



BLOG

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CAN WE HEAL?



by Carolyn Spring

It was just as we were packing away on a training day. A lady with dark hair walked away, then came back, and now was suspended in mid-motion, as if stuck in approach-avoid. I caught her eye and smiled and, brimming with emotion, she came towards me. 'Can we heal?' she asked, quivering with the significance of what she was saying, as if her very life depended on it. 'Can we really heal?'

I could well understand the agony in her eyes. I lived for many years overwhelmed by trauma, the symptoms of unhealed suffering. And if recovery is impossible, then why are we even trying? When despair grips us so tightly, when everything is so painful inside that suicide feels the only reasonable course of action, then knowing whether or not healing is possible is fundamentally a matter of life or death.

And recovery from trauma is hard. It took a decade for me fully to regain a sense of equilibrium, to be able to get up on a morning without feeling that I couldn't face what lay ahead. Many times I strayed right up to the edge of the chasm and even though I chose not to throw myself in, it's still a wonder that I didn't stumble in. And I have met many, many severely distressed people whose daily lives are filled with the agony of both remembered and unremembered trauma, who try so hard to heal and yet who are constantly being pushed down both by their symptoms and the oppressive circumstances of post traumatic life around them.

I have met and engaged with people who face not just childhood trauma but now breast cancer too; people who regularly are raped by their partners; people whose children are in care;



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people who still are being abused by criminal gangs masquerading as their family. I carry with me on a daily basis a deep empathy for the suffering I see all around me. And I have experienced it myself. So when I pose the question 'Can we heal?' there is nothing glib about my response.

It is so difficult to heal, because trauma is plus-sized, affecting everything on a big scale. It upscales our emotions, our suffering, our sensitivity to the world. It makes us hypervigilant, jumpy and irritable. We race at a hundred miles an hour or are stuck still on the spot. It narrows our window of tolerance and makes it difficult to manage our emotions. 'Affect regulation', the ability to manage our feelings, is a skillset that we should have learned implicitly as babies and children. Our brains are wired by the early experiences we had of distress and soothing with our primary caregiver. In families where the parent sensitively attunes to the baby and soothes the distress, the baby's conscious front brain learns to dampen and inhibit the emotional, unconscious, survival-based back brain: the pathways are formed in our early years, through thousands of tiny interactions with a caring other, who soothed us and taught our brain how to soothe itself. But when there is neglect or abuse or the chronic failure of a primary caregiver to act as an emotional thermostat, our brains don't learn how to manage distress, and our emotions became big and scary

Why is trauma so difficult to recover from?

- It impacts our ability to manage our feelings
- It is dissociated and takes on a life of its own
- It is a whole-body experience
- There is a lack of social support for survivors
- It is 'crazy-making' with various impacts in brain functioning
- Good diagnosis and treatment are rare
- It affects multiple realms of functioning

and uncontrollable to the point where many of us switched off from them completely.

For most of us, trauma didn't happen in a vacuum: we developed a dissociative disorder not just because of horrific events visited upon us in the dead of night, but because of developmental deficits, because of the lack of a consistent, attuned caregiver. Very often we grew up in a family context where not only was the trauma allowed to take place, but where we received no care afterwards either. We dissociated from the trauma, but so did the adults around us: parents, wider family, teachers, social workers, medical staff. No one saw or intervened or treated it as real. It didn't form as a narrative in our life, and instead we were left alone with it, where the only option was to secrete it away in tiny pockets of our mind. We didn't rock the boat; it wasn't talked about.



There, in these recesses of our mind, it grew its own life, separate from our main consciousness, and we became a stranger to it, until suddenly in adulthood it demanded to be heard. It expressed itself then as an alien living inside us: a 'not-me' part of the personality, the unremembered trauma with now an existence and memory of its own. And so the trauma feels like something that takes over, like Bruce Banner becoming the Incredible Hulk, something that we cannot predict or manage or avert. How can we recover from something that seems to have a life of its own, that we don't understand, that feels so definitely 'not-me', uncontrollable and horrific?

