



PODCAST #7 – CAN WE HEAL?



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 – 'Can we heal?'

So over the years I've received hundreds if not thousands of emails from survivors of trauma and a lot of them are, understandably, looking for help. It's always struck me that people don't know, firstly, if they *can* recover from trauma, and secondly, if that is possible,

they don't know *how*. Or people say, 'Can I heal?' They want to know – and they're desperate – they want to know if recovery is really possible for *them*.

And what I find interesting is that it's put out there often in these very vague, nebulous terms: 'Can I recover? Can I heal?' What does that mean? What does that look like? And how can I answer that question? How can I peer into the future of this complete stranger and discern whether their future will be any better than their past? I don't know anything about them, so of course, I can't. And whether someone will recover or not depends on a lot of variables. It's not a one-size-fits-all kind of thing. So I always think, 'What is this person, right here, right now, what are they *really* asking me?'

And sometimes I think they're looking for permission to recover. Like deep down



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they know it must be possible, but they don't know if they're *allowed*. Like, they're thinking, 'Is this my lot in life?', 'Is this what I deserve?', 'Is this as good as it gets?' And, of course, they deserve better than the sheer misery and hell that is life after trauma. Of course they do! But sometimes it's like they need to hear that from someone else. They need permission to be allowed to believe that things *can* get better. They need to know that it's okay to hope, without things automatically getting worse just because they're hoping.

And what I mean by this is that, very often, when you've been abused, you've hoped for good things. You've hoped for the abuse to stop. You've hoped that tonight it won't happen. You've hoped that mummy will love you. You've hoped that you won't get into trouble. And then that hasn't happened. And so it's hard to keep a hold of hope when it's continually being dashed. You live off disappointment. So it's a natural thing, when that happens a lot, it's a natural thing for us to protect ourselves from the hurt and the emotional turmoil of that, by stopping hoping. We close down, we resign ourselves to bad stuff.

And so when someone asks me, 'Can I heal?' sometimes they're not asking, 'Is it technically possible?' because they've often read what I've written and know that I'll say yes, it is possible – and actually, in my writing, I try to show

how as well. It's not just some nebulous dream – I always want to show *how* we recover, not just if we can recover.

So, beneath their words, often they're not asking *if* they can recover, *if* they can heal. They're actually asking, 'Is it *okay* for *me* to heal? Or if I hope for that, will I be disappointed?' Or, worse still, 'If I hope for good things, will I get bad things instead?' Because, again, that's what we experienced during the abuse. We hoped for good things, and often part of the grooming was to give us sweets and treats and rewards, in exchange for bad things. So, hoping for good things, we've figured, often leads to bad things.

Now, technically speaking, in abuse, bad things are *associated with* good things. They're *correlated*. But they're not *causal*. Hoping not to be abused didn't actually cause us to be abused. Hoping that the abuse would stop didn't cause it to continue. But the thing is that we were children at the time, and children employ something called 'magical thinking'. They confuse two things happening at the same time as meaning that the one caused the other. This is endemic to our way of thinking as children, and it takes a lot of processing, of mentalising and reframing and higher brain functioning, to deal with that.

And it's part of the recovery process. It's as if our brains, our way of thinking about the world, were frozen in time,



and we carry with us from the time of the abuse these deep-seated beliefs about why it happened, how it happened. We think it was our fault. We think we were responsible. We think we deserved it. Because a child has a very limited way of making sense of the world around them, especially without an adult to help them process what's happening to them. And so those beliefs get frozen in place, as it were. And in therapy or through our own reading and thinking and processing, we need to thaw those beliefs out and see if they actually fit the facts from an adult perspective.

So this is where hoping, or not hoping, fits into this. Because when we were children and bad stuff was happening, all we could do was hope that it would get better, because we had no control over it. There was nothing, absolutely nothing, that we could do about it, because we were powerless. And it didn't get better. So, our hoping was futile. So therefore we flipped to the opposite instead. We stopped hoping. Because then at least we weren't disappointed. And that's where we got stuck, and often that's where we're still at now. We don't know if it's okay to hope that things can get better.

But when we talk about recovery now, it's not about hoping that we can recover. You know – 'maybe one day, I'll be able to recover'. That's still powerless. That's still coming from that place of

the abused child who could do nothing to affect their destiny. But now – now things are different for us, because we're adults, and we *can* influence the course of our future, however much we think, based on prior experience, that we can't.

