



PODCAST #4 – TRAUMA IS FEELING UNSAFE



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 episode: 'Trauma is feeling unsafe'.

I'm often asked by survivors who are just at the beginning of their recovery journey what the most important things to focus on are. And although the practical details of that are going to be different for each individual, depending on their circumstances, I

think there are some overarching principles which I've found to be really important. The first is to have hope for recovery. Our beliefs influence our behaviours massively. If we don't really think we *can* recover, if we don't think life *can* be better, if we don't think we *can* learn to manage and eventually overcome our symptoms, then we're not going to put the effort into doing the things that will bring that about.

An example, like I've used before, is that of playing the piano. When I was a child, I was repeatedly told that I wasn't musical. My sister, on the other hand, was. She had recorder lessons and clarinet lessons. I was told that I didn't have a musical bone in my body. I didn't have any music lessons, and at school it was the one subject that I didn't put any effort into. Because, after all, what was the point? I wasn't musical, so it would have been wasted effort. I thought I wasn't any good at music, so I



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didn't bother trying. But of course now I see that as part of what Carol Dweck calls the fixed mindset, and it's massively influential. If we don't believe we can do something, we won't put the effort into developing the skills that mean that we learn to do it.

And I think the same is true for recovery. If we don't believe we can recover, we won't persevere in finding ways to manage our emotions, and control our switching, and resolve the trauma. Because what's the point? We can't do it. And we prove to ourselves that we can't do it by our lack of control, our lack of skill to do it. That's like me as a child saying, 'Obviously I'm not musical, because look – I can't play a musical instrument.' But if I'd had music lessons things might have been very different ...

So, if you're on this recovery journey, it's vital that you believe that you *can* recover. Don't judge your potential for musicality by your inability to play the piano right now. If you have lessons, if you practice, if you keep working at it, you *will* learn to play the piano. Now we often think that there are some people who are just more naturally gifted than others at things like music, and we translate that across to recovery. But actually the research isn't all that clear on innate ability. It's an assumption that we have. But if you read the work of people like Anders Ericsson and Carol Dweck and Angela Duckworth, you'll

find that actually it's the people who put the effort in who get the results – not natural geniuses.

And anyway, I think it's a bit of a moot point. Because we're not talking about becoming a Mozart. We're talking about being able to play. We're not talking about people's lives becoming so transformed that they become peak performers – although I'd still maintain that that's possible – we're talking about people not being crippled by suffering any more. So it's imperative that we don't think, 'I can't recover and the proof is that I haven't recovered'. I think we always have to add the word 'yet': 'I haven't recovered yet. I can't play the piano yet. I can't manage my flashbacks yet. I haven't processed and dealt with my trauma yet.' The word 'yet' has got to be one of my favourite words in the dictionary because it speaks of possibilities! And when we're recovering from trauma, our focus needs to be on the possibilities.

Because what we focus on we're more likely to achieve – what we focus on expands. And because of trauma, our focus is on danger. Our focus is on what might go wrong, not what might go right. Our focus is on how people might hurt us, not how they might help us. It's on what we got wrong, not what we got right. It's on pain, not joy; danger, not daily life.

And this is at the core of what it means to be traumatised: the brain has been



rewired to focus on keeping us safe, rather than exploring and conquering the world. And to adapt to a non-dangerous environment – a safe world, a non-traumatic world – we have to get our brains to change their focus. The pessimistic, negative, fearful focus is entirely appropriate in a dangerous environment. A marine walking through Helmand Province wouldn't last very long if they weren't looking out for IEDs or snipers. It's absolutely right that their focus is on the negative. But when they come back home to their family, they've got to somehow shift that focus back onto love and joy and relaxation and social engagement. That inability to shift focus again is the hallmark of PTSD.

So being traumatised is about changes that have gone on in the brain to adapt us to a life-threatening environment, not just upsetting events. Whereas, our traditional view of trauma is that it's about being upset – that something bad happens, and we're upset by it. We relate it to normally upsetting events and think it's just a case of upscaling it: not just distressing, but *very distressing*. But that's not really what trauma is all about. Trauma is *qualitatively* different, not just *quantitatively* different. It's a different *kind* of thing, not just more of the same thing.

Trauma is much more about the adaptations our brains and bodies have made to growing up or living in a life-threatening environment. We're

focused on danger, not daily life. Our nervous systems are ready to respond at a moment's notice to protect ourselves. Our front brains give way to our back brains. So trauma isn't just about being upset by an event, but it's the way that our body and brain adapts to cope with another traumatic event happening. And that's what I'd want survivors at the beginning of their journey to really grasp. Because a lot of the time, we beat ourselves up for not having 'gotten over' the trauma. That's what a lot of people will say to us, directly or by inference: 'Isn't it about time you got over that? Put it behind you? Moved on with your life?' Because they think it's about being upset about something and the longer that 'upset' goes on, the more they suspect that really we're just being a bit pathetic about it, a bit self-indulgent, a bit narcissistic or self-pitying.

