EMOTIONAL
RESOURCE GUIDE
second edition

CAROLYN SPRING

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Emotional Resource Guide

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Contents

Carolyn Spring is an author, speaker, trainer and trauma survivor. She has written and published numerous books, articles, resources, blog posts and podcasts and delivered training to tens of thousands of survivors and professionals both in person and online. Through her unique blend of lived experience, research, training and consultancy, and with a distinctive communication style, she helps people to recover from trauma and to reverse adversity. She loves to make the complex simple and to give hope for recovery from even the most extreme suffering. She brings a rare positivity and compassion to issues of abuse, shame, suicide and trauma.

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Please take care when reading as some content may be triggering.

Introduction

When we are feeling distressed, it is vital that we do something to alleviate the distress. Often we do nothing, or we don't know what to do because:

- when we're distressed, we can't think what to do
- when we're distressed, we can't remember what helped in the past
- when we're distressed, we're often overwhelmed with a sense of powerlessness
- when we're distressed, we don't believe that anything will help.

That's why it's important to build up a toolkit of ideas, strategies and lists to help before we're feeling distressed and overwhelmed. It's like checking that the lifebelt is in place before jumping into the sea, and practising swimming when the water is calm. Many times, we look to other people to help us when we're distressed, and feel desperately lonely and even abandoned if no one is available, or no one knows how to help. People are great, but we can't always depend on them being around. And even if people are available to help, we still need to take the initiative in feeling better. Our feelings—even of distress—are our responsibility, and the sooner we develop strategies for managing our difficult feelings, the easier life will become.

So in this Resource Guide we have provided a few ideas, strategies and lists, to help when distressed. The articles explain the theory and experience behind the whole concept of 'grounding' and 'affect regulation', including explaining the 'window of tolerance' and 'trauma traffic light', which are essential knowledge in recovering from trauma. Some of the articles cover the same subjects, but from a slightly different angle, to build up a many-faceted view of the subject. Most of them include personal perspectives as well as the theoretical information.

We also have some additional pages of resources, including tips for an emergency box (page 14), a safety kit emotional thermometer (page 52), an alphabet of emotions (page 50) and list of body sensation words (page 31) to help with either journalling or noticing and naming our feelings, and suggestions for an extended emergency card. Many of these pages include links to free PDFs on our website which are blank copies for you to fill in and personalise for yourself.

Recovery from trauma is a long, hard road and requires taking responsibility for our own lives and feelings. This Resource Guide is designed to provide some information and tips towards managing emotions, triggers and flashbacks as a first step on that road to recovery.

Coping with Crisis

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 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,

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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 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 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 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

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» 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 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 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

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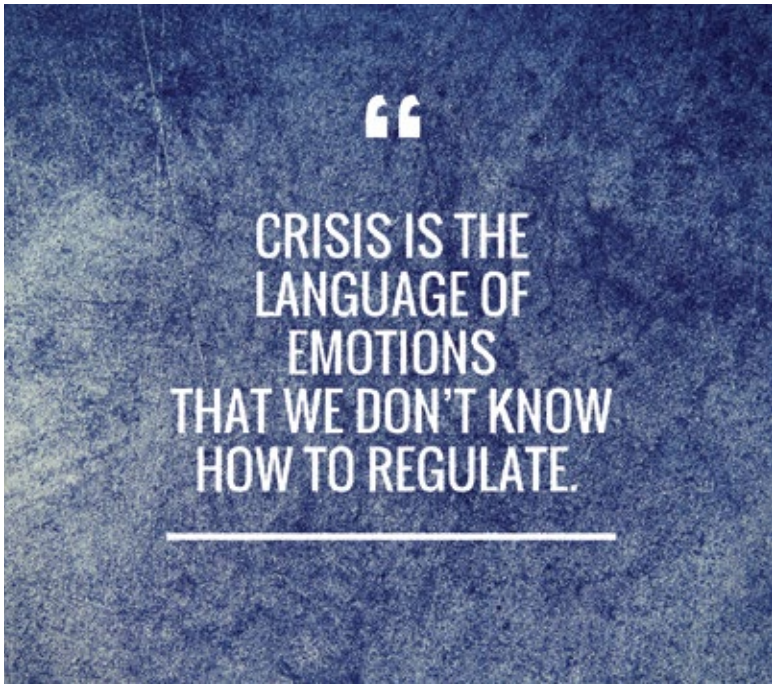

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» from perpetual scanning for threat, all that jumpy, irritable hypervigilance and nervy, clenched-fist wariness leaves us incapable of calming down, breathing deeply, relaxing, and enjoying the scenery. We are geared by our traumatised biology to 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 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 CD 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 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 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

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» 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 t*his 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 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 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.

Emergency Box

Photos of important places

Cards/letters/words of encouragment

Transitional objects (e.g. pebble)

Menu/recipe idea

List of phone contacts and script

Favourite film

cards of activities (e.g. go for coffee)

Reasons for living list

Book to read

Smells (e.g. perfume, mint)

Something soft/warm to hold (e.g. blanket, hot water bottle)

Managing Triggers

BEING TRIGGERED

I am walking towards the Post Office with humdrum thoughts roiling in my head of things I need to do, wondering if I've got everything I need for tea, pondering a response to an email: the flip-flop ordinariness of everyday worries and concerns. Nothing unusual, nothing remarkable. And then. And then. I can't even tell you what happened next because it's *snap-click-snap*, in a moment, in an instant, and I'm not conscious of it happening at all. But my heart wants to burst like 'Alien' out of my chest, there is a rage of energy rippling up my legs and I can feel myself falling inwards and losing touch with myself.

Then it is minutes later, maybe even hours—time has no meaning, and my brain is scrunched up inside my skull with weariness and confusion. What just happened? It was a man with a camera, a dog, a child crying… I don't know what it was. But I was triggered by something and it's seriously messed up the last few minutes or hours or even days of my life and I feel indignant and huffy with myself for it happening, and in roll the accusations and the razor-like mental barbs… *You're stupid, why did you have to react like that, what's the matter with you, you're pathetic, get a grip, this is ridiculous* and then, like glaze on the top, the despair… *I'm never going to change, I can't do life like this, this is hopeless.* And, possibly just for good measure, a dollop of panic… *I'm never going to get my work finished now, everything's going wrong today, I can't cope with all of this!!!*

BEATING OURSELVES UP FOR BEING TRIGGERED

One of the hardest things I found in dealing with triggers was the aftermath: the shame, the self-blame, the sense of failure and powerlessness that once again something had happened that I'd had no sense of control over. Learning to manage my critical self-talk and self-soothe rather than lacerate myself after being triggered was a key waymarker on my journey of recovery. When I felt ashamed and powerless, I would set myself up for a double-dip and trigger myself again with my own self-directed abusiveness. But once I realised that triggers made sense, that my reactions were automatic and had been hard-wired into my brain, I began to be able to take control of my triggers and reduce my self-hatred for being afflicted by them. In this article I want to explain what triggers are, what happens in our brain when we are triggered, why they're not therefore our 'fault' or an appropriate source of self-blame, and what we can do about them.

DISSOCIATION IS PRIMARILY ABOUT AVOIDANCE

Like most people with a dissociative disorder, I hate being triggered. I will do almost anything I can to avoid triggers and other reminders of my trauma. In fact, a very straightforward way of looking at dissociation is that it's primarily about avoidance: of the trauma we suffered, of reminders of that trauma, of feelings, of intimate relationships, and even of other parts of ourselves.

I have reasoned with myself for a long time that life would be fine if I could just keep that avoidance going. But triggers are like little psychic explosions that crash through that avoidance and bring the dissociated, avoided trauma suddenly, unexpectedly, back into consciousness—complete with all the bodily reactions and emotions that we would have had at the time. In the blink of an eye we are catapulted into a fight-flight-or-freeze response and that trauma (that was so overwhelming that we had to dissociate from it at the time just to survive) envelopes us like a king-size duvet around an ant. Not surprisingly, therefore, we can end up orchestrating our life in order to avoid triggers. But that has its own long-term and damaging impact: life becomes constricted as if we are

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» managing triggers

living surrounded by a million unknown landmines and we must step very carefully in case one blows up in our face. It's little wonder that we are so often so stressed!

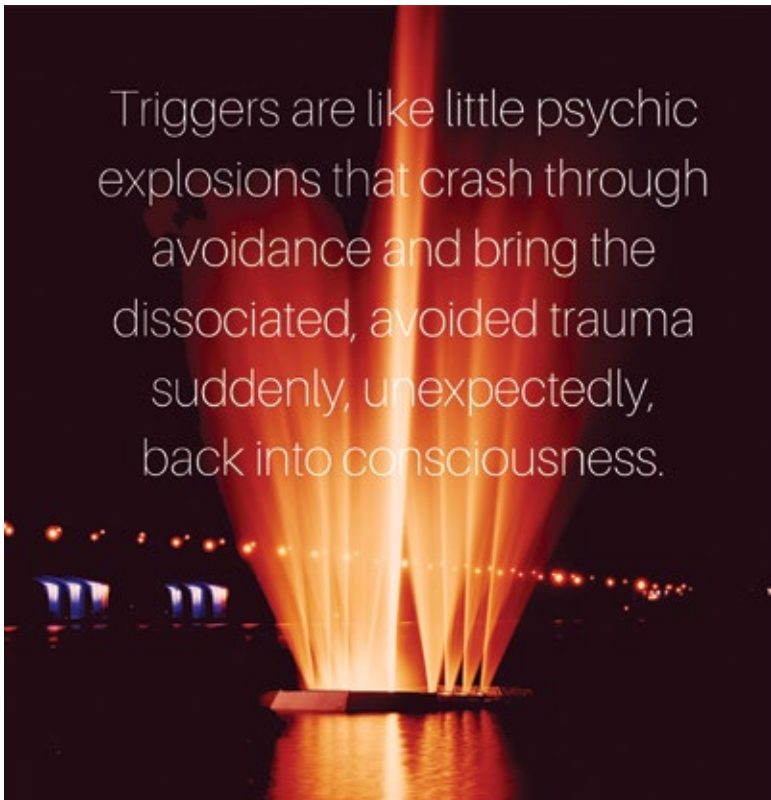
THE POSITIVES OF TRIGGERS

But there were a couple of things on my therapeutic journey that I learned about triggers which at first surprised me. The first is that they can be managed—our brains don't have to be our enemies but can instead be our friends, and we can tap them for their genius rather than just being hijacked by them. And the second is that triggers can actually be helpful—because they are clues, scraps of information, precious insights about what we've dissociated. They can therefore become guides on our therapeutic journey to discover what we have segregated or kept separate from our main consciousness, and what it is that we need to process and resolve so that we can recover and heal. Triggers provide these essential clues to the source of our post-traumatic response where we can resolve the underlying cause so that we don't have to live this 'split' life any more of multiple parts of our personality—parts that know, and parts that don't know about the trauma. Rather than avoiding the trauma, we can face it. And rather than being overwhelmed by it or stuck in it, we can process it. Triggers provide key information that we can use as a starting point to conquer the trauma that haunts us.

WHAT ARE TRIGGERS?

Triggers are internal or external stimuli which remind us of past traumatic experiences. Trauma is the root experience of dissociative disorders, and even though we may have kept our traumatic experience safely locked away (or 'dissociated') in another part of our minds, it is still there, however much we have tried to forget it or push it away. A 'trigger' is like pressing a button on a jack-in-the-box so that suddenly the memory or re-experience of that trauma pops out again—except it's rarely as innocent and fun as a multi-coloured clown causing us to giggle with delight.

Paul Dell (2006) says that dissociative phenomena are 'unbidden, jarring intrusions into one's executive functioning and one's sense of self.' And this is what triggers are—something which causes these sudden, unasked-for, jarring intrusions of the trauma of the past to clatter right back, unwelcomed, into the present. A flashback—that immersive, it's-happening-right-now memory that is experienced not as a past event but as a present re-experiencing—can often be caused by a trigger, one of these current-day reminders of something from the past. We might be consciously aware of what these triggers are, or they could affect us at an unconscious level so that we react but we don't even know why. A trigger might be a sight, a sound, a taste, a smell, a touch—in other words, some form of sensory input—or it might be something about the situation we're in (such as being powerless, being in some way 'in trouble'), a location, even a body position (such as lying down) or a body movement (like bending over).



MY EXPERIENCE OF TRIGGERS

During my most difficult period of time a few years ago, after the 'breakdown' that turned my 'apparently normal' life into a daily trek for psychological survival, I was being constantly triggered. I didn't realise that trees were triggering until I was walking through some local woods one day and then suddenly I was elsewhere and time had fallen down a rabbit hole: I had switched to a much younger part of me, who hurtled back to there-and-then and our trauma amongst trees. That part of me was panicked and disoriented and was lost for several hours. It was only when this had happened several times that I began to recognise that there was a clue here, and gradually in therapy we traced this trail of breadcrumbs back to its source and the trauma I had experienced in some woods near a farm. Similarly, I didn't know that babies were triggering, a reminder of my own direct trauma with infants when I was a child and then a teenager. And I didn't know that communion was triggering—until on more than one occasion I went to church and found myself throwing up in the toilets during this part of the service for no apparent reason.

Triggers were everywhere and caused massive destabilisation in my life. I felt that I was 'going mad' constantly as I was tripped into a highly agitated state by normal, everyday things. But before my sudden, life-altering 'breakdown' in 2005, it was as if I'd had solid walls in my mind that were strong and stable enough to keep the trauma at bay, so none of these triggers managed to penetrate through to my consciousness. As a result I was 'apparently normal' and got on with life, with my career and with my marriage. But then in 2005, literally overnight, there was this sudden, total collapse, as if the walls in my mind had crumbled under the weight of too much pressure over too many years. A build-up of factors over at least a decade had chipped away at my walls until eventually there were too many gaps and breaches, and these 'unbidden, jarring intrusions' were able to get through.

