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reversing adversity



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by Carolyn Spring

So I felt a bit sheepish as I walked through the door, deposited back home by my therapist after having gone missing for several hours and eventually being found in a distressed state at the site of one particular episode from my childhood trauma. I guess it's normal to feel sheepish in those kinds of situations. But it's not normal adult behaviour to go missing for several hours, having no idea where you've been or what you've been doing. It's not normal, and it's a bit scary – for me in retrospect and for the people like my therapist who knew that I was gone, but didn't know where. It's surprisingly common for someone with DID, and one of those times we cheerlessly consider as 'crisis'.

That scenario only happened a handful of times in the first few years of my therapy journey. Some might label it a

'dissociative fugue'. More commonly it's known as 'losing time'. I was walking up the High Street one minute; the next minute I'm sitting outside a church in a village several miles away whilst in a spaced-out, switchy state, and being encouraged that perhaps I'd like to come home now. What happens in between those times is at best a blur. Usually I'm too sheepish to want to even think about it, let alone talk about it afterwards.

But one thing I do know is that it happens when I've veered way outside my 'window of tolerance', and in retrospect we can usually see the signs that it was coming. There are other crisis times for me, times when I've overdosed or self-harmed or been frantic and unable to ground for hours or even days at a time. It's usually at those times that addictive self-medication strategies flare up, the



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desperate attempt to calm things down with tablets or alcohol or food or a nauseating mixture of all three. Or there are days, sometimes weeks, when I've sunk into depression, the utter despair of lifeless lethargy and suicidal futility, when I've walked right up to the edge of the abyss, had a good look inside and only just managed to pull myself back as the vertigo of suicide hits. And then there are the times when I am assaulted on every side by flashbacks and somatic symptoms, that barrage of body memories that crashes relentlessly into my body and mind: nausea, headaches, grey pain and sharp pain, earaches, fever, exhaustion, insomnia. It's as if your whole body is mashed up with malfunction.

So crisis doesn't take just one form. But at the core of each of these clusters of symptoms is a sense of overwhelming panic, of powerlessness and loss of control, of the unbearability of emotions, and a cloistering, febrile sense of self-hatred which fuels me towards self-destruction. 'Crisis' doesn't really sum up the intensity of suffering that I and so many other people experience at these times. In times of crisis we say 'I can't' a lot - and we mean it, because it's all there is. *I can't go on, I can't cope, I can't manage, I can't sleep, I can't calm down, I can't see a way through this, I can't do this anymore.* It's hard: really, really hard. The people close to me were anxious observers,

supporting, encouraging and cajoling me through these times. They saw how gut-twistingly difficult it was.

And these times of crisis can last for minutes and hours, or they can last for days and weeks, sometimes even months. And they are normal. Not for the average securely-attached person who has never experienced trauma in their life, but normal for life as a dissociative survivor of extreme and unrelenting abuse. It's normal, and it's a logical result of our earlier life experiences.

One of the recurring themes of a trauma-related disorder is difficulty with managing our feelings - 'affect regulation'. We don't have that nice, steady hum of emotions that rises and falls within a nice, neat, narrow, 'normal' range of feeling during the day. We experience belting highs and flaccid lows: vast lung-fulls of emotion, frantic, overpowering, dominating, all fluorescent flashing and heavy rock; and then these insipid, colour-bleached, empty lows, where all the emotion has been drained from us and we experience the world in monochromed mute, detached from it, spaced-out, numb. We can get so used to the desolate vacuum that we think that's all there is to life. And then something triggers us, and suddenly there's this frenetic scratching on the inside of our guts, this scrabbling in our minds to let it out, and



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it's terrifying and awful and we cling even more tenaciously to the numbed-out-ness when we have it because we fear the potency of our hyped-up rage, our shame and our grief.

Managing our feelings is a skill, or set of skills, that we should have learned instinctively as we were growing up. But it is hindered by poor parenting – 'disorganised' attachment is a key culprit, and so is trauma, that malevolent overload of emotion on a brain that is not yet equipped to deal with it. So having these wild, careering feelings or no feelings at all, or having strange sensations inside that we don't even know are feelings and we certainly don't know their names – that's a normal part of life with a dissociative disorder too. But just because we don't yet have those skills, doesn't mean to say that we can't learn them.