And so recovery stops being something that we just hope for – it becomes much more concrete than that. It's something that we *plan* for. It becomes something that we *effect*. Because I believe that recovery consists of a series of steps – things that we actually *do*, to develop the skills we need and to make the changes we need to make, in the way that our brain and our nervous system respond to the world. And it *CAN* be done. As children, we couldn't do anything other than hope, or not hope. But now as adults, we have more resources at our disposal. So it stops being about passive hoping, or passive hopelessness. It becomes active. Recovery becomes an active process that we can bring about, that we *can* do something about.

It's no different, as an analogy, as long as you don't have a physical disease process, it's no different to Couch to 5K – from getting fit. Right here, right now, I cannot run 5k. And if I sit on the couch and I say, 'I hope one day I'll be able to run 5K' and that's all I do – in other words, if I don't make a plan and then execute it – then obviously in a year's time I'll still be sitting on the couch and still not be able to run 5K.



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So we can't judge our ability in the future on our ability in the present. We can't say, 'I'll never be able to run 5K, because I cannot run 5K now.' Obviously, that negates potential – the possibility of growth. And my belief in recovery is based on the way the universe is wired, universal laws if you like – that it's always growing. So, the cells in my body are growing and multiplying, the grass in my garden is growing, the hair on my head is growing. Where there's life, there's growth. It's how life works. Life never stays the same. It's always growing, always changing. So if I'm alive, I can grow. If there's the possibility of growth, there's potential. And so just because I can't run 5K today, doesn't mean to say that I never will. I have *potential*. Just because you haven't recovered from trauma today, doesn't mean to say you never will. You have *potential*. You just haven't built up the stamina, the endurance, the strength, the skills, psychologically, to deal with it yet. But you can. And you will – if you have a plan.

So the question, 'Can I recover?', 'Can I heal?' to me has an obvious answer: 'Yes'. Do you have permission to recover? Again – yes. Will you recover? Well, that depends, to a large extent, on whether you have a plan.

Now, sometimes, people suggest that people don't recover because they don't want to. But I think that that always sounds very harsh. I think it suggests

that people are sitting in a puddle of misery and that it's all their own fault, because they don't want to get out of it. I really don't think it's as simple as that, and I think it's entirely the wrong way of looking at it.

Firstly, a really important point is that people didn't choose to be traumatised in the first place. People didn't choose to be abused or neglected. All of that wasn't in our control. So let's get our perspective straight on this: the reason people are in a puddle of suffering is not their fault. And as soon as we start saying that it's because they're *choosing* to suffer, we've got it entirely the wrong way around. They are suffering because of what has or hasn't happened to them. That's not their fault. The default is that they are suffering, and they're suffering without choosing to. It just is.

So, let's cut people some slack. Someone who's in a car crash and breaks their leg has a broken leg. End of. They wouldn't NOT have a broken leg because they choose not to have it. They have a broken leg because of the trauma. It's not their fault. We can't blame them for it. We can't say the suffering of a broken leg is their fault, and that if they just wanted to get better, it wouldn't be broken any more. Of course it would be broken still. That's just stupid.

So it's not your fault if you've got a broken leg. But also, it won't heal unless you look after it, unless it gets put in



a plaster cast – that’s straightforward enough. With psychological trauma though, it’s not so easy to see. You can’t just go to A&E, get an x-ray, get it operated on if necessary and then get it splinted or cast, or whatever is needed. There isn’t such a clear treatment and recovery pathway for a broken mind or a broken heart as there is for a broken leg. And our stigma in society encourages us to do nothing and just keep quiet – to put up and shut up. So that’s another factor. We can’t blame people for not getting help with being traumatised when that help is not available, when it’s not obvious what to do.

But at the same time, to get out of a place of suffering, to recover from trauma, you’ve got to actively, forcefully want to. Because time doesn’t heal trauma. And there are no magic wands. Very often, we have to fight to recover. We have to give it our all. It’s such, such hard work to recover from trauma – that’s the truth. You have to have a plan, and you have to work extremely hard at it. So not everybody does recover, and sometimes that’s simply because they don’t know how to, and they don’t have anyone to support them or to show them how. So, is that their fault? Of course it’s not.

