe, that people are out to trick us. We're scanning for the IEDs. We're running for cover at the sound of what we think are gunshots but which really are just slamming doors. We're staying hyper vigilant and hyper alert – maybe not able to sleep all night, not able to relax, to switch off, to wind down – because we're listening out for footsteps on the stairs. There's nothing wrong with what our brain is doing – it's entirely

appropriate behaviour in a war zone. Where it's gone wrong is that it's not realised that the war is over.

And so what I'm saying is that if the war isn't over – if someone is in a domestic violence relationship, for example – then it's ridiculous to try to get the brain to stand down. It needs to be hypervigilant and hyper alert. It needs to be submissive and passive, in order to avoid further harm. It needs to find the best way to survive the abuse. So treatment that tries to get the brain to change without first changing the environment is always going to fail. That's why we always need to figure out what the real problem is, rather than just dealing with the symptoms of the problem. It's dealing with the root cause – being unsafe – rather than just dealing with symptoms.

The medical model says that there is something 'wrong' with us, something that has gone wrong with our brains. And that's very pathologising and very shaming. It's hard to feel good about yourself when you think you're mentally ill, when you think your brain has malfunctioned. But there's nothing wrong with your brain, essentially. It's behaved entirely appropriately in light of the things that have happened to you. It's those things that have happened to you – the trauma – that's wrong.



If we put people in chronically dangerous environments, where they are being hurt or their core needs aren't being met, then it makes sense that their brains change to adapt to that environment. It makes sense that we become hyper vigilant to danger. It makes sense that we don't trust people. It makes sense that we can't relax. It makes sense that our brains keep replaying the dangerous things that have happened to us over and over again, to help us figure out how to deal with it if it happens again. The symptoms of being traumatised make perfect sense – they're the brain trying to cope with a dangerous environment.

So I found it much more helpful to realise how brilliant my brain had been, rather than framing it as being 'sick' and 'ill'. Because if my brain had helped me survive all of *that* then surely it could help me survive *this* – help me survive everyday life after trauma. Whereas when I thought that my brain was defective, that I was sick or mentally ill, then I didn't have any confidence in myself – either in my ability to manage day-to-day life, or even to recover.

So how we frame what's happening to us is really important, and that's something that we do have some control over. It was a massive breakthrough for me to realise that I was 'allowed' (so to speak) to frame my experiences any way I wanted to. The predominant narrative,

or way of framing them, is via the medical model – to look at it in terms of mental illness and the brain going wrong. But that's just an opinion. That's just one way of looking at the world. And what I eventually realised was that there were a lot of people who thought differently, who saw the symptoms of trauma simply as the brain's best attempts to survive a hostile world. And as I learned more about that way of framing my experiences, it made a lot more sense, and it gave me confidence.

But I had to reject the predominant framework first, and that felt really scary. It felt like I was being 'naughty', and even that is a trauma response too: as a child, the way to avoid further harm was to keep my head down, keep quiet, do as I'm told, and accept the authority and power of people bigger and stronger than me. And so I took that mindset into the way I handled my mental health – a belief that the 'grown-ups' (the doctors, the psychiatrists, the people who write textbooks) are always right and I need to agree with them and just be a good girl.

And part of recovering from trauma is about developing an 'internal locus of control', of regaining a sense of efficacy and agency. It's this sense that my life is my life. My brain is my brain. My recovery is my recovery. And *I* am in charge of it. If someone wants to interpret my experiences according to



the medical model, that's up to them. But I don't need to agree with them. I can interpret my experiences through a different framework. I don't need to accept what psychiatrists are telling me, because they're not necessarily 'right'. They're 'right' according to one framework, but who's to say that their framework is right in the first place? I certainly don't. Because psychiatry can't even agree on the existence or validity of DID. Although it's an accepted diagnosis in the DSM, and there's extensive literature on it, many psychiatrists say it's not real. So who to believe?

I think though that we can take the controversy over DID one of two ways. We can either feel stigmatised by it – that it's not fair that so few psychiatrists understand about dissociative disorders, and therefore deny the reality of our experience. Or we can say, 'Well that just goes to show that the framework through which they're seeing our experiences is inadequate.' And I choose the latter interpretation.

If psychiatry as a whole is so ignorant about the effects of trauma, and the reality of dissociation as a very normal, very natural, universal response to trauma (it's the flipside of the freeze response), if they're so ignorant about that then why should I believe what they have to say at all? And I don't. Fundamentally, my recovery – from

complete breakdown to a functioning life again – that has taken place without any involvement whatsoever with psychiatrists. I have avoided them like the plague. There are undoubtedly a few good ones out there – I've met some of them! – but on the whole, the entire approach of psychiatry is completely unnecessary, I think. We need psychotherapy, not psychiatry. We need help to train our brains to readjust to a safe environment and to process and file away traumatic memories. We need to learn skills to manage our feelings, rather than resorting to dissociation. We need to learn to collaborate with all the different parts of ourselves, and to lead a joined-up rather than a dissociated life. And we can do all of these things without ever seeing a psychiatrist or being prescribed a single drug.