That's a large part of what therapy is about, and it has always struck me that often we may begin treatment with the idea that therapy – or at least the therapist – is going to make us feel

better. It feels like things should get better because we need them to, and we may not even be able to put into words how we expect it to. But when therapy for a while at least makes us feel worse, we can feel short-changed: either the therapist is getting it wrong, or we are. But I've found that therapy isn't a cure in and of itself. It's just an arena where healing can take place: it's a place where we can learn to better manage our feelings for ourselves. It's not something that someone else does for us, or to us.

A therapist can help to model ways of bringing our feelings under our control, and give us a space to vent the most potent ones so that we don't need to vent them inappropriately elsewhere, but he or she can't feel our feelings for us. And it's also a place where we can learn that dissociation, that spacing-out detachment from ourselves and our environment, doesn't have to be the catch-all response to emotions rising up on the inside of us. There are in fact other ways of dealing with feelings, including ... feeling them.

It was a shock to me to realise, after quite some time in therapy, that feelings were meant to be felt. My instinctive, learnt reaction had been to avoid them, to numb them out with whatever I had at my disposal (overworking was the star of that particular role). I learned to dissociate from them, and push them into other parts of myself, so that I could



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stand safely and smugly at a distance, unaffected by feelings – those nibbling nuisances that insinuate weakness and vulnerability. When I couldn't avoid them, I acted them out, much to my subsequent chagrin. And I've since realised that you don't always have to move house to try to feel safer; that you can work at feeling safe on the inside instead; and that estate agents' bills are an expensive way of acting out feelings of vulnerability. So the idea that feelings could simply be felt, without being avoided or acted upon, was a novel one to me. And it took some faith. Because when I let them come, the feelings I had were so intense, so blisteringly painful like scalding water, that it was hard to believe that I could survive them, or that they would pass. It was like staring down a raging bull, knowing in theory that any moment now it will succumb to the anaesthetic, but wondering if I have the courage and the strength to stay in the ring with it until it does. Or whether it will gore me in the meantime.

But feelings do pass. I have been learning, mainly the hard way, that feelings hurt, but that what often hurts more is the things we do to avoid the feeling in the first place. I have a thousand of these secondary wounds, metaphorical and literal injuries that I have inflicted upon myself in the molten moment of unbearable emotion. That emotion would have passed, and faded, but how I avoided it or handled it often

stayed with me and was a source of deep, deep shame. Sometimes surviving life with dissociation is about not making things any worse than they have to be: something that has short-term relief at long-term cost. But it's hard to remember that at the moment of visceral suffering. I am writing this not least for the purpose of reminding myself.

The process of crisis took many forms for me: losing time; wild, out-of-control emotions; numbed-out, anhedonic emptiness; somatic misery. Often the body stuff would be the precursor to new memories oozing into consciousness: I would feel it first in 'symptoms', my body replaying what happened to me as a child before my mind could piece it together. It would rise like a tidal wave, the symptoms flooding me, intensifying to a point of crisis, until I could bear it no longer and I was willing through sheer desperation alone to finally go there, to look. And at that moment of desperation, often in my therapy session, the dam walls would flood open and out would pour this torrent of suffering from long ago that I had kept shored up for so many years, for lack of a safe space in which to experience it, and the strength to survive it. 'They're just feelings,' I would echo, over and over again. 'Just feelings.' Yeah well feelings can hurt – they can hurt a lot – and it's not easy at the moment of crisis, when you haven't slept for days, you can't eat



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and your whole body hurts with the tension and the panic and the soreness of remembering. But I have survived. They are just feelings.

And just as there are a number of different ways in which crisis is experienced, so there are a number of different reasons why it all builds to such an apogee. Sometimes, there is just a 'perfect storm' of life situations which exceed our capacity to cope.