The ability to plan and problem solve and be resilient in the face of adversity – these are all skills that we learn as we grow up, but if we’ve grown up in

abusive or neglectful environments, we’re not going to have had as much of an opportunity to have learned them. So, the people who most need the skills of problem-solving and resilience are actually the ones least likely to have them. That’s the double-whammy, the real misfortune, of childhood trauma. It’s not just that bad stuff happened to us when we were children, but it’s that often that bad stuff happened in a matrix, a family environment, where we also didn’t have the best parenting and support to aid our development. So, it really is a double blow.

So, when people are stuck in their puddle of suffering, it is not their fault. It’s not because they don’t want to recover. We’ve got to take away the rhetoric and the narrative of blame, because it’s really not helping anyone. If you had experienced what that person had experienced, with their particular genetic makeup, with their experience of parenting, with their lack of opportunities, would you be any different? Probably not.

And anyway, when does blaming anyone for not recovering ever help? Of course it doesn’t. So, let’s not even go there.

Do I think then that everyone does in fact want to recover? Well, on the one hand, I don’t think there’s a single survivor I’ve ever met who would prefer to remain in their state of suffering



compared to it being relieved. Of course not.

But on the other hand, I have met lots of people who are not yet motivated to put in the hard work to *plan* to recover. And that's a different story altogether. And again, hear me right, I'm not blaming them for that. I think it's often caused, like I've been talking about, by a fear of hoping. It's actually an adaptive response to trauma: it says, 'I will resign myself to my circumstances rather than expend physical and emotional energy trying to escape them.' It's called learned helplessness, which, as Steve Maier discovered, isn't learned at all. It's actually our default status in the face of extreme powerlessness. It's an attempt to survive an impossible situation by doing nothing: it's the habitual accretion of the freeze response.

And so what they're doing, by doing nothing to recover, I think actually is instinctive. It's not a conscious choice. It's a primitive default mode that they've reverted to – that's all. So, you can't judge someone for that – you can't blame them for it. It's their biology. And we need to understand, that our default physiological response to trauma is to give up and to do nothing. That is part of our evolutionary make-up, part of our biology, rather than a conscious choice. It's a way of minimising energy expenditure in what we perceive is a hopeless situation, so it's a survival strategy. It's an attempt to stay alive.

But obviously though, it comes with a downside: that we remain hopeless and despairing and we don't do anything to help ourselves to recover.

I think the key to changing this is that this is a natural response to a situation that is perceived as helpless, as hopeless. So, the person believes that there is nothing that they can do to change their situation. They have what's called an external locus of control and they believe their situation to be hopeless. And that's the critical factor.

The first step, therefore, is to give them hope. It's to show them that their situation is NOT hopeless.

And that's why I feel so passionately about this and why I shout from the rooftops that recovery is possible. Because unless someone hears that good news, by default they will stay stuck in the bad news of learned helplessness. They need an alternative viewpoint. It's like they've been locked in a cage for years and they've learned that there's no point in rattling the bars. They tried that over and over again until they got exhausted, and it never did any good, so they don't rattle them any more. But things have changed and, unbeknown to them, some of the bars have become loose. They've rusted. And on top of that, there are people like me, people like therapists, people who have tools like a saw or a drill, who can help them to get out.



The thing is that all we can do is pass them tools and show them how to do it. They still need to do it for themselves. And the instinct of the freeze response, of learned helplessness, is so strong, that it's really hard for them to do that, to move. It's really hard for them to do anything. So it might look like they're not trying. In fact, all that's happening is that they've been conditioned by years of learned helplessness, as a best attempt at survival, they've been conditioned into not moving and NOT trying to break free. But recovery comes by breaking out of the freeze response. So the effort to recover is just as big a part of recovery as anything else that you might do – the therapy, the retraining the brain, the processing of traumatic memories. It's all about learning again that we *can*, when for the sake of survival, we've believed that we *can't*.

It's so important that they see that freedom is possible, which is why I'm so vocal about my own emancipation, if you like. I want to shout and scream at anyone who will listen, 'I was in a cage, but I got free. So, it IS possible. You CAN do it! And this is how!'