But you can't just 'get over' trauma, can you? A hundred times a week I'd make the decision to 'get over it'. I'd say to myself things like, 'Right, enough is enough. Let's move on. Let's not think about it anymore. Let's just get over this.' I was desperate not to be affected by it. So when people said to me, 'You know, you just need to put it in the past', I wished with all my heart that I could take their advice. I wanted nothing more than to be rid of it. I didn't want to have this pounding heart in my chest all the time, to have crazy, racing thoughts, to dissociate or switch at the slightest hint of stress, to have out-of-control



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emotions, to suffer flashbacks and nightmares. If I could have just 'gotten over it' I would have done!

But what I didn't realise was that I needed to shift the focus of my brain from danger to daily life, and I needed to reset my nervous system. There were actual psychological and physical changes that had to happen. And you don't do that just by making a decision to 'put it in the past'.

Instead, we do it the same way, fundamentally, that we learn any new behaviour or develop any new skill. If I want to learn the piano, I can't just decide to be able to do it. That's ridiculous. And yet that's what a lot of people are asking trauma survivors to do. 'Just be non-traumatised!' Of course it doesn't work. But instead we need to set about learning skills and developing habits – growing new neural networks – to shift from danger mode to daily life mode.

In practical terms, I think the key concept in all of this is about learning how to feel safe. Most people wouldn't think in terms of needing to *learn* how to feel safe. They just *do* feel safe. That's their default. They don't feel safe if they're walking down a dark alley late at night. They don't feel safe if they hear an intruder in the middle of the night. And that's appropriate. But the rest of the time, their default is to feel safe.

In trauma survivors though, there is a fundamental inability to feel safe. It's what Stephen Porges calls 'faulty neuroception'. Neuroception is the way that we sense in our body and our mind if we're safe or not. It's that *felt* sense of safety or danger. It's not just a cognitive thing – none of us feel safe just by thinking, 'Oh, I'm safe here'. We *feel* safe or unsafe. It's a visceral thing: we feel it in our guts. When we don't feel safe, our heart rate increases. Our hearing sharpens. We go still. All sorts of things happen in our body to alert us to danger and then prepare us to respond to it, and mostly they happen outside of conscious awareness.

But trauma messes all that up. When we've suffered trauma, the greatest imperative for our brain and body is to try to protect us from it happening again. We learn that lesson instinctively! It would be sheer folly to go through life having bad stuff happen and then not learn to try to avoid it again in the future. And that's the impact of trauma. We're trying to avoid it happening again. So we become more sensitive to danger in our environment – cues, things that might indicate that danger is looming. Our brain focuses on little nuances that other people might not see – an angry face, or even more subtle than that: a frowning face. Or a blank face where we can't tell what the person is thinking. That might mean that they're angry. (It also might not, but better safe than sorry). And so bit by bit we start



to become over-sensitive to people's moods and facial expressions, and we start to assume the worst. We prepare ourselves to respond to the potential danger of this person being angry. When we're conscious of that process, we call it 'being triggered'.

So being triggered is actually the brain trying to keep us safe. It's the alarm sounding at the merest hint of danger. So the whole time our brains are trying to avoid anything traumatic happening. Avoidance is our number one strategy. If we can avoid danger, we'll be safe. But as a back-up, plan B, we need to be on high alert. Because if we can be tensed, ready to respond – if we can be on edge all the time, hyper alert, hyper vigilant, awake (rather than asleep) – then if something bad does happen we'll have maximum time to take evasive action. That's why when we're traumatised we're so anxious all the time. It's why we can't sleep. Why we're nervous and edgy and unable to relax. It's why we interpret everything negatively. It's why maybe we're even irritable and thin-skinned. It's all our brain and body's attempts to avoid trauma happening in the first place, and to be ready to respond to it immediately if it does happen.

That's so clever, isn't it? All of this happens instinctively. It's the way we're wired: it's the way that *everyone* is wired. It's not weak people or mentally ill people who suffer the impacts of

trauma. It's people who are traumatised who suffer the impacts of trauma. It's what our brains and bodies are supposed to do.