TRIGGERS ARE MESSENGERS

At the time, of course, I viewed it very negatively. These flashbacks, these states of intense dysphoria and distress, were ruining my life and I wanted them to stop! I was ashamed of my inability to control them, and terrified of what might happen in a public place. But I now understand that they were the trauma trying to heal, giving me clues about what it was that was hidden in my unconscious. Unfortunately, while I viewed the flashbacks and triggers as the enemy, I didn't hear what they were trying to say to me, and I missed the signs that could have eased my work in therapy. The more I avoided the trauma, the more I worked to edge carefully around every potential trigger—staying indoors in case I came across dogs and trees, isolating rather than engaging with people and their babies, for example—the more these triggers and reminders kept plaguing me. They were like a very insistent postman who was knocking on the door trying to deliver a package, and I was just turning up the music louder and louder to drown out his knocks! I began to make progress only when I opened the door and opened the ominous package with my name on it.

Of course we have to do this at a pace and in a way that we can manage—we cannot have a reckless, 'gung-ho' approach to life and act as if there are no triggers or that they won't affect us. That's just another form of denial and avoidance. But if we have been living with a certain trigger for a while and we are building our life around avoiding it, then we need to see that, like with the postman knocking on our door, we are in fact allowing ourselves to be held prisoner. It takes a lot of energy to organise our life around avoiding triggers and reminders of trauma all the time,

» managing triggers

and eventually we will get to the point where we realise that the cost of facing it outweighs the cost of avoiding it.

IDENTIFYING TRIGGERS

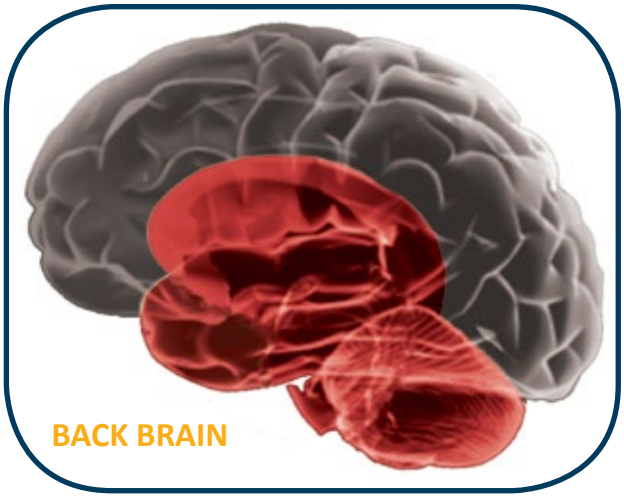
Over a number of years I had to work hard to identify my triggers, and learn how to manage them, as well as how to resolve them. That work of resolution is what is often referred to as 'phase 2' work in therapy—processing trauma. That, for me in relation to triggers, is the end goal. But in the meantime we can learn to manage them, as we put in place the first phase of our work in therapy which is 'safety and stabilisation'. There are many triggers that no longer have any impact on me because I have opened the package—the dissociated trauma—and so the 'postman' has stopped knocking. In this case, traumatic memories have become 'associated' rather than 'dissociated'—they have linked up again with the rest of my autobiography, my personal narrative, my view of my self and the world, and my feelings. But on a daily basis there are still some things which catapult me back to 30+ years ago, and while I'm still working to 'associate' that trauma, I've had to learn to manage triggers so that I don't have to avoid them altogether and remain a prisoner in my own home.

TWO PARTS OF THE BRAIN

So I've had to learn what triggers are all about, what is going on in the brain when they happen, and how I can use my brain to manage my brain. The basis for that is what I and other people, for the sake of simplicity, often refer to as the 'front' brain and the 'back' brain. This piece of psychoeducation is probably the single most helpful thing that I learned during my therapy journey, because with dissociative disorders a large part of the problems we face are caused by a lack of connections (or 'associations') between different parts or structures of the brain. Trauma causes damage to many aspects of our brain functioning. For example, the pathway between the right and left hemispheres of our brain, the corpus callosum, is 'eroded' by trauma—brain scans show that it is less dense in trauma survivors. That may explain at least in part why many of us have reduced ability to integrate left-brain and right-brain processes and why certain therapeutic interventions that include 'bi-lateral stimulation' such as EMDR (Eye Movement and Desensitisation Reprocessing) can be effective in treating trauma. We also tend to have fewer connections between our thinking 'front' brain and our survival-based 'back' brain.

THE 'BACK BRAIN'

The 'back' brain refers to two evolutionarily-distant parts of the brain known as the reptilian brain and the mammalian brain, also known as the limbic system. The reptilian brain deals with automatic, instinctual functions such as making our heart beat, keeping our lungs breathing, and regulating our blood pressure, hormones and digestion. It's not a thinking part of the brain at all—it just responds at quite a distinctly



biological level to 'instructions' and stimuli. The mammalian brain sits on top of this and is our emotional and body memory system which helps us to survive threat. So the 'back brain' is unconscious, automatic, and based around keep us alive.

THE 'FRONT' BRAIN

The 'front' brain by contrast refers to the neo-cortex which largely consists of the folds of grey matter that we typically think of as the 'brain'. A baby is born with very little 'front brain' and the first five years is a rapid development and growth of these neurons and synapses: the neo-cortex grows and forms connections almost entirely in response to its environment—as a result of the experiences it has. The 'front' brain controls many aspects of our conscious life including movement, co-ordination, speech and thoughts. It is our learning, thinking, self-aware brain, and by using the simplistic term 'front brain' I am in particular referring to the frontal lobes that are involved in learning, thinking and planning—all the sensible stuff! Just this simple distinction between an automatic, survival-based 'back brain' and a thoughtful, reasoning, reflective 'front brain' can help to explain a lot of our behaviour when we are triggered and also give us strategies of how to manage better when we are tripped up by traumatic reminders.

THE AMYGDALA—THE BRAIN'S 'SMOKE ALARM'

The brain takes in a wealth of sensory information all the time and most of this incoming 'data' is streamed to the thalamus, and from there it goes to a tiny almond-shaped area of the brain called the amygdala ('amygdala' is the Latin word for almond). The amygdala is part of the limbic system, the emotional alarm system of the brain: the 'back brain'. And the amygdala's function revolves around our emotional and fear response and it acts, in metaphorical terms, as a kind of 'smoke alarm'. When incoming data from our environment is channelled to the amygdala, it is a first line of defence: in the blink of an eye—in around 7 thousandths of a second—it scans this information for threat or danger. It does this outside of conscious thought because this is the 'back brain'—not the thinking-based 'front brain'.

If the amygdala senses threat, it sets off an alarm in the body and initiates the body's fight-or-flight system, the sympathetic nervous system. Within moments our hearts start beating faster, our lungs are gulping in more air, our blood pressure is increased to squirt blood at a greater rate around our body, and the bloodstream is flooded with sugar for energy: everything we need for an instant and energetic physical response. And when this happens—when the smoke alarm sounds—the

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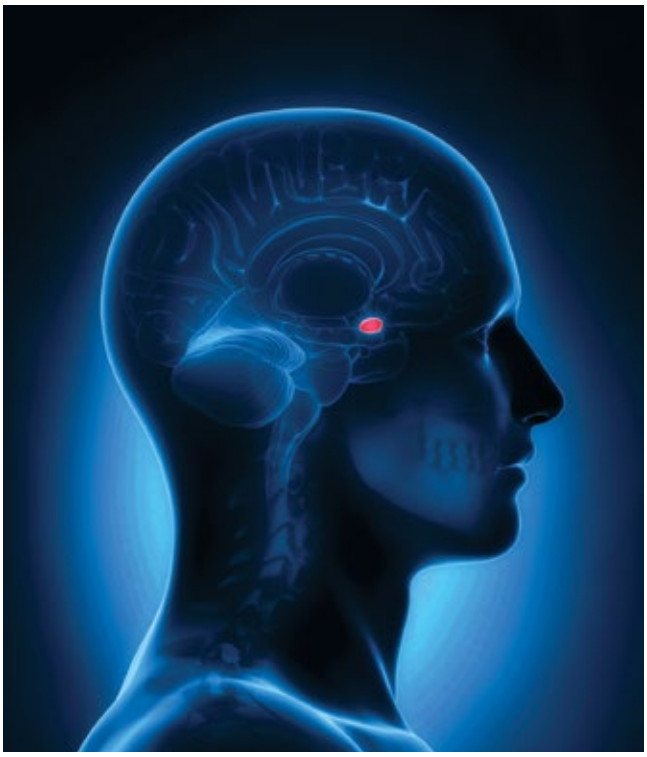
» managing triggers



» 'back brain' becomes very active, and the 'front brain' shuts down. And this is what is happening when we are triggered—outside of conscious thought, the body is ramped up for immediate evasive action. We don't sit around thinking, 'Oh, maybe in a minute this dog might bite me, so maybe I ought to do something about it.' We don't think at all! The body sets off the sympathetic nervous system to be ready to respond before we have even had a chance to think about the danger.

THE AMYGDALA ASSUMES THE WORST

This is a very good system that has meant that for thousands of years we have been designed to be alert to danger and to respond instantly in order to survive. But unfortunately, if we have suffered a lot of trauma, especially during our early years when our brains are at their most impressionable, then our amygdala—our 'smoke alarm'—becomes oversensitive. The amygdala is a very basic bit of brain kit—it doesn't think, it doesn't spend long processing incoming information, and it's not smart. It is just a smoke alarm—it only responds to what it perceives to be smoke. So it cannot tell the difference between burnt toast and the house being on fire; or between a snake-shaped stick on the path ten metres ahead and a real snake. And the more traumatic experiences we've had, the more our amygdala is wired towards assuming the worst.

A MALADAPTIVE RESPONSE

That might seem inconvenient now, but at the time, as a child, this was 'adaptive'—it helped us to survive a threatening environment. By being sensitive, even over-sensitive, the amygdala gave us the maximum possible amount of time to respond to threat—to respond with fight, flight or (if all else fails) freeze. The problem is that this level of responsiveness isn't so adaptive or helpful as an adult. If the abuse is behind us, if we're living in a world that is at least relatively safe, then we don't need to have such quick responses to guard against threat: we don't need such a sensitive smoke alarm. But having been in repeated fires in childhood, many of us have been left instead with a smoke alarm that reacts to the merest whiff of smoke as if it's an inferno. And sometimes it goes off just in case—better safe than sorry! It's this oversensitivity that can plague our lives—why we can be so tense and stressed, why we can react so dramatically to triggers, and in everyday life be jumpy and irritable and even aggressive.

THE HIPPOCAMPUS

There's another part of the 'back brain' that is important and that is a seahorse-shaped structure called the hippocampus. This is concerned with short-term memory processing, organising, sequencing, and mental maths, and is heavily involved in the processes of memory storage and retrieval.

In this latter role it acts as a kind of 'context stamp', providing data such as time, location and context. So it 'tags' memories with this additional information, allowing you to remember not just what happened, but where it happened and when, and what the context for it was. However, when the amygdala (smoke alarm) has been set off by high levels of stress such as trauma, the hippocampus shuts down. Memories of traumatic events may therefore be encoded or stored without their full context. This partly explains why, after the event, memories of abuse may be so fuzzy and indistinct—why we're not quite sure whether they happened or not, or when and where they took place. It is as if they float free of anchors in our minds, and it makes them very difficult to bring into verbal, narrative memory.

So when something traumatic happens, the smoke alarm goes off and that deactivates the hippocampus. The memory of that traumatic event may then be encoded or stored without information about the context for what just happened. Imagine that our attacker was wearing the colour red. If that colour information is detached from the overall context, then 'red' may be stored as a 'trigger' in the future—a smoke warning sign that there's imminent danger. The hippocampus didn't get to 'tag' the memory with contextual information to show that the 'red jumper' wasn't a key part of what happened, so 'red' becomes a conditioned response to the trauma: it becomes a trigger, something that will set off the smoke alarm.

FRONT BRAIN OFF/ BACK BRAIN ON

All of this presents a huge challenge to us as trauma survivors. There is a cascade of processes that happens in our brain and body when the amygdala detects a threat, and it all happens before we've even had to think about it. When the amygdala smells smoke, the front brain switches off and the back brain switches

on. This back brain alarm floods the body with stress hormones like adrenaline and cortisol which gear us for instant action, to fight or flee. They make us tense, pumped up, aggressive, so we end up with lots of overreactions to tiny reminders of the trauma, and a generalised 'stressiness' that is hard not just for us but for the people around us too.

At the same time as this is happening, however, the front brain—the thinking part—has decreased bloodflow and shuts down. At a survival level, there is a good reason for this, because if we're about to be attacked by a tiger, we need lightning-quick reflexes and to be ready to run or fight. We don't need to be slowed down by our ponderous thinking brain which wants to weigh up all the options and figure out what kind of tiger it is and scroll through all the associations we've had with tigers in the past. While we're still weighing up those options and recalling the differences between Bengal tigers and Siberian tigers,

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» managing triggers

» we'll already have been eaten! So when it's a matter of threat and survival, the back brain fires up and pours stress hormones into our bloodstream ready for action, and our front brains are switched off to stop us faffing.

BROCA'S AREA

We are all familiar with the effects of adrenaline—the surge of energy, the pounding heart, the tensed muscles, clenched fists, alert attention. And many of us will also be familiar with the effects of high levels of stress: it may be less exotic than being hunted by a tiger, but public speaking has a similar impact on our autonomic nervous system! It is often touted as the number one fear because the very thing that we are supposed to be doing—speaking, and thinking about what we are going to say next—is inhibited by the stress response as our front brains shut down and we can't get our minds into gear.

There is another area of the brain that is relevant here, called Broca's area. It is concerned with language and speech—with words. Like the hippocampus, it is also shut down when the smoke alarm is sounding. That is why in a state of terror, like a flashback of trauma, it is so difficult to get our words out. In a situation such as public speaking, at the moment that we most need to speak fluently, our mind goes blank and we literally cannot think of anything to say. This isn't some random occurrence—it is caused by Broca's area having reduced bloodflow in moments of high stress and so being 'turned off'. It's what Judith Lewis Herman calls the 'wordless terror' of trauma.