For many of us, these can be rooted in attachment issues: conflict and dissonance in our key relationships; the threat of therapy stopping due to funding or retirement or some other factor. Illness, even something as mild and normal as a cold, reactivates in us that drive to be cared for by someone stronger and wiser. Or similarly, the crisis may be precipitated by issues of control and powerlessness: the loss of a job and with it the loss of financial security and sense of self-esteem; creeping or sudden disability, where there is fear or uncertainty around survival, or which involves intimate investigations or close personal care. Or we may find ourselves stuck in ongoing abusive situations which we feel powerless to break out of: domestic violence, ongoing sexual victimisation, the persisting trap of relationship with the people responsible for our abuse in childhood; bullying or harassment at work. It all stirs up the trauma that is buried deep down within

us, and suddenly we're not very good at keeping it suppressed any more. And so, crisis.

And sometimes all of these factors come together and we just get exhausted. Not just from fighting all these battles, but from keeping all the dissociative intrusions at bay – the voices, the flashes in our head of reminders of trauma, the lost time, the switching, the swirling sense of identity within. We get exhausted because we're trying to live 'normally' in spite of all this, making sure that no-one notices, that we don't give the game away. And many of us try to live 'perfectly' too: mustn't make anyone cross, mustn't let anyone down, mustn't make a mistake, mustn't make too much noise, mustn't have a bad day. Living with the 'mustn'ts' is hard work. And then there are the raft of physical and mental health issues that plague the life of a trauma survivor – not just the usual culprits of anxiety and depression, but the chronic fatigue, the autoimmune disorders, diabetes, pain.

Sometimes the effort of keeping going through all of this is too much, and life collapses on us and for spectacularly understandable reasons, we hit 'crisis' where we just can't cope any more. But sometimes even the very act of trying to recover can stimulate it. Going too fast or going too far in therapy was often my greatest crime. I dissociated from this stuff for a reason, because it's



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unbearable, and yet in my eagerness to get over it, to yank it out from within me and live life as it is supposed to be lived, I plunged too quickly and assiduously into the guts of it. It took me more than three years, I suppose, of eviscerating my trauma before it occurred to me that this in itself was a form of self-harm. It's as if I was so used to it not bothering me, because it was so cut-off, segregated and disowned, that I kept insisting that it wouldn't bother me now. But the whole piecing together, linking the chains, all the integrating work of therapy means that it *will* bother me. And bothering me comes out in emotions – and too much emotion that I'm not equipped to handle equals crisis. Eventually I managed to slow down. Sometimes I went too slow and avoided for months on end this messy, repulsive core. But I did learn to *breathe in, breathe out*, and give rhythm to our work in therapy so that I wasn't constantly spinning blindly on the spot, sickened and dizzy from what we were uncovering. I began to learn to take in only as much as I could cope with, and match my speed to the conditions. At least sometimes.

So we go into crisis because of the therapy: because we've gone there too fast, without learning the skills of safety and stabilisation. But sometimes we go into crisis because therapy involves a person: this most dangerous and beguiling of persons, the therapist. CBT would be fine: just tell me how my

thinking is wrong, and I'll fix it and I'll do it in double-quick time to boot. But all this relational stuff, this attachment stuff, this transference-laden, personal stuff? Horrendous! I've said for a long time that the most triggering thing for a dissociative survivor – certainly for me – is the therapist. All that fantastic work of learning new skills for calming down from a manic, feverish high, or for revving up out of the ditch of despair, for noticing and just being curious and making connections and seeing things in a new light; all that reframing and coming to terms with and grieving and expressing; all that empathy and acceptance and compassion and truth ... It's all great, it's all fantastic, and it's all so *awful*. What could be worse than being intimate and vulnerable, of someone seeing all this yuk and all this filth that lies deep within our soul? And still they don't reject you, or say you can't come any more. It's remarkable and wonderful and frightening, all at the same time.

And sometimes that closeness, that contact with another human being without the shield of pretence of normality, sometimes it's just too much and it can tip us into crisis all by itself. I know lots of people like me who would be quite happy with therapy if it were not for the therapist. They, like me, seethe ambivalence. It's what you always wanted – connection, care, acceptance, understanding – and it's



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the most terrifying thing you've ever felt in all your life. It's so hard to pick your way through the bramble hedge of transference, all those prickly reminders of parental figures, of people who wanted to hurt you and did so while they told you it was for your own good, because they loved you: this therapist thing is complicated and difficult and it stirs up all the sludge from the past, in order to cleanse it. And it works. But it's the most threatening thing in the world, and too much too soon, or too little too late, and crisis looms again. A disruption in the relationship – caused by something as innocuous as a mistimed comment, the wrong clothes, a misplaced chair – and it's as if every cell in your body has had safety sucked out of it. The relationship with the therapist is essential, but it's precarious and risky too.