Now, the crazy thing, of course, is that psychotherapy is much cheaper for the NHS than psychiatry is, but while it continues to hold to the medical model it will continue to fund people who are trained to diagnose mental illness and treat it with drugs. But that doesn't mean to say that we have to go along with that. A lot of the time, we know we need help, and we just blindly walk down the path that's set out for us: oh, you have a psychiatric problem, so you need to see a psychiatrist. But, again, if we frame it as a trauma problem, as a feeling safe problem, then that



puts the power back in our hands. Metaphorically speaking, we need a 'coach'. We need someone who's going to help us learn the skills we need and do the work we need to do to feel safe in our bodies again, and to process and resolve our trauma. So that can become our primary aim, and it's a process that we're in charge of, rather than handing the reins over to psychiatry, and turning up to an appointment and hoping that a doctor will wave a magic wand and do something to us to make us 'better'. That's not how recovery from chronic powerlessness works – to continue to be passive and powerless. Instead, we've got to grasp the bull by the horns, we've got to take responsibility for our own healing and recovery, and we start that by choosing the way we frame our experiences. Are we mentally ill? Or are we simply traumatised? And is being traumatised an entirely logical thing to be after suffering trauma? Of course it is. That's the starting point.

So if we're traumatised, let's figure out how to reverse that. And ultimately it's about learning to feel safe again. That's the process. And it's a process we can engage in without ever speaking to a psychiatrist. The problem for many people is that, within the NHS, the psychiatrist is often the gatekeeper – they're the person who makes it possible to access psychotherapy, for example. So many people need to see the psychiatrist to get any help.

And that's why I always suggest that *if possible*, don't go down the NHS route at all. But if you feel you have to, then at least be clear about what you're asking for when you meet with a psychiatrist. Don't be fobbed off with just medication. And also, don't rely entirely on what the NHS will provide for you – not least because sometimes they provide nothing at all. Do what you can in your own time. Using the coach analogy, you might be waiting a year or more to be assigned a coach to help you train. But in the meantime, you could still be exercising. You could still be getting fit. You're not dependent on having a coach to start the mental fitness work that's going to be part of your recovery. So read stuff.

Psychoeducation – understanding how trauma impacts us, how the brain works, what recovery is all about – psychoeducation is absolutely key. And you don't need to have a therapist to start reading stuff. So read, and read every day. Journal – start learning to express your feelings in words, start learning to mentalise and reflect. Practice mindfulness meditation – use an app such as Headspace and start developing your medial prefrontal cortex by meditating for ten or twenty minutes a day.

Get outside in the fresh air and walk for 20 or 30 minutes a day. Work on increasing your support network. Do



some fun things, even when you don't want to – train your brain to get used to life after trauma, rather than allowing it 24/7 just to obsess about danger. Work on your diet – cut out the crap, processed foods, the unhealthy stuff, and eat more vegetables. That might sound irrelevant to mental health, but it's really really not. What we eat has a massive impact on our mood and our emotions, and we really have no awareness how much it does. It's something I've covered on my '**Mental Health and the Body: Treating Trauma**' course. It's made a big difference to me.

So all these things – start doing them, keep doing them, and work at doing them, even in the absence of any help whatsoever on the NHS. They won't solve the trauma, they won't make everything better, on their own. But what they will do is build up your mental and emotional fitness, and it means that when you do get a coach – when you do get therapy for example – you've already got some strength and stamina. You're already on your way. And given that the main thing we're combatting is chronic powerlessness, they'll help just because we're doing *something*. It's a real protection against despair and hopelessness to know that we're doing *something*.

Therapy was absolutely critical and life-changing for me, but so was all the stuff I did myself – all the reading and learning,

the psychoeducation, and then all the daily habits like walking and sleeping and eating well and practices that are good for my mental health such as mindfulness meditation and journalling and spending time with supportive people. There's a tonne of stuff that we can do for ourselves, which is free, so even if you haven't got help externally yet, you can make a start. That's vital.

So what I'm saying is that we can choose how we frame our experiences, and we don't have to go along with the dominant explanation from psychiatry of mental illness. We can frame the symptoms of our trauma as being entirely normal in the light of what we've experienced. And so we're not dependent on psychiatry, which frames it as our brains having gone wrong, but instead I believe we're better off seeking psychotherapy, either within or outside the NHS. And that there's a lot actually that we can do even without that external help – things like psychoeducation and meditation which all improve our mental fitness.

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](https://www.carolynspring.com/podcasts).

Speak soon!