The trauma plays out for us as a whole-body experience, like being possessed by aliens. We experience so many bodily symptoms: pounding heart, sweaty palms, digestive upsets, nausea, chronic fatigue, unexplained pain, headaches, insomnia, palpitations, diabetes, back ache, menstrual difficulties. Few of us grew up understanding the link between the body and the mind, and so these symptoms seem strange and unconnected – not only are we sick, but we're mad too. How can we recover when we're so sick, when we feel like we're floating outside ourselves, when we're hungry but we don't know it, or we're full but we don't know it, and when only alcohol or tablets or self-harm work as a way of calming ourselves down? How then can we heal?

Having grown up in dysfunctional families, many of us lack the support from family that we need to recover. We look longingly at other people with their Christmas and Easter get-togethers, the mother who helps with our children, the father who weeds the garden. The happy family is a myth for many, of course, but people who have been severely traumatised need increased social support just for the basics of life, for cooking and cleaning and shopping, and yet often they are surrounded by people who continue to abuse them or disregard their boundaries.

And trauma doesn't add up. We don't remember trauma as a nice, neat narrative with a beginning, middle and an end. Instead we remember it as dissociated fragments: the feelings, but with no visual memory; 'illogical' repulsions to sounds or smells; fear or sweating or shaking to a creaking floorboard, the smell of toothpaste. We don't understand why we're behaving the way we are – *where did the last few hours go? where did this shopping come from? why have I just flown into a rage with my boyfriend?* – and we feel unreal and spacey, as if floating outside ourselves (depersonalisation) or that our surroundings are dreamlike and colour-bleached (derealisation). Time plays tricks on our mind – everything has slowed down, or the last week has been a fast-forward blur. We don't understand that parts of our brain shut down during trauma or a flashback,



while other parts are supercharged – we just feel that we’ve gone crazy, that we’re losing our mind, that there is something fundamentally wrong with us as people. How on earth can we recover from this?

And then in the media we hear that we are mentally ill, that we need medication, that there is something wrong with our brain. But when we go for help, no one seems to agree on our ‘diagnosis’ – are we schizophrenic or bipolar, do we have post traumatic stress disorder or is it borderline personality disorder? Are we depressed, are we anxious, are we having a panic attack, do we have OCD? Are we simply attention-seeking? What’s wrong with us that we are so ‘ill’ that no one even really knows what is wrong with us, let alone what drug we need to treat this ‘chemical imbalance’ that *obviously* we have? Which chemicals are unbalanced? By how much? No one seems to know. We are just mentally ill and there’s no cure. In fact, we’re even too ill to receive treatment – there’s no one that can treat us in our NHS Trust (we’re too complex) ... How can we recover from this if no one has ever heard of a dissociative disorder or they say it’s made up, an American fad, not something that exists in the UK?

And trauma affects so many realms in our life: it stops us sleeping, affects our eating, destroys our relationships, screws up our career, erodes our sense

of self, affects our parenting, makes us sometimes dangerous to drive. It can feel as if every room in our house is flooding while we’re trying to pump water out of the cellar. It affects us physically, emotionally, spiritually, relationally, vocationally. We often feel submerged by it, and all the while society is telling us that we’re imagining this water, or that we’re causing the flood to get attention, or that we’re just a wet-house kind of a person and we can’t expect to recover. Is this all true? Is there really no hope for recovery?

It was one of the beliefs that I had to fight hardest to overcome. In the early days I was struck by the latent belief that recovery wasn’t an option. At times I felt disloyal for asking if it were. I believe now that recovery involves a lot more than ‘integration’ – the fusion of separate self-states into a unified sense of self – and that ‘integration’ does not even necessarily represent recovery. But in those early days, the prevalent viewpoint I encountered was ‘I don’t want to integrate.’ Recovery was equated with integration and integration was equated with murdering parts of the personality. But that logic didn’t hold for me.