And for many of us, crisis has been the only thing that we have known in relationship, the only way of getting and keeping people's attention. For people whose childhood cries were responded to sometimes but not always, crisis shouts in a demanding tone that is hard to ignore: *help me, hear me, hold me,*

*don't abandon me.* Crisis can be a way of keeping people close. And crisis can also come when good things happen, when there is such a disturbance to our status quo, such a flagrant rescribbling of our internal scripts that *I only deserve bad things*, that crisis comes as a way for us to regain our composure: *this mustn't be, this doesn't add up, I can't have good things, I MUSTN'T have good things.* Crisis comes to rip that away and return things to normal.

Crisis makes sense. The adrenaline of it can become addictive, or be all we've known. Life doesn't feel right if things aren't frantic, if relationships aren't disastrous. Crisis can be an attachment cry. Crisis is the language of emotions that we don't know how to regulate. Crisis seems inevitable when our brains have been oversensitised to danger: all that anxiety from perpetual scanning for threat, all that jumpy, irritable hypervigilance and nervy, clenched-fist wariness leaves us incapable of calming down, breathing deeply, relaxing, and enjoying the scenery. We are geared by our traumatised biology to be wound-up and tense, and to expect everything to go wrong at every twist and turn of our day: crisis is normal.

But I have had to stop seeing myself as a victim of all of that, as if there is nothing I can do about crisis. It took me a long time to realise the inevitability of crisis while I was living like I was. I had



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to accept that I would have to do the hard work of making things safe for myself if I was going to live outside the danger zone. Sometimes we need to tackle some of the mitigating factors around us, of abusive relationships and wafer-thin boundaries with people who engulf us with their needs and demands. We need to get away from dangerous people. And sometimes we don't get away, not because it's impossible, but because powerlessness has trained us to believe that it's impossible. Instead of catastrophising about the impossibility of our circumstances, sometimes we need to let the pain of crisis drive us to do something about those circumstances. Crisis can be a positive thing.

So what can we do to cope with crisis once we're in it? Lots of people recommend an 'emergency kit', a box or container of special objects that you can turn to when you're starting to spin out of control. It might contain a soft toy, a blanket, some chocolate. You might keep in it a notebook where you've amassed jottings and sketches of things that you know are true, but that you needed to be reminded of when darkness and despair are seducing you. It might contain objects that are special to certain parts of you, activities that are reassuring, gifts given by special people, photographs of happy times, quotes and encouragements from famous people. It might contain some Sudoku or



word puzzles, something to engage your thinking brain. It might include a playlist of calming or meaningful music, a favourite film, a book, a journal, a picture. It might contain scented items, things that are tactilely interesting or soothing or positively reminiscent. It might contain phone numbers and a 'safety contract', an agreement that you've made of what you will do when you become like this. An emergency kit is an excellent idea, and it's even better if we actually put one together rather than just thinking about it.

But too often we don't create one because at the moment of crisis, we know that we don't want to be soothed, at least not by a box full of stuff. What we really want, what is wired into our biology, is a person, a special person, to care for us. And if that person is available, then reaching out to them is often a positive thing. One of my struggles has been not to isolate myself when I'm really struggling – I have often failed to want to reach out to anyone else; I've just wanted to be on my own. Even when special people have been available, I've often lacked the natural instinct to turn to them, chock-full as I





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am of a sense of 'I can fix this by myself; I must fix this by myself.' But sometimes people are just not available anyway, and whenever we are getting into a habit of crisis that involves needing other people to soothe us in the middle of the night, or during their working day, or in a way that severely impacts them to their detriment, then we need to add other strategies to our game plan for coping with crisis. And that's where an emergency kit comes in, and where we develop safe ways of us riding out the crest of emotion that is assaulting us at the moment: it is always important to remember that no matter how bad it feels right now, that feeling will pass. Sometimes it's a case of sheltering in against the storm and just waiting for it to blow over, rather than standing on the cliff-edge and defying the wind. Duvets and cuddly toys and TV and even chocolate are an acceptable way to get through a really difficult time. It's whatever works for you: it's important to *find* what works for you. The thing or things that will help you through a difficult time won't just appear as if by magic from Amazon – you have to go about amassing them.