But the flipside is that if we can get ourselves talking, or focusing on words such as through puzzles like wordsearches or crosswords, or by reading or journalling, we will be coaxing our brain to restore its bloodflow back to Broca's area again. And by doing that, it will start to turn on the front brain as a whole again. When a therapist gets you to talk about the weather, or football, or what you had for tea last night, it's not because they can't cope with your flashback or re-experience of your trauma—they're getting you out of a back-brain, triggered state by turning your front brain back on again. Some therapists are smarter than they look!

IT'S NOT MY FAULT

So when we are triggered, a very simple but powerful process is at work. Before we have even had a chance to think about it, within 7 milliseconds, our 'smoke alarm' has detected smoke, and has set off a bodily alarm system to pump stress hormones into our bloodstream to enable us to take immediate evasive action. The front brain switches off so we can't think and the back brain switches on so all we want to do is act. To me, that suddenly made sense of how I could be so rational, so normal, so competent some of the time and then, when triggered, I became a jumpy, rabbit-caught-in-headlights, speechless wreck. And understanding that, that it's an automatic process based around survival, and that it happens outside of conscious thought within the blink of an eye, made the world of difference to me: it's not my fault. It's not because I'm attention-seeking, or pathetic, or just plain 'bad'. It's my brain with its automatic wiring trying to keep me safe. I am more easily triggered by other people because I have an oversensitive smoke alarm from being in way

too many fires as a child, not because there's something intrinsically defective with me.

Armed with this new knowledge, I stopped beating myself up when I got triggered. It didn't prevent me from being triggered, but it diverted the backlash afterwards, the tornado of critical thoughts and accusations that would make a bad situation even worse. And gradually I realised too that this self-blame, this tirade of self-denigration, was in itself triggering—that my own abusiveness, even though it was only ever voiced in my head, also smelled 'smoky' to my amygdala. So I was triggering myself with my own self-hatred—and that in itself had been spinning me time and again into a vicious circle of being triggered and then triggered again by my own disgust at having been triggered.

Understanding that being triggered is automatic and not my fault therefore helped me to become kinder towards myself, and by soothing myself and speaking kindly to myself after a triggering incident, I improved my 'recovery time'. Over a period of months I therefore noticed that I was getting triggered less often, and—just as significantly—when I was, it wasn't taking me so long to come back to a state of balance and equilibrium. It was the start of a new way of relating to myself based not on the old models of attack-and-abuse but based on the new models I was learning in therapy of comfort-and-accept.

So triggers aren't our fault, but they still need to be managed. How do we do that? And how can we turn down the sensitivity of the smoke alarm over time, so that it doesn't sound the alarm when the toast has been burnt?

HELPLESSNESS

Of course, the first and most important thing to realise is that we can actually do something. I believe that the core essence of trauma is helplessness—it is being overwhelmed and powerless where there is absolutely nothing that we can do to stop what is happening to us. For many of us who have gone on to develop a dissociative disorder, that sense of helplessness lives on in a very powerful but often unconscious way, infecting everything that we do with a sense that we can't. It is a habit that our brains developed in childhood because chronically, over years and years, perhaps hundreds or even thousands of times, we experienced traumatic events where we experienced intense helplessness. Our brains grow and develop in response to our experience, especially repeated experience. And so quite without any sense of choice, most of us developed a chronic sense of learned helplessness: this can become a default state that we are triggered back into, either when we are reminded directly of our original trauma or when we are hit by a circumstance in the here and now that renders us helpless again.

And being triggered—being hit by an automatic body-brain response where adrenaline is pumped into our bloodstream, our thinking brains shut down and our survival-based back brains light up—can also make us feel helpless! After all, it all happens outside of our control, without our permission, even when we are doing our best to stop it. So it is easy to believe that there is nothing that we can do about it, and we can start to restrict our life to cater for it—we give up work, we don't bother to try to sleep at night, we rely on prescription medication or other drugs or alcohol to try to numb things down. But the good news is that although triggers happen within 7 milliseconds, we can be ready for them, we can develop a strategy for managing them, and we can even begin to turn down the sensitivity of our 'smoke alarm' over time so that we are less likely to be triggered in the future. The net result, of course, is that life then starts to become a whole lot easier and we can concentrate on more than just surviving an hour at a time.

» managing triggers

THREE PARTS OF THE FRONT BRAIN

So what therefore can we do when we are triggered? I believe that we need a 'go to' strategy, something that is easy to remember even when our front brains are screeching to a halt, and something that works in a variety of settings. What I developed for myself was something that came out of understanding a little bit about the front brain, and how three general areas of the front brain, with their own particular characteristics and peculiarities, can be engaged to help us get back in control again when an unexpected trigger knocks us off course.

The three parts of the front brain that I am referring to are:

- **the front left brain:** the dorsolateral prefrontal cortex
- **the front right brain:** the right orbital prefrontal cortex
- and **the front middle brain:** the medial prefrontal cortex.

Of course this is a simplification, and is looking at the brain in metaphorical terms rather than strictly neuroscientific terms—because the aim is not precise brain surgery, but to understand generalised differences in the way that our front brains work which we can then tap into to manage triggers better.

THE FRONT LEFT BRAIN

So firstly, there's the dorsolateral prefrontal cortex: the front left brain. This is the part of the brain that holds information as facts: that Paris is the capital of France, that Shakespeare wrote Macbeth, and that I am safe here—the logical, factual part of that statement, not the emotional, experiential part of it. There are many people with DID who have great, even highly-developed front left brains—we love knowledge and information and facts, and the more the better! And it is this part of the

brain that gets 'switched on' by doing even just low-level mental activities such as counting or maths, logic puzzles, factual quizzes, Sudoku.

Doing those kinds of things turns on the front left brain, and because the front and back brain operate like a kind of see-saw, just by turning your front brain on you will be turning your back-brain off. All too often we fight hard, by some huge effort of the will, to try to 'calm down.' In fact we may be more successful if we don't try hard to calm down—which often upsets us more as we become frustrated that we're not succeeding!—but if we just focus our attention instead on switching our front left brain on. Conversely, of course, that is why it is hard to concentrate when we're stressed and panicky. And that's why something that doesn't matter, something like Sudoku or a puzzle game on a smartphone, can help get our front brains more active again without even really trying.

That is also why employment or volunteering is so often a stabilising factor for many trauma survivors—work that isn't too complex and stressful and full of relational conflict and

high risk, but work that engages our front brains to come online and stay online. We really shouldn't underestimate the role that work plays in keeping our front brains on and keeping us stabilised. Certainly my worst time after my breakdown in 2005 was during 2008 when I gave up work—because I felt I couldn't cope any more—and without the demands of work to keep my front brain online, things actually got a lot worse for me very quickly. I went through a period of several months where I was what I might call 'back brain activated' most of the time, and where I was resorting to medication and self-harm as my principal methods of self-regulation. It was when I started work again at a low level and on a voluntary basis that I was able to activate my front brain for several hours a day, which had the automatic see-saw effect of turning down my back brain. That was then a turning-point for me from which I was able to move forwards, and it is something that I am still very conscious of nowadays. For many years I knew that after a therapy session, I needed to get my front brain online again by doing something menial like filing or checking the bank statement. I couldn't do anything very complicated or creative, but even Sudoku or putting books back in alphabetical order is better and safer than descending into a back-brain fuelled dissociative state of crisis!

So the front left brain can be viewed as the facts-based, information centre of the thinking brain. However, even though the front left brain can say, 'I know I'm safe here,' have you ever noticed how your therapist can tell you until he or she is blue in the face that you're safe now, but you still don't feel safe? This is because the front left brain has very few direct connections to the smoke alarm, the amygdala, which is the part of the brain as we have seen that makes that initial assessment of risk and danger. So the lack of connections between the front left brain and the amygdala means that although we can use the front left

brain to turn down our panicky, survival back brain response once we have been triggered, just relying on cognitive facts won't make any difference to the sensitivity of the smoke alarm over time. In other words, it helps in the short term but not in the long term. Two other parts of the front brain are much better for that.

THE FRONT RIGHT BRAIN

Firstly, there is what we can call the front right brain, the right orbital prefrontal cortex. This is the region of the brain that is involved in attachment, in human relationships, especially between a mother and her baby. Attachment theory is critically important to understanding and recovering from dissociative disorders, and I cover it in detail in my *Working with Relational Trauma* online course, but suffice to say here that the front right brain is switched on during what we might call 'attachment moments'—times when a mother soothes her baby with touch, with eye contact, with a reassuring tone of voice. And these 'attachment moments' can be replicated by a partner—someone with whom you have a close emotional bond—as well as the therapist

who acts as a soothing presence to their client during times of hyperarousal or agitation. We all know how powerful it is to have someone who cares about us come alongside us when we are triggered and help us to down-regulate again, coaxing us to breathe more slowly, to come into tune with their calm presence rather than our terrified state of panic. And it is this right orbital prefrontal cortex that is being activated during these moments.

The front right brain also has quite good links to the amygdala, meaning that human contact—especially at the level of an attachment relationship—can help to turn down the sensitivity of the smoke alarm over a neural network can develop in the brain and the front right brain can in effect 'inhibit' the smoke alarm, making it less likely to go off at just a whiff of smoke. This is what we should have developed in childhood—the ability of the front brain, in effect, to down-regulate and modulate the activity of the back brain, and intentionally 'practising' this relational soothing can have a tremendous impact over time. Many experts talk about the importance of 'affect regulation'—the ability to manage difficult or strong emotions—and how this can develop over time as the therapist and client form a 'dyad' which closely resembles, in neuro-developmental terms, aspects of the relationship between a mother and a baby.

This is what I experienced a thousand times in therapy sessions when my feelings suddenly hijacked me and I was triggered into a high-anxiety state. Together with my therapists, I (or another part of me) gradually learned to be able to turn the volume down on those feelings so that they did not deafen me anymore. My therapists mirrored calmness to me, breathing slowly and deeply together ('Just sigh!' as Janina Fisher puts it), so that I became able to manage the spikes of emotion when triggered. Over time this has helped to form a neural network between my front right brain and my amygdala, to turn down the sensitivity of the smoke alarm over time. At first I felt frustrated at being triggered during therapy, that I was wasting precious minutes by just 'getting upset again' and therefore somehow messing up the session. But I eventually realised that 'getting upset' in the session was a good thing, because through the coaching of my therapists I learned how to calm down, and by doing so I lay down new patterns in my brain, new neural networks that meant over the long-term that I became less likely to fly into a panic when I was sniffing smoke but there was no fire to be found.

The impact of neglect on the front right brain has perhaps most strikingly been seen in brain scans on the Romanian orphanage children highlighted by television documentaries in the 1980s. These children, victims of Ceausescu's regime, received the most minimal levels of care and attention, many of them being washed and fed but otherwise ignored—no cuddles, no interaction, no play, no love. On brain scans, the area of the front right brain that we are talking about here, the region connected with attachment and emotional regulation, was more or less missing: 'black holes' showing the lack of development arising from extreme relational neglect. Although most of us with DID will not have such evidently absent right brains, many of us will however manifest some degree of underdevelopment. And we see the impact of this in our difficulties with relationships and especially attachment relationships, as well as our struggles with managing our emotions. And this is why we can't just 'get better' or 'snap out of it' as many of us will have been exhorted: we're actually 'brain-damaged' or at the very least 'brain-missing!' That is why recovery can take time, because we are literally trying to grow and develop these parts of our brains. That is also why some forms of cognitive therapy often prove inadequate on their own in treating DID—cognitive therapies may appeal to our front

left brain with its facts, logic, information and knowledge, but may do little to develop our front right brain with its craving for human relationship and interactive affect regulation.

The good news is that attunement and empathy can actually 'grow' this front right part of our brains, and that is why attachment relationships including ones with partners and with therapists are so important. It also hints at why when we do develop secure attachments, it positively impacts our ability to cope better with adversity and manage our feelings within a wider 'window of tolerance.' For me personally, perhaps the greatest impact I saw in my therapy journey was the way in which my front right brain helped to turn down the sensitivity of my 'smoke alarm,' meaning that over time I became much less often triggered, and much less severely. Even having been triggered, I was able to use what I had learned in therapy to coax myself back down to a more settled state.

THE FRONT MIDDLE BRAIN

The other part of the front brain that we can tap into and which is helpful for modulating the smoke alarm is the front middle brain, the medial prefrontal cortex. You may be thinking, 'But what do I do when my therapist or partner isn't around? What do I do if I haven't got a therapist or partner in the first place?' And they are very real concerns. But the good news is that the medial prefrontal cortex is part of the brain that everyone can tap into, at any time of night or day. It is a part of the brain that is concerned with self-awareness: of emotions, of body sensations, of thoughts. It is the part of the brain that can reflect upon itself, looking inside and thinking, 'How am I feeling? What's going on for me? What am I experiencing right now?'

Research has shown that this part of the brain also tends to be quite depleted in chronic trauma survivors—many of us struggle to

know what is going on inside us! I suspect that some of the reason for that is because we are so focused 'out there,' being hypervigilant for threat, that we have never stopped to look 'in here.' And if we do, then the 'in here' bit is so often fraught with feelings of yuk and shame and horror—we don't want to feel what we're feeling; we don't want to think about what we're thinking. And that of course is the very essence of dissociation. Many of us, therefore, have ended up with a quite underdeveloped medial prefrontal cortex—which is a real shame as it has the best connections or pathways to the amygdala.