I was quite simply saying: *I want to live a life that isn’t dominated by the symptoms of unhealed suffering; I want to be able to sleep at night, and sleep without nightmares; I want an end to this medically unexplained pain; I want to be*



able to remember who I am and where I've been and what I've been doing; I want to be rid of this incessant sense of dread, of impending doom; I want to be able to cope with stress by staying present and by being able to soothe my own emotions; I don't want to feel as if my guts are on fire with terror and shame; I want to be able to relate healthily to others; I want to enjoy my work and not keep going off sick; I want to like who I am; I want to regain my physical health; I want to go for walks in the woods without being triggered; I want to have hope for the future; I want to be well.

And yet the messages I received, even from some professionals, were: *You're a multiple and you need to celebrate that; you need to get people to understand you and make allowances for you; life is hard; recovery from extreme trauma is simply impossible.* At a level, it all rang true: this was my experience on a daily basis, and because other people had walked further along this path than me, I bowed to their wisdom. But over time I began to realise how much it was keeping me in the role of a victim. Yes, my life was hard, but complaining about that wasn't actually making it any better. No, people didn't really understand or truly empathise, but people are people. Yes, I did experience myself as multiple, dissociated personalities, but I knew that was because of trauma, not the way I was born.

No, my GP hadn't ever heard of dissociative disorders and just wanted to prescribe medication, but I could still build a good, supportive relationship with her. Bemoaning my existence wasn't changing my existence.

I began to realise that at core my experience of trauma was one of extreme powerlessness, and that powerlessness had a bigger grip on me than I had ever acknowledged. It was telling me now to sit still, do nothing (the freeze response) and accept that I deserved to be trapped in this eternal cage. The best I could hope for was an occasional visit, to be fed scraps through the bars, for people to feel sorry for me: that was what powerlessness promised. No wonder I felt so miserable. Eventually I realised that the cage was a projection of my psyche rather than a literal, physical reality. And so then I had a choice: I could rail against the unkindness of the world that was so unsupportive to me in my cage, or I could focus my energies on living outside the cage, and convincing my brain that the cage wasn't there. In the end I chose the latter.

A key for me in this was attachment theory and the work in particular of Mary Main and the Adult Attachment Interview. Main was surprised to find that some people in her study broke the mould: some people who had had terrible childhoods, who ought according to theory to have insecure





or disorganised attachment, instead had secure attachment, and their own children, measured at 12 months in the Strange Situation Protocol, also had signs of secure attachment. Why? What was different about them? How had they managed to step outside their cages?

Main proposed that attachment history is not attachment destiny, that 'the stance of the self towards experience' is the greatest determinant of our attachment security. The key to our lives is not what has happened to us, she suggested, but how we view what has happened to us, and the beliefs we have developed about ourselves and others as a result of those events. The adults with earned secure attachment had been able to reflect and step back from their suffering. In effect, they were able to say, 'The reason my mother didn't love me was because of my mother – not because of me.' They were able to reflect on the beliefs they had grown up with – beliefs which had formed the bedrock of their internal working

models – and choose which to accept now and which to reject. They had been able to look at the bars of their cage and say, 'When I was a child, I was powerless to get out of the cage, but now I'm an adult I am free to make choices, and I choose not to live in this cage anymore.'

This for me was dynamite, exploding the bars of my cage. For the first time I saw that some of my beliefs had been helpful in childhood, to survive the trauma, but were unhelpful now as an adult. As a child, the best way to survive was to be still, to submit – to do nothing that might incur further harm. That belief had grown with me through my teens, my twenties, my thirties, an unacknowledged mentor directing my every path, reinforcing a ubiquitous sense of powerlessness and victimhood. I had believed that I was bad, and unloveable, and cowardly, and weak – beliefs that had been unconscious, and had always gone unchallenged. I believed them because they were true, and they were true because I believed them. But for the first time I realised that as a child during the abuse, it had been adaptive to take that submissive position, to blame myself rather than being angry towards my abusers. That was why those beliefs were so powerful, so resistant to change – they had been etched into my psyche by trauma and suffering. But they weren't helping me now. 'The stance of the self towards experience' was the key to stepping out of that cage, and starting to believe that



I was no longer powerless, not only to live well, but also to recover.