I also found it really productive to talk to my GP about what was going on for me. At first she seemed alarmed and went into a kind of checklist response to me – did I need to be referred on, did I need inpatient care, was I at serious risk of suicide, would she be at fault? It

is frustrating and distressing sometimes when it feels that everyone around you is just covering their back rather than caring for how badly you feel. But I came to realise that self-harm and suicidality, the most direct expressions of crisis for many of us, cause overwhelming feelings of powerlessness and panic in people around us, not just in us. I wonder if some of the time we are projecting our own feelings of being so helplessly out of control onto those around us, unconsciously making them feel what we cannot bear to. And when they respond with a sense of alarm and crisis too, it is easy to despise them and difficult to empathise. Sometimes it can feel that there's a competition going on for who is most in crisis: you, or the health professional who is supposed to be helping you.

But I think we do need to be able to step back and accept that our crisis causes problems for other people, not just ourselves, and if they don't respond perfectly to it then it's because they are human and not because we are not worth helping. Neither is it our responsibility to manage their emotions for them, and I suppose at first I felt annoyed that my GP seemed to want my reassurance rather than being able to give any to me. But the benefits of working with her as a problem-solving team, rather than in a crisis-and-responder kind of way, have become apparent in the long-term. I don't want



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to be sectioned, so I don't make suicidal gestures. Instead, I talk to my GP about the options and some time ago we both settled on the sparing use of diazepam as an occasional fire extinguisher. Yes, it's highly addictive, my GP explains to me every time I see her still with that wrinkle of concern in her forehead, and no she doesn't want me to end up with two problems rather than one (it's rather touching that she thinks I only have one problem). And so we have an agreement that I can have a small prescription of it for emergency use only but that every time there's a crisis, I will work hard at identifying what landed me there and deal with the underlying issues rather than allowing fires to rage knowing that I've got an extinguisher to hand.

Part of that process for me has been learning to manage my thoughts and gaining confidence that crises will pass; that emotions have motion – they move, they pass along, they don't sit still. And when I spiral into a time of crisis, it's not a sign of insanity or a deteriorating grip on reality. It's just a normal post-traumatic and dissociative response that is a result of the kinds of things that happened to me as a child. It's ok. I'm not going mad, and I won't be like this forever. Within that mental framework I have had to learn to give myself a break for my hiccups and blips. And what always made things so much worse was *me* – me giving me a hard time for the hard time I was having. I directed a torrent of self-loathing and inward-focused frustration

against myself for having a blip. The blip was hard enough to cope with as it was, but I made it ten times worse by hurling constant abuse at myself for struggling. I think I used to believe that it was the only way to make sure it didn't get worse: it was a misguided conviction that shouting and bullying myself would work as a way to soothe myself ... you can see it's ridiculous when you put it in black and white like that. And it's also strangely reminiscent of the way that difficult emotions were handled during my childhood: *Stop it! Pull yourself together! Don't be a cry baby! You're so lazy! You're pathetic! No wonder you're so fat! You'll never succeed just sitting there! Get a grip! Don't be so selfish! Aah, so that's why I do it then ...*

And it was that realisation, that I'd suffered enough abuse already and that I had the power to choose not to inflict more on myself, that helped me make progress through my crisis times. The crises would still hit, but they wouldn't last as long, because I began to allow myself to be nurtured, and comforted, and protected while the thunderstorm raged. I didn't add to it by making myself stand in the rain. And gradually then I began to recover more quickly from the crises as well, and so I began to fear them less: when they hit, I didn't spiral so quickly downwards into thinking that *this is it, I'm going mad again, I'm going to have another breakdown, I can't cope, I'll never recover.* So much of coping with crisis is how you view it. And I had to



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stop viewing it as an indictment on my character and proof of my unspeakable badness, and just shrug my shoulders at it and begin to say, 'It's ok, it's normal, and it'll pass.' The biggest battle was to believe that it would pass. And when I lost that battle, the panic set in even more and the crisis would be deepened.