APPLIED MINDFULNESS

The most successful emerging therapies in working with DID seem to be those that employ so-called 'applied mindfulness,' such as the Sensorimotor Psychotherapy approach developed by Pat Ogden and others including Janina Fisher. This has helped me enormously—at the beginning of my therapy journey I had practically no ability whatsoever to be able to just observe what was going on in me. I was 'in' my physical experience, just

» swallowed up and consumed by it; I wasn't able in any way to stand back from it and observe it. I was 'in' my emotional experience too, domineered and hijacked by any emotion that wanted to come along and dictate to me, and I was utterly convinced that not only did I have to believe what that feeling was telling me, but that I had to obey it too. I couldn't bear to sit with it. I just had to act on it. So I was forever mindlessly reacting to what was going on inside me, and yet through the practice of mindfulness and through Sensorimotor Psychotherapy approaches in particular, I was able to begin to be able to 'just notice,' to 'just be curious,' and to start to observe and comment on what was happening, seeing that it was 'just a thought' or 'just a feeling' or 'just a sensation.' This was revolutionary for me. I began to realise that the 'I' that I so struggled to define was separate to the feelings of panic, the compulsion to self-harm, the in-wash of shame, and that this 'I' could stand back and 'just notice' and comment on what was happening in an accepting-but-detached way, without judgement, without counter-emotion, but just with curiosity. I began to be able to develop what others have called a 'third position' or a 'mentalising stance.'

TALKING OURSELVES THROUGH IT

And perhaps most critically for me personally, it meant that I had a new strategy when I was triggered. When my back brain had switched on and my front brain had switched off, I began to realise that I needed to talk myself through it. At first I needed the support and coaching of my therapists to do it, for them to help direct my attention and for them to help me to step back from myself and just observe what was happening and to name it. So I began to learn to develop a self-narrative at these moments: 'Oh look, my arms and my legs have gone all tense. What else is happening in my body? Let's have a look. Oh, my breathing has speeded up and it's gone quite shallow. What's happening in my tummy? It feels like a tight ball of energy. What's this all about? Oh, I think I've been triggered. This is an autonomic nervous system reaction. Something has tripped the switch; something has set the smoke alarm off. My amygdala has detected something that it thinks is a threat. My front brain has been shut down and my back brain has lit up and geared me up ready for fight or flight. It's not because I'm being abused in the here-and-now. It's just my body's automatic reaction because the memory of that has been triggered. Now let's look again at what is happening in my body… My fists want to clench. My legs want to run …' And so on.

And even by doing this—even by putting these things into words, we are automatically bringing our front brains online, by engaging Broca's area, the speech and language centre. But the real key is to be able to turn our attention inwards and to observe what is going on in us so that it is just something that is going on in us: it is just a thought, just a feeling, just a sensation. It's not the entirety of our experience. If it is something separate from us, then it need not define us or control us, or be the be-all and end-all of us. It can come, and it can go, and we can be certain that it will only be temporary. There is a difference between being anxious and having an anxious feeling: the latter will pass, whereas by thinking the former, we have begun to attribute meaning to it ('This is who I am'), with a sense of certainty and finality and enduringness to it.

THE POWER OF THE WORD 'JUST'

But if the feeling is just a feeling, then I can watch it come towards me, as if hurtling in my direction on the motorway at 70 miles per hour, and I can choose to watch it go past me—I just need to wait and watch it zoom past. I can step out of the way of it. And I don't

need to make matters worse by feeling not just anxiety, but frustration at my anxiety. If I just observe the single juggernaut of anxiety and watch it roar past me, I don't have to add on a lorry-load of frustration. Too often in the past I have allowed one emotion to spawn a whole car-crash of others. And all the time, while I'm just observing and commenting and noticing this feeling of anxiety, I am engaging my thinking, assessing, pondering, wondering front brain and the see-saw effect will mean automatically that my back brain will be calming down.

A Sensorimotor psychotherapist with whom I worked for a number of years used to say to me in the kind of sing-song voice that surely you can only pick up through very many years of therapy school: 'Just notice! Just be curious!' It was pretty annoying at first, especially when I was consumed in a back-brain state of red alert, with everything screaming at me that the house was on fire and I was imminently going to die. But with just those two or three words she was in effect saying, 'It's ok, it's just a false alarm. It's just burnt toast. The house isn't really on fire. Don't panic. They are just feelings of panic, but there's nothing to panic about. It's just your body's smoke alarm going off, that's all. There isn't really a fire. Just notice what the panic feels like in your body. Let's just observe it. Let's just be curious …'

SELF-TALK IN A CRISIS

It took many months of annoying repetition but eventually I started to be able to do it for myself. So when at one point I had a very serious near-miss on the motorway, and I went into genuine survival mode, I talked myself through it. 'Just notice!' I said to myself internally (in the same sing-song voice—I'm sure the magic is in the voice), 'Just be curious!' And I started to recount to myself what was happening in my body—my shaking arms, my tense legs, my chest feeling crushed like there was no breath in it, my sweating palms, my feeling of nausea, everything distant and slow and unreal. I could feel myself being pulled off inside, to 'check out,' to dissociate and switch to another part, but like staring down a tunnel I kept up my self-talk: 'It's just your amygdala sounding the alarm. Well done me for responding so quickly with that adrenaline. Well done me for releasing glucose into my bloodstream. I can stay present. I can just notice and be curious.' And I did, and it was one of those moments when I looked back afterwards and realised what progress I'd made, and how a few years previously I would have been lost maybe for hours afterwards; the emotional aftermath could have lasted in fact days; and worst of all, I would have beaten myself up for someone else's driving error, and heaped torment and abuse on myself for someone else's lapse of concentration. Instead I was able to stay in control; I didn't have to switch or dissociate to manage the situation; and the aftermath was one of gratitude and thankfulness that I was alive and unhurt rather than the savagery of self-blame.

THREE STRATEGIES FOR THREE PARTS OF THE BRAIN

So there we have then the three parts of the front brain—front left, front right, and front middle, each of them with their own characteristics and their own specific ways that we can utilise to manage triggers and

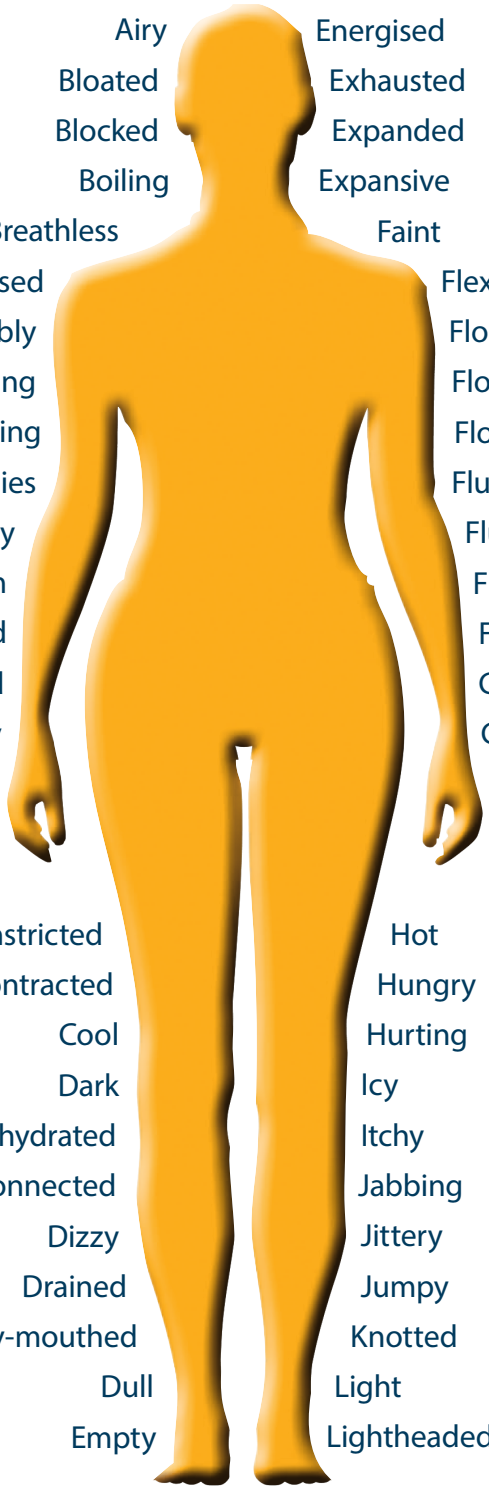
» managing triggers

turn down the sensitivity of the smoke alarm over time. And using these three metaphorical regions, I have developed three strategies for turning my front brain back online when I have been triggered:

- using my **front left brain**, I get myself thinking—with Sudoku or word-searches or games on my phone, with counting backwards in sevens, with filing or reconciling bank statements, with reading and journalling.
- using my **front right brain**, I get myself connected—preferably to an attachment figure, such as a therapist or my husband, in order to allow them to help me be soothed and calm down.
- using my **front middle brain**, I get myself noticing—I turn my attention inwards and I am 'just curious' and I 'just notice' the feelings and the physical sensations of panic, and I name them and observe them and watch them pass by without judgement or meaning-making.

The important thing is to find activities that help us each personally to ground ourselves when we are triggered, but using this simple matrix of three parts of the brain and the three strategies to go with it, it can help us when our front brain has gone offline and we have become foggy with panic and we can't remember what to do. And the promise is there that if we will develop these grounding activities and repeat them and repeat them and repeat them some more, then we will develop new patterns in our brain, new neural networks, which over time will reduce the sensitivity of our smoke alarm—a smoke alarm which became over-reactive, not because we're bad or stupid or pathetic or lazy, but simply because we were in way too many fires as children.

Body Sensation Words



Achy
Airy
Bloated
Blocked
Boiling
Breathless
Bruised
Bubbly
Burning
Bursting
Butterflies
Buzzy
Calm
Clenched
Closed
Cloudy
Cold
Comfortable
Congested
Constricted
Contracted
Cool
Dark
Dehydrated
Disconnected
Dizzy
Drained
Dry-mouthed
Dull
Empty
Energetic
Energised
Exhausted
Expanded
Expansive
Faint
Flexible
Floating
Floaty
Floppy
Fluid
Fluttery
Frozen
Full
Giddy
Grounded
Headachey
Heavy
Hollow
Hot
Hungry
Hurting
Icy
Itchy
Jabbing
Jittery
Jumpy
Knotted
Light
Lightheaded
Limp
Nauseous
Nervy
Numb
Open
Parched
Pounding
Pressure
Prickly
Pulsing
Queasy
Quivering
Radiating
Ravenous
Raw
Relaxed
Released
Rigid
Saggy
Satiated
Satisfied
Sensitive
Shaky
Shivery
Short
Short of breath
Shuddering
Sick
Sore
Spacey
Spacious
Spongy
Squashed
Squirmy
Stabbing
Stinging
Stretchy
Stuffed
Suffocated
Sweaty
Tall
Taut
Tearful
Teary
Tense
Thick-headed
Throbbing
Tickly
Tight
Tingling
Tingly
Tired
Trembly
Twitchy
Uncomfortable
Vibrating
Warm
Wet
Wobbly
Woozy

Managing Flashbacks

AWFUL AND AWESOME: AN INTRODUCTION

Life would be okay, if it were not for the flashbacks…

How true. How many times have I heard people say that? And for so many years, my life too would have been bearable, but for the flashbacks. These are not polite house guests who turn up on cue, with flowers and chocolates. They wake you in the middle of the night; they intrude upon you at moments of intimacy, in public, at work, at the most inconvenient times and in the most unexpected places. It's hard not to feel totally out-of-control when flashbacks are dominating your life, because at the point at which they strike, you *are* out-of-control. And they become a vicious cycle—you end up fearing the flashbacks, fearing the loss of control, the emotional upsurge, the physical reaction, and in that stressed-out state you are more liable to experience flashbacks…

Coming to terms with flashbacks—understanding what they are, learning how to manage them, and eventually figuring out how to reduce them—has been a cornerstone of my recovery. When things are really tough and the flashbacks are unremitting, recovery often feels impossible and life itself hopeless. And yet, in a kind of paradox, flashbacks are a good sign. I believe that flashbacks are a sign of your brain trying to heal. Flashbacks contain unprocessed fragments of traumatic memory, and they burst into consciousness partly because your brain is trying to process these fragments and to see where they 'fit'. Flashbacks are horrendous—yes. But it can help if we reframe them as signs of our sanity, that our brains know that something is not right, and at least when they happen we can take some tiny crumbs of comfort from the fact that our brain wants to heal. Flashbacks, and the triggers that cause them, can be guides on our therapeutic recovery journey.

HOW DO WE DESCRIBE FLASHBACKS?

A flashback is a sudden, involuntary reexperiencing of a past traumatic event as if it is happening in the present.

To a certain extent, I've always been slightly confused about what flashbacks are. I've seen many representations in films of people having flashbacks, and none of them ring true for me. For a long time, I thought that it was me that was the problem—that I wasn't really having flashbacks, that I was a fraud, or just making it up for the attention. Of course, I hated the attention, and desperately wished that it was all 'made up', but nonetheless the doubts remained. How does anyone know what a flashback feels like—especially when you feel so 'derealised' when it's happening? How do we know that we all mean the same thing by the term 'flashback'?

A scene in the film Catching Fire depicts one. The main protagonist, Katniss, has survived the annual 'Hunger Games' in which two children from each of the twelve districts must fight each other to the death as entertainment for the ruling classes. During this, to protect an ally, she kills a boy called Marvel with an arrow. (If ever there was an allegorical representation of ritual abuse, the Hunger Games series captures it.) At the beginning of the second film, as Katniss is trying to readjust to life after her trauma, she is out in the woods, hunting. She shoots an arrow at a turkey, but instead, in a flashback, sees Marvel's body collapsing to the floor. Her immediate physical and emotional reaction is clear. And part of me wants to jump up and down and say, 'Yes, that's it! That's a flashback!' while most of me actually feels a little guilty, because I know that most of the time it's not as clear-cut as that for me.

It's hard to describe a flashback, because while it's happening, key parts of the brain required to recall and articulate our experience shut down. As bloodflow is reduced to the word-generating part of our brain, Broca's area, we find it difficult to vocalise our experience. We may recognise flashbacks when we see them in others, but the self-observing part of our brain isn't engaged when we're actually experiencing one ourselves.