After attachment theory I came across Bethany Brand's long-term research into treatment outcomes for dissociative disorders. It showed unequivocally that psychotherapy was effective in reducing trauma symptoms, including self-harm and suicidality – the very things we turn to when the distress is unmanageable and we feel that recovery isn't possible. Alongside it, the research of Eric Baers and team looked at various hindrances to recovery, things like comorbid diagnoses, secondary gain, and lack of social support. As I read it, it occurred to me that if we can identify the hindrances to recovery, we can work at removing them. Recovery is not a dream so much as it is a plan.

My fundamental belief about recovery was that the brain wants to heal. I have an underlying optimism about the human condition. Do we believe that the body and brain are susceptible to disease, that it's only a matter of time before we succumb – a negative trajectory? Or do we believe that our biology is little short of miraculous, and even our immune system a work of art? I grabbed with both hands the idea that our brains kept us alive during the trauma, that dissociation was a gift. It helped us survive the otherwise unendurable, doing just what we needed to do at the moment of extreme stress – lowering our heart

Why is recovery possible?

- The powerlessness that says 'we can't' is a symptom of trauma itself but is now an outdated belief system
- The 'stance of the self towards experience' is more important than the experience itself in determining outcome
- With reflection we can change our belief systems that were adaptive in childhood but are now outdated
- Research indicates that positive outcomes are possible, as well as detailing hindrances
- The brain wants to heal
- The impacts of trauma are logical

rate to prevent cardiac arrest, flooding the bloodstream with analgesic opioids, providing escape through derealisation and derealisation so that we could float above our bodies rather than inhabiting their pain. This is amazing – this is what our bodies and brains do when they are most under pressure, even as children. They know how to survive, instinctively. So we can trust them now to help us survive, and we can trust them now to help us recover.

The more I understood about trauma and dissociation, the more logical my symptoms appeared. I realised that I hadn't gone mad, that my brain wasn't falling apart, but in fact my mind was trying to heal. Flashbacks were horrific, yes, but they were the pieces of the jigsaw trying to fall into place so that I could have in explicit memory a more comprehensible narrative for the things



that had happened to me. If my clever, thinking, explicit front brain could understand how I had been abused, it could think and reflect and plan how to keep me safe in the future – self-defence classes, erecting boundaries, appropriate caution and risk assessment – rather than depending on my implicit memory, my survival-based over-reactive back brain. So this breakdown wasn't a sign of insanity; it was a sign of my brain trying to heal, and rearranging the pieces to try to make sense of senseless abuse. I began to understand even my chronic fatigue as a way of trying to ensure that I didn't have heart failure from operating non-stop in the amber alert state, being permanently ready to run or fight, my body's way of saying, 'Rest now!' It all came down to how I framed it – again, 'the stance of the self towards experience'. The impacts of trauma were logical, and so they could be reversed and dealt with one at a time in a logical, stepwise manner too.

And I realised that the people who had abused me didn't want me to recover. They wanted me to be seen as 'the crazy one', with an incoherent account of 'recovered memories', which the false memory brigade had worked so hard to discredit. I had always been told not to tell. And for a long time I had obeyed their dictates, because it was too unsafe not to. But eventually I realised that I was angry, really angry, at what they had done to me, and so I had to find something productive to

do with that anger. For decades I had turned that anger against myself – hating myself, hurting myself, abusing myself. At times I had turned it against others too. But the anger didn't go away, because it wasn't achieving its aim of keeping me safe. I had to change my target, and use it to exclude from my life those who had hurt me. The first purpose of anger was safety, and safety was the first step in recovery. When I started to form a narrative of the things that had happened to me, I was overwhelmed with fury and a need for revenge. But I began to realise that recovery is my best revenge, and that believing that I could recover was the most potent act of rebellion I could perform. If I really hated what they had done to me, then I needed to use the energy of that anger to recover from it. There was nothing, I realised, that would offend them more. I couldn't hurt them back physically – that would make me no better than them, an abuser – but I could hurt them by pursuing the opposite that they wanted: goodness, compassion, healing, love.