I was further helped in my ability to manage crisis by understanding the concept of a 'window of tolerance' – this idea that there is only so much that we can cope with, and that if we go outside our 'window' then that's what we term a crisis. But the thing that struck me in reading about it was that everyone has a window of tolerance. It's not just mad people, like me. It's everyone. The only difference between me and 'normal' people was that their window was 'wider' than mine. They were better at staying inside it. They even planned to stay within it. They did wild-sounding things like booking in holidays, planning to have days off, 'me-time', time with friends. They figured that they might feel a bit less capable during their period, and aimed where possible not to overload the calendar that week. They planned in times to exercise and meals to cook so that they were eating well and sleeping well and doing all that myriad jumble of things that 'normal' people (superhuman, super-incredible people, in my book) do in order to manage themselves and 'recharge' or 'unwind' or 'relax' and stay in their window. They even seemed to be

able to anticipate that certain events – a difficult meeting at work, a family event with a strained relationship – might push them towards the edge of their window of tolerance, and they planned for it, and they planned for after it too.

And I realised that I, like so many other dissociative survivors I know, didn't really do this kind of planning. Sometimes it just feels too ethereal and idealistic – I have to get through today and I'm supposed to be thinking of next week?! – but I also realised that I relied all my life on dissociation as a coping strategy: either the numbing-down, I-feel-nothing approach, or the emergency escape-hatch of switching. And that's exactly what I would do in 'crisis'. It's as if I didn't have any other coping strategies. I convinced myself ahead of a difficult situation that I would be fine – or else I fretted with vomitous anxiety about it. I felt helpless to do anything to make things any better. It was 'head down, eyes straight ahead' or it was nothing. I had to learn to plan. And at first that felt even worse – it felt feeble and attention-seeking and self-centered. Why do I need to come up with a plan about how I'm going to cope with just a meeting? 'Because otherwise you will self-harm afterwards, and that's what we're trying to avoid,' would come back the possibly slightly exasperated response from the therapist. Oh yes, building better strategies for life rather than just careering wildly all over the



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carriageway and cleaning up the blood and guts from the car-crash afterwards – I remember now. But it took some learning.

And some of the things that I learned to do were annoyingly simple and yet required endless, repetitive practice: things like breathing. I assumed I knew how to breathe – after all, you don't breathe, you die. But I didn't know how to control my breathing, and how in controlling my breathing I could calm myself down from a hyperaroused state. And that took a lot of practice – three or four times a day, just a minute or two, but learning how to focus on my breath, to check inside with what was going on, to 'find myself' again, to centre, to ground. And it felt like it wasn't working – 'It's not working yet' came a particularly irritating reply – but I did persevere and now it's something that I turn to almost automatically a dozen times a day, whether I'm sat at my desk, or I'm in a queue at Tesco's, or I'm about to stand up and speak. It has taught me that gradually, with faith and patience, we can start to take control of our bodies and their tendency to spike out of our window of tolerance, rather than being controlled by them.

I wrote lists and figured out what brought me back down when I was in a manic, anxious, hyperaroused phase – when I was bursting out the top of my 'window'. I figured out what brought me

up when I was bottoming out below my 'window' in a low, depressive phase. I became better at noticing earlier on in the cycle that I was heading one way or the other, and that I could do something about it. I learned (and forgot, and kept re-learning and kept re-forgetting) that physical exercise helps us widen our window of tolerance and reduce stress and gain mastery over our bodies. I began to believe in the power of routine for the sake of sleep and, much against the habits of a lifetime, began to want to get up early at the same time every morning, rather than clinging to the underside of my duvet in the desperate hope that today wasn't here yet.

So things have changed for me considerably. I do still occasionally get into crisis. I still have times when I'm working too hard and caring for myself too little, when I'm ignoring the signals because it doesn't feel that there's space in my head for self-care, and when I'm deaf to the needs of all the different parts of me, not just adult-worker-bee-me. I still get it wrong an awful lot of the time and the dissociative parts of my personality are not shy at letting me know it. But I've become convinced that crisis is something that we can learn to cope with, and that as we do so we will gain mastery of our lives and we'll realise in a year's time and in five years' time just how far we've come, even by taking just tiny steps to manage things just a little bit better. ●