And so many people are confused about whether what they're experiencing can truly be called a 'flashback'. I believe that the flashback experience exists on a spectrum, everything from a brief fleeting thought accompanied by an instant pounding heart or sinking stomach, right through to an experience lasting several minutes in which we are really, truly back in the experience of past trauma. At this end of the spectrum, it can be frightening for others to observe too—we seem to have lost touch with reality as we think that 'it's still happening now' and we mistake people in the here-and-now with people from the there-and-then.

Our behaviour make a lot more sense if we understand a little of what goes on in the brain during trauma, and how this is replicated (to a greater or lesser degree) during a flashback.

WHAT GOES ON IN THE BRAIN DURING TRAUMA?

Our reactions may seem bizarre to an outsider, but there really is method in our madness.

We are primed instinctively to respond to threat, as can be seen in the nine stages of the defensive response cycle (see page 37). What therefore goes on in our bodies and brains during trauma—and its subsequent flashbacks—is entirely out of our control. Too often we feel ashamed of our reactions, both at the time of the original trauma, and when experiencing repeated flashbacks, but it's essential that we realise that these are survival processes at work, and nothing to do with attention-seeking, manipulating or being 'weak'. But that doesn't mean to say that we can't learn to handle flashbacks better, and the key to that is understanding what is actually going on in the brain.

A really simple way of understanding the brain during trauma is that our front brains turn off and our back brains turn on. When the amygdala, our brain's 'smoke alarm' detects a threat, it sends a split-second signal to the hypothalamus to sound the siren. The hypothalamus then initiates a cascade of chemical responses in the brain and the body. For example:

- noradrenaline is released in the brain to help it focus and react quickly
- adrenaline speeds up the heartrate to increase the availability of oxygen and nutrients to the long muscles of the arms and legs, ready to fight or flee
- there is an increase in blood pressure, so that essential blood supplies reach their destination as quickly as possible
- blood supply is diverted away from non-urgent activities such as digestion and reproduction
- the immune system is temporarily boosted, in order to respond quickly to a potential injury
- fuel supplies are maximised in the bloodstream.

By doing this, and entering the 'amber alert' phase, the body is geared up to defend itself,

all of which happens outside of conscious thought, before we have even had a chance to consciously notice and think about the threat. This is a really important part of survival. We cannot risk, at the moment of threat, any kind of 'paralysis of analysis': we have to act in a split second. And so the thinking, rational, analytical, planning 'front brain', which is the seat of our conscious thoughts, is placed in neutral, while the automatic, instinctive, emotional 'back brain' is placed firmly in gear. Back brain on—front brain off.

This allows us to react quickly to the threat without too much deliberation—to react automatically and instinctively, which gives us the best chance of survival. However, this turning down of the front brain has its disadvantages for us too—blood flow is reduced to several key areas, most significantly:

- **The 'timekeeper', the dorsolateral prefrontal cortex.** This part of the brain, along with many other functions, keeps our sense of ourselves in time and space. That's why time seems to slow down or our life 'flashes' before our eyes during a traumatic moment. It is also why we can't tell the difference between past and present (a core element of a flashback) and why it feels as if flashbacks will go on forever.
- **The 'dictionary', Broca's area.** This is the language and speech area of the brain. That's why, at the moment of trauma, we often can't speak—'speechless terror'. It's also why when we're very stressed, it's hard to find our words. It's difficult to describe a flashback when your 'dictionary' is offline!
- **The 'watchtower', the medial prefrontal cortex**. This is the planning, overseeing, decision-making, wise part of our brain. With this offline, we struggle to plan and make decisions, and as it talks to the body through our 'internal CCTV', the insula, we can also have difficulty feeling connected to our body (an 'out of body experience').
- **The 'librarian' or 'context stamp', the hippocampus.** Technically part of the limbic system rather than the front brain, the hippocampus plays a leading role in memory encoding and retrieval and acts as a kind of special adviser to the watchtower. With the hippocampus offline, memories are often not stored coherently and so traumatic memories are often disjointed, lacking context, or incomplete.
- **The 'cook', the thalamus.** Although again technically not part of the front brain, the thalamus may switch off during trauma: incoming data from our environment and senses, which is normally mixed together by the 'cook' at the point of entry before being sent to other parts of the brain, remain as raw ingredients rather than a complete autobiographical 'soup'. This is the precursor to dissociation—information entering the brain not being 'associated' in the first place.

FLASHBACKS—A REPLICATION OF THE TRAUMA RESPONSE

A flashback is the result of this 'brain mush' that happens at the moment of trauma. A flashback comprises all the fragments of memory of that event that were not integrated by the thalamus in the first place, or were not encoded or stored properly by the under-performing hippocampus. The brain shuts down to protect us: during trauma we experience a sense of 'depersonalisation' and 'derealisation' which is the outward manifestation of all these brain areas being shut down—the 'timekeeper', 'dictionary', 'cook' and 'librarian'. The good news is that during trauma our attention and focus is narrowed and we feel outside ourselves—this

helps to reduce the psychological distress we are exposed to at the time. But afterwards, it is difficult for our brain to fully process what happened to us given that so much of it was offline while it was happening. The brain can struggle to move through to the recovery and integration phase when memory systems were not properly functioning at the time.

AVOIDANCE AS A SURVIVAL RESPONSE

Having been faced with a traumatic incident in which we were overwhelmed, and with an inadequate recovery and integration phase, often the brain unconsciously decides that the only course of action in future is to ensure that we avoid any such similar event. The thalamus ('cook'), which directs our attention, focuses on threat-related cues. Similarly the amygdala ('smoke alarm') is sensitised, and more likely to be activated at the merest whiff of smoke in the future. Without the complexity of the front brain, especially the 'watchtower', to mediate the process, the back brain makes broad generalisations about what might again in the future constitute 'smoke'. We became averse to a number of triggers, many of them in reality not accurate markers of 'smokiness': red as the colour of the top our attacker was wearing; the time of the day (for example night time); the contextual location (for example, a bed). Avoidance is both behavioural and mental—we avoid anything that might trigger us, and we avoid consciously thinking about anything that might remind us of the original trauma: it is pushed out of mind and becomes well and truly dissociated.

THE PATTERN-MATCHING BRAIN

In this state of heightened awareness of potential risk, with the thalamus and amygdala both contributing to a 'react first, think later' policy, the brain becomes 'trigger-happy'. The brain is predominantly a pattern-matching machine: it is looking for the same patterns everywhere. And so, upon seeing the colour red, or a bed, the amygdala sounds the alarm, having matched the pattern from previously. At this point, memory stored in or processed by the amygdala is fed into the conscious mind, albeit in its fragmentary, incomplete, and sensory format, and a 'flashback' occurs. This is the back brain's best attempt to warn us of potential danger by reminding us of what happened previously. Sometimes the memory that is activated is sufficiently complete to be 'seen' in the mind's eye (like Katniss shooting Marvel) but on many occasions the memory is too fragmented to make much sense to the conscious mind, the front brain. In that case, the body's alarm systems are activated and the defensive cycle is initiated, usually with a flight, fight or freeze response, whilst the conscious mind isn't fully aware of what is going on.

At this moment of flashback, the same responses take place in the brain and the body as they did at the moment of the original trauma. Stress hormones are released, with the resultant bodily response:

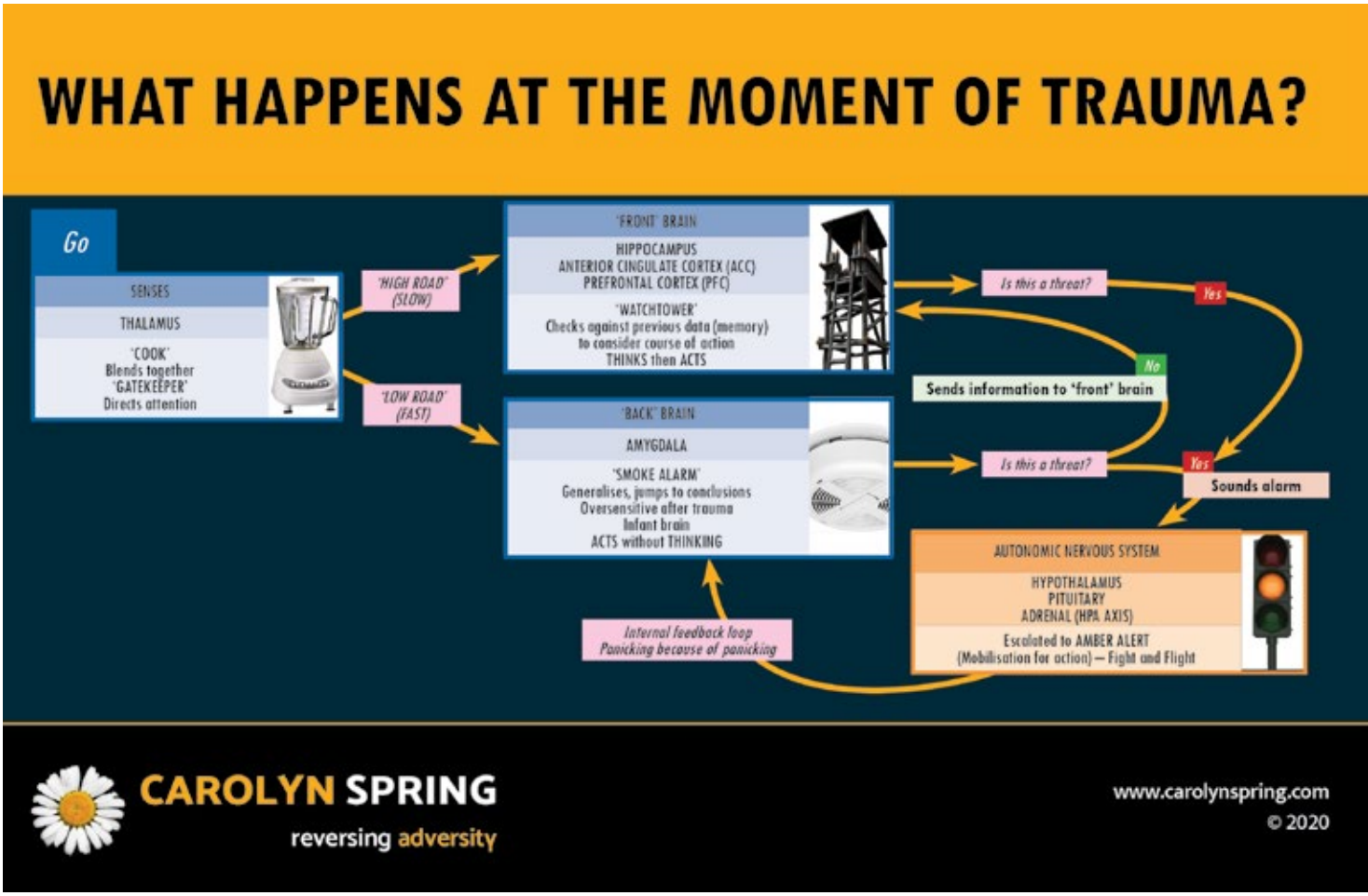
- in the flight or fight response (the 'amber' alert): increased heart rate and blood pressure, redirection of bloodflow, increase of breathing, release of energy into the bloodstream and muscles primed for action;
- or in the freeze/collapse response (the 'red' alert): slowing of the heartrate, loss of muscle tone, decreased breathing, lowering of blood pressure (sometimes involving 'syncope'—fainting) and immobilisation of muscles.

The flashback is a reliving and reexperiencing of the original trauma: the body and brain react exactly as they did at the time, and the memory of that event is reactivated primarily at an implicit level, in the body and back brain. This is why flashbacks play such a significant

» managing flashbacks

role in the lives of survivors with an unresolved traumatic history. They have the power, within a split second, to affect all the major organs of our body and to switch gears within our brain, taking us out of our thinking front brains and into our survival-based back brains. They make our hearts pound with terror, or our heartrate drop, causing a faint—and all of it outside our control.

Avoidance is a clever strategy and has helped us cope with life for many years. But it also has its limitations, because it increasingly restricts our life: there are more and more things that we need to avoid in order to eliminate the risk of being triggered into a flashback, and as many of us suffered relational trauma—abuse at the hands of people—then of course people are the most triggering thing in our world, and our world is full of them. We can end up increasingly isolated as we avoid all men or (for those of us who were abused by both genders) all men and women. Our quality of life degrades and it is little wonder that so many survivors end up depressed and suicidal. It is therefore imperative that we find another way of managing flashbacks.



THE DEFENSIVE RESPONSE CYCLE

All animals, including us as humans, have predetermined, instinctive patterns of response to defend ourselves from threat—this isn't something that is left to chance, or to our decision-making at the moment of danger, but something that is deeply ingrained in the way that our brains and bodies operate at an automatic, unconscious level. These patterns of response can be summarised into nine stages:

1. SOCIAL ENGAGEMENT

Our first level of defence is in our attachment systems—it's the inborn instincts we have to be social, to clan together, right from the infant crying to be fed, through to our long-term monogamous relationships and the societies that we create. Sticking together enhances our chances of survival, and so social engagement is the first step—a preemptive step in many ways—in protecting ourselves from threat.

2. DETECTION

To survive a hostile environment, we need to scan for threat and be able to detect it should it arise. Think of a herd of gazelles grazing, with their ears twitching and their head lifting from the grass to check out a distant sound. If they detect a predator, their arousal levels will immediately increase, becoming physically and mentally alert.

3. ORIENTING

Having detected a potential threat, the animal (or human) will 'orient' towards it, to try to locate it. The attention will be focused on it, via all the senses, for example by directing the eyes and channelling the hearing.

4. STILLING

Alongside orienting, or very shortly afterwards, there is a kind of 'stilling' of the body, an alert phase with the muscles tensed ready for action, the attention directed exclusively towards the threat, blocking out everything else. It is the rabbit caught in the headlights. Some people refer to this phase as 'freezing', but I prefer to retain that term for a later stage. It may happen only for a split second but is the precursor to the defensive response of the next three stages: flight, fight or freeze.