And there's lots of variations on this theme. Another way to protect ourselves from trauma is to go into the red zone of the freeze response: to huddle down, make ourselves small: don't move, don't fight back, submit, blame ourselves (the shame response), and wait for the storm to pass. It's a great survival strategy and was particularly effective when we were children. And when our brains now sense that we're in danger (a cross look on someone's face) we can be tripped into that defensive mode of the freeze response or the submit response automatically as a way of managing it. Which all makes a lot of sense to me, but the question still remains of how we undo it.

I think the thing to realise is that we're very good at feeling unsafe. That's become our default. But we're not so good at being able to accurately identify when we are, in fact, safe and that's where I would start. You know, it's this huge irony of going for therapy, and you're sat there with the therapist. In most cases (not all, but most) this is someone who is trustworthy. They are professionally trained, they have boundaries in place, they are doing what they are doing because they want to help. So, you're not in a burning



building. You're not being abused. In theory, at least, you're safe. And yet, almost without fail, I, like many other people, would sit there in that therapy session and feel totally *unsafe*. Like the therapist is the most dangerous person in the world.

It took me a while to figure it out what was going on with this. A large part of it is the phenomenon that's called transference. This is where my brain would jump to conclusions and make assumptions about the therapist based on people from my past, like for example, my mother. The brain is a massive anticipation machine. It's always trying to predict what people might do, based on what people have done in the past. And so it takes our previous experience and layers that on top of current experience. We therefore stop having our current-day experience as it really is, and instead we see it through a filter.

So the therapist may smile at us, and that's all it is: a smile. It's warm, it's friendly, it's meant to be encouraging. But in the past our abuser smiled at us right before they abused us. So our pattern-matching, predicting brain sounds the alarm: 'Look out! Abuse ahead!' and we begin to react. We get ready to defend ourselves. Our heart rate shoots up. We get agitated. We feel panic and dread. We're triggered. We're having an experience in the here-and-now that is being filtered through the there-and-then. And that's one of the

most crucial things to work on, where we can begin to notice it. A lot of the change that needs to happen in our brain can actually be facilitated by just 'noticing'. It sounds facile, but it's really important. When we 'notice' something, when we draw our attention to it in a non-judgmental way, in a way that isn't actually trying to change it but is really just trying to observe it for what it is – to see the current experience without a filter or a lens – then that's when we can begin to grow new neural networks. We're basically engaging a different part of our brain, the medial prefrontal cortex, or the front middle brain as I call it. And this part of our brain has very good connections with our danger monitor, our brain's smoke alarm, something called the amygdala.

When we can just notice that all that is happening in the here-and-now is that the therapist is smiling, and then separate that out from the reaction we're having in our body based on the there-and-then, then that dual awareness in our front middle brain starts to calm the smoke alarm down.

Because basically we have two ways of assessing the threat: through the back brain, or through the front brain. The instant reaction from the smoke alarm goes through our back brain. It's loud and powerful and domineering, but a lot of the time it's inaccurate. The front brain, meanwhile, is wise and steady and calm and reflective. It doesn't shout



loudly, but it's authoritative. What it says goes.

And ultimately, we have to switch our assessment of safety and danger away from the instant, shouty response of the back brain onto the wise, calm, informed response of the front brain. And we start to do that by 'just noticing' and starting to get the front brain involved. So 'just noticing' helps switch from the back brain to the front brain. It's like the smoke alarm in your kitchen going off because you've burnt some toast. If you react just out of your back brain, then you'll run out of the building screaming, 'Fire! Fire!'

But if you can just catch yourself, if you can just pause, look around, take in what's *actually* happening, just notice it, rather than what you *believe* is happening, then you'll see that it's just some very blackened bread that's been in the toaster for too long. You'll realise that you're still safe even though the smoke alarm is going off. And you'll get a teatowel, you'll waft it under the smoke alarm, you'll open the windows and doors, you'll put the toast in the bin and get on with your day.

That's an analogy of what we have to do to recover from trauma. We have to start noticing what *is* rather than reacting to what we *fear is*.

And this is something that we can focus on learning in therapy, because the

process of the smoke alarm sounding happens at least a dozen times every single therapy session. If we go back to our example of being triggered by the therapist smiling, often our response to that might be to ask the therapist not to smile at us again 'because it's triggering'. We try to avoid the trigger, rather than dealing with the underlying cause. Or we don't say anything, we just store it away as evidence that the therapist isn't safe and we basically don't challenge that assumption.

Therapy is the ideal place to begin to step back from what's going on and really look at it. To 'just notice' it. To start to see the interplay of the back brain and the front brain. Whereas a lot of people see therapy as only a dumping place for your hurt, for talking about what happened. And yes, it involves that as well, but it's most effective when we use it to change the way our brains work by default.