Without that message of hope, of course they won't rattle their bars. Their brain needs to be convinced that escape is possible if it's going to switch survival strategies. Because hoping they can recover, trying to recover, doing things that promote recovery ... their primitive

brain perceives all of that as dangerous. It perceives that it's expending energy that they don't have. It might make things worse. So they resist. Not only do they believe they can't recover – and that, for example, suicide is the only option – but they get angry with us sometimes for suggesting otherwise. But of course they do! – because a message of recovery is dangerous.

So to shift that, we might say to someone, 'You know, you can recover' and they don't believe us. The first time, of course they don't. Maybe the first hundred times of course they don't. They might kick back, get angry, be offended. But that's the power of something like therapy, that you sit there with someone, week in, week out, and you just keep plugging away. Every single week you say, 'You know, you can recover and I'm going to help you.' And even if there isn't a flicker of recognition, you keep going, you keep saying it.

Because the fact that they're in therapy – that is huge. Why would you be in therapy if you didn't think things can get any better? Now, it's true that some people's concept of therapy is that you just go and see some nice person who will listen to you talk about how awful life is for you in your cage every week. But if the professional is worth their salt, they won't let you just do that. They won't palliate your suffering. They'll want to relieve it at source – which means breaking you out of your cage,



not just sympathising with you about how awful it is for you to be in your cage.

And that's the balance, which is such a difficult one but such an essential one, between acceptance and challenge. As a therapist you've got to deeply empathise with your client and attune to them and see the world from their perspective. But at the same time you've also got to offer them an alternative worldview, a completely different way of seeing things: life outside the cage. And you've got to challenge them to start rattling the bars. So yes, you get what it's like in the cage and how hard life is for them AND you challenge them to do something about it. Don't ever make therapy so comfortable that people just want to talk about how tough things are for them week in week out without doing anything about it.

But of course not everyone has access to affordable therapy. And I think one of the saddest things is that people get a spark, if you like, on the inside of them that they want things to change. They get up the courage or the motivation to do something about it and they ask for help, for example, via the NHS. And then they're put on a waiting list for 18 months. And that spark is snuffed out. Or they go through an endless cycle of assessments or being prescribed medication. So much of the medical model approach to treating trauma is just to medicate away the pain - to numb things down, to make it less unpleasant

to live in a cage. It very often doesn't see it as a matter of building skills and rearranging neural patterns in our brains - habitual ways of thinking and responding - it doesn't see it in terms of learning to feel safe, and processing and resolving traumatic memories, and resetting the nervous system. Recovery from trauma is a series of steps, of learning to live outside the cage, not just coping with living inside it.

And before anyone can even take those steps, the message of hopelessness is reinforced because they can't get help. It makes me so cross! One of the worst things I hear is when people go for an assessment, they go for some kind of psychiatric assessment, and then they get told that they can't get any treatment because they're too 'complex'. In other words, their learned helplessness is reinforced. They're made to feel like THEY are the problem, which is exactly what they thought as children. The problem, here, is in the lack of understanding of trauma, the lack of understanding of the process of recovery, for example, within the NHS. The problem is with the professionals, not with the survivors. But the blame gets dumped on the survivors - 'Your trauma is too much. You are too much. You are untreatable.'

And so it comes back down to the question, 'Can I heal?' and they're being told by psychiatry that they can't! It makes me so so cross! It's the wrong



question and the wrong answer. The relevant question here is, 'Is the NHS equipped to help people recover from trauma?' and often the answer to that is 'No, it's not.' But that's not because survivors CAN'T recover from trauma. It's not because you as a survivor are somehow intrinsically defective and beyond hope. It's simply because the NHS is ill-equipped and poorly funded.

And that's the message that I'd want every trauma survivor to hear, loud and clear: if you get told by a mental health professional that there's no hope for you, that you're too complex, too difficult, that you can't heal, then hear that in its right context. Because all they are really saying is that, 'WE cannot help you to recover from trauma, because WE are inadequate and defective, because our SYSTEM is inadequate and defective, NOT because you are.'

And I think that's a really powerful message – it changes everything once you see it like that.