5. FLIGHT

The default primary option, in most scenarios, is flight: run as fast as you can away from the threat. The sooner you do this, and the faster you run, the greater your chance for escape. The gazelles fleeing from the cheetah may not be able to outrun it, but they will at least try, rather than facing certain death. We see the flight response also in the evasion of confrontation—doing whatever is required to avoid escalating conflict to a fight.

6. FIGHT

Some animals—some humans!—are not adept at running; they may have detected the threat too late; there may be no physical escape. A fight response then kicks in as the next automatic stage of the defensive cycle.

»

» managing flashbacks

For those strong enough, big enough and well-equipped enough (for example claws or weapons), this may be a successful strategy, although it does risk injury, which is why flight is usually preferred.

7. FREEZE

There are a number of reasons why flight or fight may not work: being too young, sick, weak, or ill-equipped, as in the classic example of the possum. In these cases, the next stage is to freeze, what some people refer to as collapse. This is a strategy based on submission and feigned death. If you can't flee and you can't fight, perhaps you can trick your predator into leaving you alone. Many victims of interpersonal violence, such as child sexual abuse, adult rape, domestic violence or acts of terrorism, report playing dead to evade attention or to minimise further harm. This is not a conscious choice, but is the brain and body's best way, at an instinctive level, of surviving. It is also important to note that freezing, or submitting, is in no way the same as consent: it is simply a way of responding which, faced with significant harm or death, maximises the chances of survival by not actively resisting.

This freeze response can be seen as the flight/fight response put on hold, as a crossover between active survival responses and passive ones. This then manifests in one of two ways: the first is 'tonic immobility'—the muscles are taut and tense, ready for action should the opportunity arise, but the body is otherwise paralysed. Numerous animals, including rabbits and sharks, manifest tonic immobility when trapped—search for it on YouTube to see some amazing clips! It is a very effective survival mechanism at feigning death to trick the predator.

The alternative version of the freeze response is 'collapsed immobility', where the muscles become floppy, like a ragdoll, and without tone. Sometimes it is accompanied by fainting ('vasovagal syncope'). This is the swoon of Victorian literature, passing out at the sight of blood, and other familiar experiences.

8. RECOVERY

If these active and reactive strategies of flight, fight or freeze are successful, then at some point the threat will pass, and we can move into the recovery stage. This is often characterised by what has been termed 'collapsed quiescence': it is a stage of 'licking the wounds', often accompanied by a prolonged period of rest and recuperation. It may also be characterised by trembling and shaking, which Peter Levine, in observing animals, suggests is a way of 'shaking out' the trapped energy of the freeze response, and returning to a mobilised state from the immobilisation of freeze.

9. INTEGRATION

With successful recovery, finally we can enter a period of 'integration', a way of mentally, physically and emotionally joining up and resolving the experience of threat we have just experienced, learning from it, consolidating memories of it, and developing strategies (often at an unconscious level) to survive a similar event in the future. This then takes us back, following recovery and integration, into social engagement and attachment. It is this cycle of defence and recovery that has been truncated or halted during trauma, and trauma recovery seeks to complete the cycle at whatever point it has been interrupted.

HOW CAN WE HANDLE FLASHBACKS?

Flashbacks take us from the 'here-and-now' to the 'there-and-then'. They turn off our front brain and activate our back brain. They make us feel disconnected from our bodies, while our bodies are gearing up to respond to threat. In handling them, therefore, we need to get 'grounded' in the here-and-now, in our bodies, and calm down our nervous systems again. In my experience, flashbacks pass more quickly if:

1. I ground myself back in my body
2. I bring my front brain online by thinking, and talking myself through it
3. I don't beat myself up, but am soothing and compassionate towards myself.

1. GETTING BACK INTO THE BODY

At the moment of trauma, there is a disconnect—a 'dissociation'—from the body. Many survivors, particularly of sexual abuse, talk about their experience during the trauma of detaching, perhaps floating up to the ceiling and having an 'out of body experience'. The technical reason for this seems to lie in reduced bloodflow to what Bessel van der Kolk refers to as the 'mohawk of self-awareness' and in particular two structures called the anterior cingulate cortex and the insula. The insula operates as a kind of 'internal CCTV' and relays information from the body up to the brain. There is growing evidence that this area in particular shuts down during trauma. In recovering from trauma, and handling flashbacks in particular, it can be very helpful to try to reverse this process, and to get the 'internal CCTV' back online again. Suggestions and encouragements from therapists to feel your feet on the floor is not—as many clients suspect—a distraction technique and the only thing that the therapist can think of to say! It is based in good brain science, about directing the brain's attention (and therefore directing blood flow) to the sensations of the body as relayed by the insula.

Mindfulness

Research shows that mindfulness meditation is very effective in strengthening the insula, and that is why it is so often recommended, both as a standalone activity, as well as being incorporated into the therapy itself, for example via Pat Ogden's Sensorimotor Psychotherapy approach to treating trauma. Breathing practices are strongly associated with both mindfulness meditation and yoga, and for good reason: breathing is one of the principal ways that we can calm our body down when stressed, for example during the automatic physiological reaction of a flashback. When we breathe in, we activate our sympathetic nervous system, responsible for the 'fight and flight' response, but when we breathe out, we activate our parasympathetic nervous system, which lowers our heart rate and is often referred to as the 'feed and breed' or 'rest and digest' system. Therefore slow, steady breathing from the diaphragm, preferably while directing our attention to the bodily sensations of our lungs filling with and emptying air (to engage the insula), is a very primitive but highly effective way of beginning to calm our reactions during a flashback.

Movement

Movement is also key. Whenever we are overwhelmed and in a freeze/collapse response, our bodies become immobilised. They do this to survive, but while we remain motionless, an internal feedback loop is set in motion, informing our brains that we are in danger because we are immobilised! It's therefore really important to get moving. This can be something as simple as tossing a bean bag from one hand to another, standing up, or walking around. Changing our posture has an immediate and massive impact on the

level of stress hormones in our body. Just by standing up and adopting a 'power pose' for two minutes—straight spine, chin lifted up, shoulders back, perhaps arms stretched wide and held strongly—can reduce the levels of the stress hormone cortisol in our bloodstream by 25%. Who would have thought that our physical posture could have such an impact on our physiology? This is really reassuring to know, especially when we feel so helpless in the face of flashbacks which have such a dramatic and immediate impact on our bodies. It means that we can use our bodies to counteract the effects on our bodies!

Activating the senses

We can also help to ground ourselves in our bodies by activating our senses. We can look around and focus our attention on what we can see—where we are, how many circular objects we can see, or shades of green. Looking at a 'vista'—a long-distance view—such as through the window (or better still outside, in a park or across a lake) also has an impact on our physiology, lowering our blood pressure. We can focus our attention on what we can hear—sounds far away, sounds close—as well as on what we can smell, perhaps using smells with positive associations such as certain handwashes or creams to give us a sense of safety again. In years gone by, smelling salts would be used to rouse someone in the collapse of a faint: smell is very powerful as it bypasses the thalamus and goes direct to the amygdala. We could also try tasting something pleasant or piquant, and use our sense of touch to stroke something soft and comforting. The aim is to focus the attention on the here-and-now and on the body. It is the body that is dysregulated in a flashback, so it is highly effective to cope with the flashback by calming and grounding the body, and our main perception channel to the body is our senses.

2. BRING YOUR FRONT BRAIN ONLINE

The front brain is our conscious, 'thinking' brain and it is switched off—or at the very least muted—during the trauma itself and then again during flashbacks. It is the front brain that helps us to assess situations, make decisions, and plan. That's why it can be so difficult, when you are being constantly dysregulated with flashbacks, to work your way out of it: you literally cannot think. As we've also seen, Broca's area also has reduced blood flow, making it difficult to speak and form word-thoughts. The very things that are difficult to do—thinking and speaking—are the very things we need to focus on doing, in order to break the power of flashbacks.

There are many ways of doing this, but one simple way that can be prepared in advance of flashbacks is to have a series of 'thought cards'. These are designed to remind you of what is happening during a flashback, and to get your front brain back online as you talk yourself through it. For example:

1. 'This is a flashback. It won't kill me—even though my body is reacting as if it will.'
2. 'It's a sign of my sanity—my brain is trying to protect me.'
3. 'This is a memory—even though it feels like it's happening now.'

It can be helpful to produce a number of these statements and carry them around with you, or display them in a prominent place where live. The aim is to get your front brain working again—nothing else. For some people, puzzles such as wordsearches or crosswords are effective. For others, doing menial, low-energy jobs such as filing, tidying or sorting can help—something that engages enough brain power to get the front brain online but isn't so demanding that it becomes stressful in and of itself.

3. DON'T BEAT YOURSELF UP

It can be really frustrating to be afflicted by flashbacks, especially when they happen frequently and come out of the blue. The immediate effects, in terms of the emotional and physical reactions, can be embarrassing and debilitating. For many of us, our immediate instinct is to express that frustration at ourselves— 'I'm so stupid! I hate myself! Why am I like this? Why can't I just pull myself together?' Accepting that flashbacks are the logical consequence of trauma, and that we didn't choose to be traumatised, is an important step towards recovery. But it's also important because, when we beat ourselves up, we are in fact triggering ourselves all over again!

Logically, this makes perfect sense: our brains—in particular our amygdala, the 'smoke alarm', and the thalamus, the 'cook'—have become sensitised to threat in order to try to keep us safe in the future. As I often say, we were in a lot of fires as children, so it is little wonder that our smoke alarm has become overreactive—it's working on the basis of 'better safe than sorry'. That is not a defect in our character or personality—it is simply a survival strategy as a direct consequence of the number of childhood 'fires' that we endured. And so our brains are geared towards scanning for, and responding to, threat. As the amygdala is based in our back brain, it is not complex or clever, and tends towards generalisation.

Therefore it cannot tell the difference between anger and abuse directed at us from another person—or from ourselves. When we beat ourselves up, we trigger the smoke alarm, and we react automatically to that. If we then beat ourselves up for having been triggered, we again trigger the smoke alarm, and so a vicious cycle is born.

The most helpful thing we can do, therefore, to handle flashbacks and recover from them quickly, is to show ourselves kindness and compassion, thus soothing ourselves rather than retriggering ourselves. Admittedly, it is easier said than done, but it is absolutely vital if we are to recover from trauma.

The Trauma Traffic Light

A BRIEF EXPLANATION

Trauma is not just about having a bad day. Trauma is about being flooded and overwhelmed. It's a threat, real or perceived, to our bodily integrity, and as I would put it, it's life-threatening powerlessness. To understand trauma, we need to understand what goes on in the body at the moment of trauma and how the physical impacts of trauma are rooted in basic, primitive responses shared by many animals, including us as mammals and humans. This physical survival system is founded in our autonomic nervous system, which is geared towards responding to threat and promoting our survival. It's different to the central nervous system, comprising the brain and spinal cord, which we mostly have voluntary control over. The autonomic nervous system is primarily unconscious—it's what goes on without thinking, even when we're sleeping, 24 hours a day: it keeps us breathing and digesting and pumping blood around our body.

This autonomic nervous system has traditionally been divided into two main branches: the sympathetic nervous system and the parasympathetic nervous system. These two branches tend to work in a complementary relationship to one another—they help to balance the body and keep its homeostasis. Generally speaking, the sympathetic nervous system ramps us up ready for action: it's engaged in the fight and flight response. And the parasympathetic nervous system slows us down: it's there to 'rest and digest' or 'feed and breed' as some people call it. So you could say that the sympathetic nervous system is like an accelerator, and the parasympathetic is like a brake. Throughout the day the body is constantly adjusting, accelerating and braking, placing us in a dominant state of either sympathetic or parasympathetic nervous system activation, in order to respond optimally to the demands of life we are facing at any given moment.

Keeping the driving analogy, we could talk about this in terms of the 'trauma traffic light', or rather three physiological states that the body can shift gear between, depending on levels of threat or security in the world. First of all, there's the green zone. The body enters this state when all is well with the world, when we perceive our environment to be safe. In this

Red

(parasympathetic, unmyelinated)

- overwhelming threat
- immobilisation
- freeze

GROUNDING

case, our body and brain automatically gear us up to be able to focus on people. It is what has been called the 'social engagement system'. We can chat, we can play, we can work, we can feed, we can breed—we can do life! This is a state of predominant parasympathetic nervous system activation, and it's a good thing: we're chilled out and relaxed, we feel safe, and we can get on and explore and conquer life. But this is a state that many trauma survivors find it difficult to achieve consistently or for long periods of time.

Instead, many trauma survivors find themselves frequently triggered into the amber state of alert. The body and the brain perceive some kind of threat in the world: perhaps a near-miss on the motorway, an unexpected knock on the door in the middle of the night, the sounds of a disturbance with raised voices, the approach of a mugger or other assailant. The amber state can also be triggered by reminders of trauma from the past, or psychological threats, events we perceive to be life-threatening: losing our job, our partner getting sick, social rejection. When this happens, our body gears us up automatically to respond to this challenge—it mobilises us to do something to survive, and it engages the fight-or-flight responses of the sympathetic nervous system. There is a cascade of neuro-electrical and chemical responses in the body and the brain, and we enter a state of mobilisation—we're ready for action.

But what if we can't handle what comes our way? What if the threat is too great? What if we can't escape from the assailant, or we don't have the resources to survive? When we are overwhelmed, our body switches into red alert mode. It assumes that this is a critical, life-threatening event. And so it switches from the sympathetic nervous system back into the parasympathetic nervous system…which sounds a little confusing! After all, this isn't a time to rest and digest or feed and breed, is it? No it's not, and this paradox is explained by the presence of two distinct pathways in the parasympathetic nervous system. The red zone utilises the unmyelinated ventral vagal circuit rather than the myelinated dorsal vagal circuit used by the green zone.