It was fine as a concept, but could I actually put it into practice? Much hinged on what I believed about myself, whether victim or survivor. The resilience of the human spirit is well documented not just in books and films but in real lives as well: combat veterans like Ben Parkinson who lost limbs and suffered a traumatic brain injury but recovered to kayak down the



river Yukon; terrorist victims like Malala who even as a teenager went on to be a global activist for women's and girl's rights; disabled people like Stephen Hawking who outlived his terminal prognosis of motor neurone disease to become one of the greatest physicists of all time. If other people could overcome adversity, could I? It hung on adopting an identity other than as a victim. There was a period during which it was important for me to identify as having DID, because denial had kept me from accepting it and facing the reality of my condition. But as time went on I realised that it was important to see myself as being more than a victim of trauma. I had to have interests and relationships and aspirations outside of DID. Trauma narrows your life, restricting you to what feels safe and familiar, and I realised that I was being restricted in my view of myself - 'I am Carolyn Spring and I have DID'. I had forgotten how to be anyone else and had become dominated by my symptoms. So on the one hand I had to fully engage with the reality of DID, whilst on the other holding it lightly and believing it to be temporary and only part of who I am.

I also had to decide that I wanted to get better. This seemed a ridiculous thing to say - of course I wanted to get better! But did I really? Recovery would involve a day-by-day fight, a battle, a struggle. Was I willing to do that every day and not give up? Secondly, recovery would bring with it new challenges: increased

responsibility, life in the unforgiving 'real world' amongst people who don't talk about mental health let alone understand dissociative disorders. I would need to develop new coping strategies rather than relying on dissociation. I would need to toughen up. I would need to feel my feelings. I would need to live a life beyond therapy. I would need to develop a life worth living. All of these things, on the surface, were positive things, but trauma gets you into the habit of saying, 'I can't' and of playing it safe. Recovery would mean taking risks, getting rejected, failing and being misunderstood. Recovery isn't for everyone, I realised, because not everyone wants what recovery offers: freedom from symptoms, yes, but life lived without the protection of dissociation and switching too.

So I had to want to recover, and I had to believe that I could recover. It was one thing to believe it when I was feeling upbeat and optimistic. It was another to keep believing it when life threw me yet another curve ball. And it took a lot of retraining of old habits: the temptation

How do we recover?

- By believing that we can, which is an act of rebellion against those who abused us
- By developing an identity beyond that of victim
- By choosing to pursue recovery
- Through perseverance and patience
- By stopping abusing ourselves



to say, 'But it's not working!' rather than, 'It's not working yet.' Faith and patience is a difficult combination to mobilise every single day, but Edison invented the light bulb after ten thousand failed prototypes, and recovery comes when we keep on keeping on. Recovery is not something that is done to us, or that magically happens to us because we've had some 'treatment'. Recovery is something that we doggedly fight for every day, and it's the fighting for it that shapes us into the person who is recovered, not any wave of a magic wand or particular therapeutic approach.

Perhaps the biggest change came when I decided to stop abusing myself. It is a great irony that we bemoan the symptoms of abuse in our life, and then continue to inflict abuse on ourselves. I realised that I used the past as an excuse to abuse myself; I used my diagnosis as an excuse to abuse myself; I used my feelings as an excuse to abuse myself. Of course it makes sense to hate yourself when you've been forced as a child to perpetrate abuse on other children. It makes sense, but it's just perpetuating that abuse. It's counter-intuitive instead to show yourself compassion, and break the cycle of abuse. I eventually realised that if I really did hate what had been done to me, then I couldn't continue to do it to myself. Either I wanted to recover, and live a life free from abuse, or I could choose instead to continue to abuse myself and not recover.



The choice came to me, as stark as a fork in the road, and although it took much persistence to kill off old habits, refusing to abuse myself any longer was the single most important step I took in my recovery journey.

So can we heal? Yes we can, because 'the stance of the self towards experience' is more defining than the experience itself. We can heal if we really want to heal, and if we commit ourselves to healing, by no longer abusing ourselves. We can heal if we believe that we can heal, and mix faith with patience. Trauma has logical impacts and those impacts can be reversed one at a time. Recovery is not easy, but it is possible. And recovery is our greatest act of rebellion against the people who abused us: recovery is our best revenge.

I hope the lady with the dark hair is reading. •