But going back to the role of our own motivation in our recovery – the question of 'what if someone doesn't want to recover?' – then again, I'd say that still needs to be picked apart. As human beings, we don't want to suffer. Of course, we don't. So, given the chance to live free from the suffering of trauma, of course we'd take that. We'd bite your arm off for it. But 'treatment' for so-called 'mental illness' doesn't talk

about relieving pain and distress and suffering. It talks about medication and therapies and crisis teams and being sectioned and chemical imbalances and stuff like that. You might 100% want to relieve your suffering, whilst also not wanting to engage with therapy. Because your experience of therapy, or your expectation of therapy, is that it will increase your suffering. So, to protect yourself from that suffering, you refuse to engage. And then you are blamed for apparently not wanting to recover.

Or you're prescribed with anti-psychotics. They make you feel terrible. They make you gain weight massively, they increase your risk of diabetes and heart disease, they lower your life expectancy. They take away your ability to make decisions and experience pleasure. And you don't want that. Of course, you don't. Because that's not relief from suffering – that's an increase of suffering. So, you don't take your medication. And then you're seen as being resistant, as being non-compliant. Actually, you're wanting to recover – you're wanting to relieve your suffering – and you're doing it in the way that makes most sense to you. But it doesn't make sense to people operating strictly according to the medical model. Because you haven't turned up to your appointment. You haven't taken your medication. You're not asking for help. You're withdrawing from people. So it looks like you don't want to recover,



because you're not doing it in the way the medical model stipulates you should.

Now I'm a big proponent of psychotherapy as a vehicle – not the only vehicle, but as a vehicle, and when done well a very effective vehicle – in relieving the unhealed suffering of trauma. But I totally get why many people don't want to engage in therapy. Everything in their neurobiology is telling them that it's not safe, that they'll get hurt, that they'll get let down, that they'll be controlled and coerced and even victimised. They might be right about that, they might be wrong. But the point is that they believe they're right. And so in refusing to engage in therapy, they're actually doing the best thing they believe they can do to relieve their suffering. That's why I don't believe that fundamentally people don't want to recover. They just don't believe they can. They don't know how it's done. They aren't hope. They don't feel like they've got permission for things to get better. And the pathway of recovery that is presented to them often seems like it will increase their suffering rather than relieving it, so, naturally, they kick against it.

So, the way I frame it is that generally people DO want to recover, and they're doing the best they can, within the limitations of what they believe. And so rather than berate them and blame them, we need to give them hope. We

need to show them that recovery is possible, and HOW it is possible. We need to explain what trauma has done to the brain, and how to undo that. We need to convince them that although they have been impacted by trauma, they are not their trauma. So, because of trauma, they have learned helplessness: that's a trauma response. But that's not the same as actually *being* helpless now. Trauma is an experience of life-threatening powerlessness which leads to a belief in persistent powerlessness, but that's not the same as actually being powerless now. We feel hopeless about the future, because we've been trained by trauma not to hope for good things, to conserve our energy – even to conserve our sanity. But that doesn't mean to say that there is no hope *now*.

I believe that there *is* hope. I believe that we *can* heal from trauma and for resources that will help, please check out my website. If you want to know what it's like to be traumatised, if you want to know what it's like to be despairing and hopeless and powerless – to hate yourself with an almost immutable self-loathing and to be so full of shame that you can barely stand being in the presence of another human being – then read my writing! In my blog and in my books, there's a raw, descriptive account many times of my journey out of shame, out of trauma, out of hopelessness and despair. And it's all there, in all its unglorious ugliness. Because sometimes what we need more



than anything is to know that we're not alone – that it's not just us. That's one of the principal aims of my writing. So, read it, and realise that it's not just you – that at the very least, it's me too!

We've got an increasing corpus of **online training** that you can do at home, on your own, at your own pace, without needing to go on any waiting list or get permission from any psychiatrist. Whilst the training was originally developed principally with counsellors and psychotherapists in mind, all of it I would say is relevant and helpful to survivors too. After all, I'm a survivor myself. I cover topics such as child sexual abuse, dissociation, DID, attachment theory, the impact of trauma on the body, working with trauma, etc. Because

I firmly believe that in order to recover from trauma, we need to *understand* trauma. So, educate yourself. Learn. Psychoeducation is an absolute priority in our recovery journey, and that's what my courses are all about.

And of course there's this podcast as well, so listen along, read, watch, educate yourself. Knowledge is power. And recovery from trauma is all about getting our power back.

So, 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 bit and speak soon!