»

Amber
(sympathetic)

- threat in the environment
- mobilisation
- fight and flight

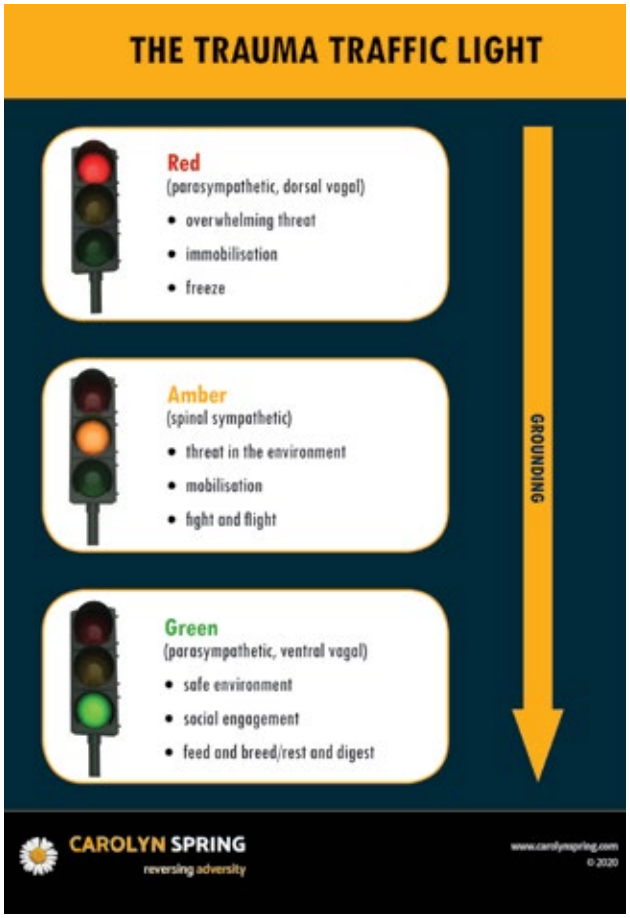
Green
(parasympathetic, myelinated)

- safe environment
- social engagement
- feed and breed/rest and digest

» the trauma traffic light

In this red alert state, when the body perceives that it can't do anything active to survive (fight or flight), the body goes into an immobilised state. Again, there is a cascade of chemical and neuro-electrical changes in the body, and we go into 'freeze'—complete shutdown. The vagus nerve is activated, our heartrate drops, and we enter a state of feigned death. This red alert response is designed to help us survive by fooling a predator into leaving us alone, and it comes with certain physiological benefits such as reduced pain perception and an altered (narrowed) state of consciousness. Psychologically it is a state often referred to as 'dissociation'. This red alert state is intended only for very occasional, life-threatening experiences, but it becomes an automatic response in a lot of people who have suffered extensive childhood trauma—especially those who have developed a dissociative disorder.

Both states of amber and red are toxic to our long-term physical health, as I explain in detail on our *Trauma and the Body* training day. This means that it is imperative that we learn how to 'ground'—how to calm the body down and move it from a state of freeze and immobilisation in the red zone, through to a state of fight and flight and mobilisation in the amber zone, back into the safety and peace of the green zone. In fact 'recovery' from trauma could be conceptualised in simplistic terms as retraining the body and the mind to live the vast majority of the time in the green zone rather than in amber or red.



The Window of Tolerance

'STAYING IN THE GREEN ZONE'

We all know what it's like to feel stressed: sitting somewhere near the edge of panic, racing thoughts, shallow breathing, sweaty palms, legs jiggling, heartbeat racing. And many of us also know what it's like to feel 'blurgh': no energy, feeling zoned out, can't think, numb and flat, stuck and maybe a bit disoriented. These are the two very different reactions that we can have to stress.

Understanding how our bodies go 'hyper' or 'hypo' can help us manage distress and the automatic reactions we have of being triggered after trauma. A number of years ago Daniel Siegel came up with the term 'window of tolerance' and it's a visual way of understanding our body and brain's response to stress and distress.

Everybody has a 'window of tolerance'. It refers to a place of optimal calm and peacefulness, where all is well with the world and our bodies and brains are relaxed but alert. We are neither stressed out nor zoned out. We can both think and feel. It's what I refer to in my 'trauma traffic light' concept as the 'green zone'. It's a good place to be, and a place where we may rarely live if we have been chronically traumatised.

Our body and brain's response to environmental stimuli is called 'arousal'—not to be confused with arousal in the sexual sense. Arousal simply means to cause to be active or attentive, to stir to action, to elicit a response. It's the three A's of being alert, awake and attentive.

The 'window of tolerance' has also been called, by Pat Ogden, the 'optimal arousal zone'. Within this zone, our bodily and mental 'arousal' naturally rises and falls in response to what is happening around us—and within us, in our own bodies and minds. For example, we may become hungry and tired, or excited at some news we've heard. There are lots of influences, both internal and external, which lead to these rises and falls of our arousal levels within the window of tolerance, which is entirely normal. And the 'window of tolerance' isn't a single, fixed state or point—it's a region, a zone, with enough 'width' to it that we can manage some ups and downs without going outside of it.

What helps you calm down when you are hyperaroused (the amber zone)?

The 'ups and downs', the rises and falls in our arousal levels, are managed by our autonomic nervous system. This is the part of our nervous system which controls our involuntary actions, including our heart, digestion, the activity of glands, and to a large extent our breathing. There are two branches of the autonomic nervous system: the sympathetic and the parasympathetic. Normally these two systems work to balance each other, with one or the other having slight dominance in our bodies at any moment in time. The sympathetic nervous systems gears us up ready for action, while the parasympathetic slows us down ready to rest. Within our window of tolerance, moderate activation of the sympathetic nervous system (the accelerator) will increase our arousal to

»

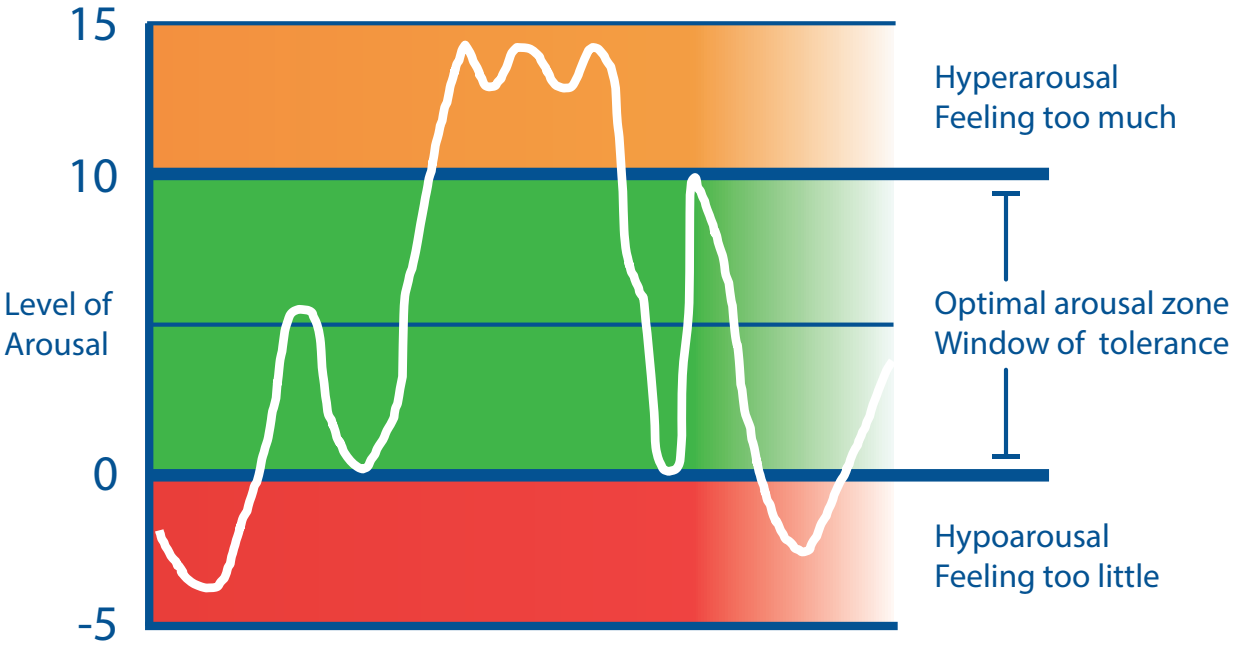
» the window of tolerance

help us complete a demanding task, such as physical exercise, an important meeting or something requiring focus and concentration. By contrast, the parasympathetic (the brake) will decrease our arousal, helping us wind down and relax, reducing our arousal so that for example we can fall asleep.

Everybody has a habitual 'range' or 'width' of their window of tolerance—how much or how little stimulation they can tolerate before they head outside their 'optimal arousal zone' and become hyper-aroused (too much activation of the nervous system) or hypo-aroused (too little activation). People with a wide 'window' can deal with a lot more stimulation, challenge, threat and information before becoming overwhelmed, whereas people with a narrow window can find even normal day-to-day fluctuations in their arousal levels quite destabilising and overwhelming.

Trauma survivors on the whole have quite a narrow window of tolerance, both because their nervous system has been repeatedly overwhelmed by trauma and abuse, and because they tend to have grown up in environments where they did not learn the skills necessary to widen the window of tolerance, what we might refer to as 'affect regulation skills' or 'emotional regulation skills'. As a result, trauma survivors tend to oscillate between hyper-arousal (the nervous system being over-activated) or hypo-arousal (the nervous system not being activated enough) and can find it difficult to remain in the 'green zone' within their window of tolerance.

When we are hyperaroused, we shoot out the top of the window of tolerance and become overwhelmed. The sympathetic nervous system is excessively activated, resulting in the



Window of Tolerance, adapted from Ogden et al., 2006; Siegel, 1999; and Van der Hart et al., 2006.

'fight or flight' response of the 'amber zone'. Our hearts beat rapidly, our long muscles get ready for action (ready to fight or run away), we feel panicky and our thoughts race at a hundred miles an hour. We find it difficult to process information effectively, and we become hypervigilant, with an increased sense and expectation of threat. We are often swamped by intrusive images, feelings, and body sensations—what many of us experience as flashbacks of trauma from the past.

By contrast, when we are hypoaroused, there is too little stimulation of our nervous system and we fall down through the bottom of the window of tolerance. The parasympathetic nervous system, which calms us down and prepares us to 'rest and digest', becomes excessively dominant and takes us into the 'freeze' response of the 'red zone'. Our heartrate drops (sometimes leading to fainting), we struggle to feel any feelings, or sense any sensations, and we feel numb, dead and empty. Rather than being stirred towards action, we become passive and even paralysed, with reduced movement in our body and reduced activity in our brain. We become so detached from our feelings and experience that we find it hard to process information effectively—we 'zone out' and our brain feels filled with treacle.

So our 'window of tolerance' or the 'optimal arousal zone' sits in between these two extremes of hyper- and hypo-arousal, and if we want to be able to function well—if we want to be able to both think and feel and ideally at the same time—then we need to focus both on remaining within our window of tolerance and extending its range: to widen it.

How do we do this? The first step is to begin to notice and become mindful of our bodily states. Am I currently calm, alert and relaxed in the green zone? Or am I stressed and panicky, ready to spring into action, ready to fight or flee, in the amber zone of hyperarousal? Or am I numb and empty, flat and paralysed, frozen and stuck in the red zone of hypoarousal? What state is my nervous system in right now? What is going on in my body? What led to me feeling like this?

And then we need to ask: what helps me go back into the calm of the green zone of the window of tolerance? If I'm panicky and hyperaroused, I might need to do something soothing and relaxing, slow my breathing down, actively relax the muscles in my body, talk to myself kindly. If I'm flat and numb and hypoaroused, I might need to rouse myself with some upbeat music, some physical exercise, some grounding exercises to become more aware of myself in my senses and in time and space. Each of us will have different ways of coming down from being hyperaroused, or coming up from being hypoaroused. Being able to identify which we are, and then have strategies for counteracting it, is a key step

What helps bring you back up from being hypoaroused (the red zone)?

» the window of tolerance

towards healing from trauma and developing emotional regulation skills.

Everybody has a window of tolerance—not just trauma survivors. It's part of the way that our bodies and brains work. Each of us has our own unique 'width' or capacity. But the good news is that even when it is narrow, we can learn to widen it. We can learn to notice the signs that we are heading out of our window of tolerance, and we can learn what helps to bring us back inside. This 'soothing' of our distress, done repeatedly, builds neural networks in our brain that widens our window of tolerance and enables us to cope with more stimulation, challenge and threat before becoming destabilised. This is a significant part of the recovery from trauma: establishing a wide window of tolerance, and learning to spend the majority of our days and nights in the green zone within that window, rather than oscillating rapidly between extremes.

What does it feel like to be within your window of tolerance (the green zone)?

You can print out your own blank window of tolerance zone sheet to fill in and personalise at www.carolynspring.com/erg-downloads.

Emergency Cards

DID Emergency Information Cards can be used in medical or emergency settings to explain a little more about DID, and can be seen below (the top two cards).

Cards are available for home printing at www.carolynspring.com/erg-downloads.

Some people have found it helpful to expand their cards to meet their personal situation, and an example is provided below. You can also download your own templates, to allow you to personalise the information and print out individualised cards, at www.carolynspring.com/erg-downloads.

DID Emergency Information Card — How to Help

I have a condition known as dissociative identity disorder (DID). I am not 'mad' and nor am I attention-seeking or time-wasting. I have a history of severe childhood trauma and DID is a coping mechanism for this. DID is treatable via long-term, trauma-informed psychotherapy.

I have different 'parts', 'alters' or 'personalities'. These may present as being of a different gender, age and developmental stage. We may be very frightened and traumatised and have difficulty distinguishing between the past and the present, so we may find it really hard to calm down. Please be careful about touching us and be gentle and patient. 'Alter personalities' may not be aware of what we have done (e.g. self-harm or attempted suicide) or where we are. We may be very disorientated and amnesic for what has just happened. Please try to understand our behaviours in the light of our past experiences.