The main objection to this idea, by a lot of survivors, though, is that it's not safe to trust the therapist, because not all therapists *are* safe. Not all of them do know what they're doing. Some may be unethical. Some, in other words, really *are* unsafe. And so it's right to be wary. But I'd also say that it therefore requires an *accurate* assessment. So, the back brain, in an attempt to keep us safe, it generalises. It jumps to conclusions. It says, 'I heard of a therapist who wasn't safe once. I therefore need to mistrust



all therapists in case that happens to me.' That's playing it safe. And at one level that's fine. I'm not saying that we should blindly trust – not at all. What we can end up with is this very rigid approach to trust – either 'I trust you completely' in a blind faith kind of way or 'I don't trust you at all' in a blind non-faith kind of a way. Neither is a good approach. We need to assess risk *appropriately*.

What we find with survivors is that they've often been seeing their therapist for a year or two years or something. Every session has, objectively speaking, been safe. The therapist has operated with unconditional positive regard. They haven't touched them, let alone sexually assaulted them. They've kept confidentiality. They've done what they're supposed to do. There's a lot of evidence, then, that they are safe. But the survivor still refuses to trust them – because they're generalising still. They're not seeing the therapist for who and what they are. They're seeing them still through the filter of *who other people* have been in the past. That's not an accurate assessment of risk.

Then, at the other end of the spectrum too is the problem of blind trust. It's the survivor who in the first session or two comes out and says, 'Oh my therapist is wonderful. I trust him or her completely. I can tell that they are completely safe.' That's crazy too. Because, there's not yet any evidence that they're safe. They're projecting onto them what

they *want* them to be, not what they necessarily are. And that's just as rigid and inflexible as the no-trust-at-all approach. And I've done both – most of us as survivors have.

It takes a lot of hard work to keep on bringing the front brain online, to keep on assessing, 'Is this situation safe? Is this person safe? Am I assuming that they're not safe, because of what's happened to me in the past? Am I assuming that they are safe (when maybe they're not) because I desperately want them to be?'

But doing that process over and over again is what starts to develop new habits and new skills. It's standing in Tesco's on the verge of a panic attack because everything feels overwhelming, and being able to soothe yourself and talk to yourself and say, 'It's okay. It feels unsafe right here right now because I'm feeling overwhelmed. But actually it is perfectly safe. Nothing bad is actually happening right now, I'm just feeling feelings of overwhelm and panic. The smoke alarm is sounding, but it's just burnt toast. Nothing bad has ever previously happened in Tesco for me. I'm being triggered, but actually I'm safe. Let's just notice what is really happening around me rather than seeing it through the lens of trauma ...'

Instead though, a lot of the time, what happens is that if we have a panic attack in Tesco, we just don't want to go back. We avoid. It makes sense, but actually



it often just makes things ten times worse. Actually I'd say it's vital that they go back to Tesco the very next day. Not to retreat and think, 'But if I go back to Tesco I'll have another panic attack ...' No, we need to show our brains that it is safe really, rather than reinforcing the sense of unsafety. That's what we do with children when they're afraid of something. We show them that it's harmless. We show them, very gently, that they've got nothing to worry about. And we push them, ever so sensitively, to experience it as safe.

If you want your children to grow up with a fear of dogs, then make sure you tell them that dogs are unsafe. Pick them up every time a dog comes near them. Teach them to avoid dogs at all costs. That's one approach. Or if you want them to overcome their natural fear of dogs, show them that it's safe. Show them how to approach a dog. Show them that you're not scared. Introduce them to lots of dogs. Give them the skills they need to interact safely with dogs.

And it's the same part of the brain – the fear part, the smoke alarm, the amygdala – in children being scared of dogs as it is adults who are traumatised. So I think we can largely take the same approach. We've got to keep reassuring and soothing. We've got to keep on telling ourselves to assess risk properly – with our front brains, not just with our back brains. We've got to be kind and very, very patient with ourselves.

What's been important to me is to think like this to take the mystique out of trauma. For me, recovery is a process that involves building a set of skills, and training our brains to operate mainly from our front brains again rather than from our reactive back brains. It's about processing the trauma and filing it away as 'over', as 'past'. So it's a series of steps. Too often people think of trauma and say that you can't recover from it. But I think, in many respects, it's the mental equivalent of Couch to 5K. It's training for a marathon. There's something that you can't do now – today. You can't recover from trauma today. But with the right skills, with the right support, with the right effort, over time you WILL be able to.

And that's the hope I want to give. Not hope that is pie-in-the-sky denial of reality. But hope based on understanding the practical steps that we need to take. And learning to feel safe and assessing risk appropriately is the first step in that.

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

Speak soon!