This card is produced by Carolyn Spring Ltd.

Information on DID — For Health Professionals

DID (formerly MPD): see DSM-5 section 300.14, ICD10 section 44 and ICD11 section 6B64.

- complex form of post traumatic stress disorder (PTSD) caused by severe childhood trauma and abuse
- as in PTSD, may be severe dysregulation with intrusions such as flashbacks and avoidances eg phobia of touch; also episodes of overwhelming psychological distress, with amnesia, disorientation, marked somatisation
- patient/client may benefit from contacting therapist or supporter to stabilise
- "disruption of identity characterised by two or more distinct personality states ... and marked discontinuity in sense of self and sense of agency, accompanied by related alterations in affect, behaviour, consciousness, memory, perception, cognition and/or sensory-motor functioning." (DSM-5)

My Contact Information

Name: Jo Smith

Also known as: Jo, Joanne, Joey, Feather, Marcus, Smithy

Address: 1 High Street, Somewhere, PE0 0DD

Mobile: 07999 888888

Date of birth: 30.06.70

Next of Kin / 'Nearest Relative': John Smith **OR** I have a Lasting Power of Attorney (LPA) no. 1234567. For details and attorney contact numbers call Office of the Public Guardian 0300 4560300.

My therapist/psychologist: April Showers (07000) 000000—please try to contact as a priority

Mental Health Team: 01234 567890 or out-of-hours 01234 0987654. See mental health records for full Advance Statement of what to do in a crisis.

IN CASE OF EMERGENCY—DOS and DON'TS

DO NOT contact my biological family or allow them access to me.

DO NOT physically touch me or restrain me (especially handcuffs).

DO NOT leave me alone only with men.

DO NOT remove my clothing.

DO NOT do physical examinations involving needles unless absolutely essential for medial reasons.

DO NOT treat me harshly, get cross with me, use raised voices or physical force.

DO talk to me quietly and gently, remind me to breath, and give me time and space to settle.

DO try to contact my therapist or allow me to do so.

DO try to orientate me to the present, reassure me that I am safe and not in trouble.

DO try to see that I am reacting out of past trauma and possibly having a flashback.

DO talk to me regardless of how I present, e.g. as a child, opposite gender, etc, and do not belittle, criticise or coerce me for doing so—do read the rest of this card to understand a little more about my condition and why I am acting the way I am.

Print your own free template at
www.carolynspring.com/erg-downloads

THE ALPHABET
OF EMOTIONS

A
- ABANDONED
- ASHAMED
- AGITATED
- ALARMED

B
- BITTER
- BOLD
- BETRAYED
- BLESSED

C
- CALM
- COLD
- CONTAMINATED
- CONFIDENT

G
- GRUMPY
- GUILTY
- GOOD
- GLAD

H
- HAPPY
- HOLLOW
- HURT
- HYPERAROUSED

I
- IRRITATED
- ISOLATED
- IMPORTANT
- INSECURE

M
- MANIC
- MANIPULATED
- MOROSE
- MAD

N
- NUMB
- NERVOUS
- NEUTRAL
- NEGATIVE

O
- ODD
- OVERWHELMED
- OLD
- OPTIMISTIC

S
- SAFE
- STRESSED
- STUPID
- SUPPORTED

T
- TRICKED
- TIRED
- TROUBLED
- TRIUMPHANT

U
- USED
- UNSTABLE
- UNKIND
- UNWANTED

D
- DISAPPOINTED
- DEPRESSED
- DIRTY
- DELIGHTED

E
- EMPTY
- EXCITED
- ENRAGED
- ECSTATIC

F
- FRAGILE
- FORMIDABLE
- FEARFUL
- FORGIVING

J
- JUMPY
- JITTERY
- JOYFUL
- JEALOUS

K
- KIND
- KEEN
- KNOTTED
- KNOWLEDGEABLE

L
- LOVED
- LIVID
- LONELY
- LETHARGIC

P
- PROUD
- POWERLESS
- POWERFUL
- POSITIVE

Q
- QUIET
- QUEASY
- QUIRKY
- QUIZZICAL

R
- RAGEFUL
- RUBBISH
- REJECTED
- REBELLIOUS

V
- VEXED
- VALIANT
- VALUED
- VILE

W
- WEAK
- WISE
- WORTHLESS
- WORRIED

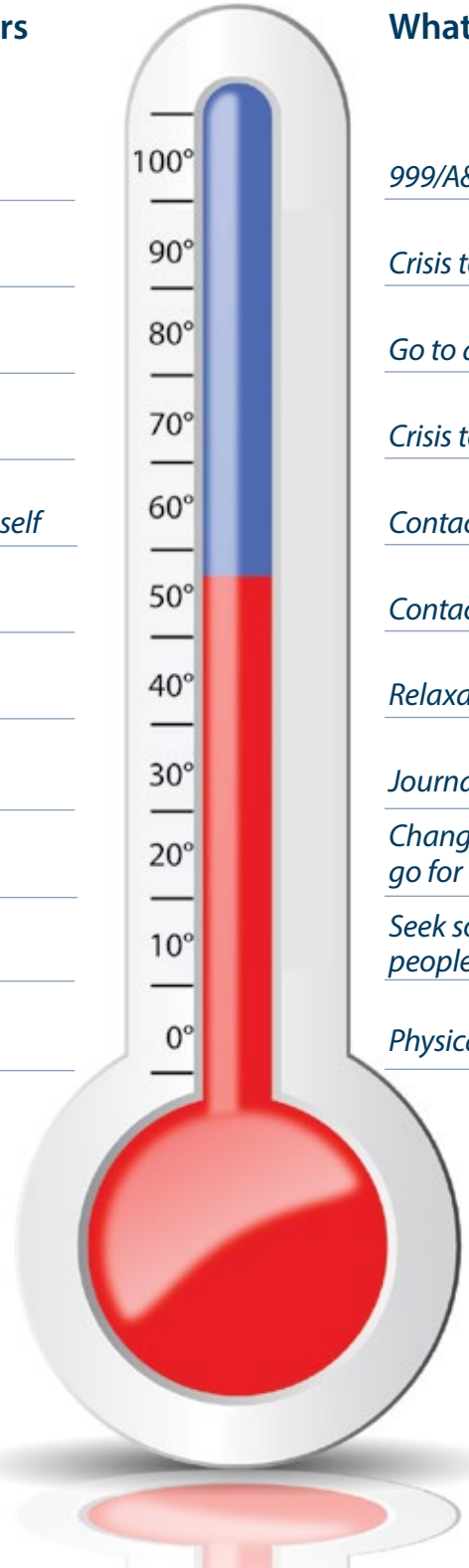
XYZ
- XENOPHOBIC
- YOUNG
- YUKKY
- ZEALOUS

Safety Kit

EMOTIONAL THERMOMETER

Below is an example of how we can identify how safe we are feeling and how that looks on a scale of 0–100°. We can then figure out in advance some ideas of what we can do to cope. You can print out your own blank emotional thermometer to fill in and personalise at www.carolynspring.com/erg-downloads.

My unsafe feelings/behaviours	What I can do to cope
Suicidal ideation	*999/A&E*
Self-harming actions	*Crisis team*
Fugue	*Go to a safe place, e.g. a friend*
Urge to self-harm	*Crisis team*
Feeling out-of-control or unaware of self	*Contact therapist*
'Screaming' feelings	*Contact a helpline*
Panicky and hyperaroused	*Relaxation activities*
Racing thoughts	*Journal*
Getting a bit stressed and anxious	*Change the environment, e.g. go for a walk, or a coffee*
Withdrawing	*Seek social support or be around people*
Restless and can't relax	*Physical exercise*



Mental Health Act 1983

The Mental Health Act is a law in England and Wales about detaining and treating people with a 'mental disorder'. Under the MHA, people can be made to stay in hospital ('being sectioned') and can receive treatment against their wishes. They may also be given a Community Treatment Order which specifies that, although living at home, they must do certain things, such as take their medication. The MHA has 5 guiding principles, which are summarised as follows:

1. Give treatment in the least restrictive way and help people to be as independent as possible
2. Involve patients
3. Respect patients, families, carers and friends
4. Help people get well
5. Make fair and efficient decisions.

In order to be admitted to hospital against your wishes, certain people must agree that you have a mental disorder and that you are putting your own safety or someone else's at risk. You be will be assessed and given treatment—even if you don't want it. You have certain rights under the Mental Health Act, including the right to appeal and the right to get help from an advocate. The MHA also provides for free aftercare (section 117) once you leave hospital under certain sections.

The MHA applies to England and Wales and contains two parts: 'civil' sections (for people who have not committed a crime) and 'forensic' sections (for people who have, or who are suspected of having done so.)

A 'mental disorder' is defined as 'any disorder or disability of the mind' and includes mental health conditions including schizophrenia, depression, bipolar, OCD, anxiety disorders, eating disorders, and personality disorders. Although rarely recognised by psychiatrists, DID would also classify as a disorder, even if misdiagnosed as another condition. 'Mental disorder' also refers to dementia, behaviour changes following traumatic brain injury and autistic spectrum disorders. Learning disability is only included where it is associated with abnormally aggressive or seriously irresponsible behaviour, and drug and alcohol misuse is not counted as a mental disorder on its own—the MHA would only apply if the person has a dual diagnosis.

It normally requires three people to agree to someone being detained in hospital (sectioned), but this can differ depending on the circumstances and how urgent it is. In general, the three people would be:

- an Approved Mental Health Professional (AMHP), such as a psychologist, social worker, occupational therapist or nurse; or the 'nearest relative'
- a section 12 doctor (a doctor who has received specialist training)
- a registered medical practitioner (such as a GP).

The following table shows the most important sections of the MHA and the purpose and parameters of each.

Sections of the MHA overleaf

SECTION	PURPOSE	HOW IS IT CARRIED OUT?
S2	• Detained in hospital for an assessment of your mental health and to get any treatment you many need • Used if you have not been assessed in hospital previously or for a long time	• Application made by an AMHP or your 'nearest relative', who must have seen you within 14 days • Must be seen by two separate doctors, one of whom must have had specialist training • They must have seen you within 5 days of each other • Medical examination must have taken place no more than 14 days prior to admission
S3	• Detained in hospital for treatment • For your health, or to protect you or other people • Used after an admission under S2 or if you are well known to mental health services	• Application made by an AMHP or your 'nearest relative', who must have seen you within 14 days • Must be seen by two separate doctors, one of whom must have had specialist training • They must have seen you within 5 days of each other • Medical examination must have taken place no more than 14 days prior to admission

S5	• Stops you leaving hospital as a voluntary or informal patient
	• Can also be used if you are having treatment in a general hospital for a physical condition
	• Can only be used when it is not possible or safe to use a S2, S3 or S4
	• Known as 'the doctor's holding power'
		• Section 5(2) is known as the 'doctor's holding power'
		  • Doctor in charge of your care must write a report explaining why detention is necessary and why informal treatment is inappropriate
		  • Can be used in a mental health hospital and a general hospital
		• Section 5(4) is known as the 'nurse's holding power'
		  • Nurses must be of a prescribed class, i.e. registered in the area of mental health or learning disabilities
		  • Can only be used when you must be immediately stopped from leaving hospital to protect you or others, and it is not possible for a doctor to attend to section you under S5(2)

S135/136	• To enable you to be taken by the police to a 'place of safety' for a mental health assessment if they think you have a mental illness and are in immediate need of care and control • You can either be removed from your home (S135) or from a public place (S136)	• The police should try and bring with them someone from the local hospital or social services • A 'place of safety' can be an A&E department or a 'place of safety suite' at a psychiatric hospital • Alternatively, a 'place of safety' can be a police station, or the home of a friend or relative

HOW LONG CAN I BE DETAINED FOR?	WHAT ARE MY RIGHTS?	CAN I BE TREATED AGAINST MY WILL?	WHO CAN DISCHARGE ME?
• Up to 28 days • May be discharged before this • The S2 cannot be renewed but can be transferred to a S3	• Right to appeal to a Tribunal during the first 14 days that you are detained • Right to appeal to the Mental Health Act managers • Can ask for the help of an Independent Mental Health Advocate • Should receive a Patient Rights Leaflet	• Yes, but some treatments including ECT (electro-convulsive therapy) cannot be given unless certain criteria are met	• The Responsible Clinician • The Mental Health Act managers • The 'nearest relative' (can be overruled by the Responsible Clinician) • The Tribunal
• Up to 6 months • May be discharged before this • Can be renewed for a further 6 months • After that, can be renewed for 12 months at a time • Can only be renewed following an assessment by the Responsible Clinician during the 2 months before the S3 is due to expire	• Right to appeal to a Tribunal once during the first 6 months of detention • Right to appeal once during the second 6 month period • Right to appeal once during each subsequent one year period • Right to apply for discharge to the Mental Health Act managers at any time • Can ask for the help of an Independent Mental Health Advocate • Should receive a Patient Rights Leaflet	• Yes, for up to 3 months • After this, you will need to be assessed by a Second Opinion Appointed Doctor (SOAD) • Some treatments including ECT (electro-convulsive therapy) cannot be given unless certain criteria are met	• The Responsible Clinician • The Mental Health Act managers • The 'nearest relative' (can be overruled by the Responsible Clinician) • The Tribunal
• Under S5(2), up to 72 hours and cannot be renewed • Under S5(4), up to 6 hours and cannot be renewed; holding power ends as soon as a doctor arrives, who may transfer you onto a S5(2)	• Should receive a Patient Rights Leaflet	• No, unless you lack capacity, or treatment must be given in an emergency to prevent serious harm to yourself or others	• You will automatically be discharged from S5 once the detention time ends and if you have not been transferred onto another section
• Up to 72 hours until an AMHP and/or doctor sees you	• Should be transported by ambulance rather than police car • Your rights are the same as if you were arrested: ask the police to tell someone where you are; free legal advice; free medical treatment	• No, unless you lack capacity, or treatment must be given in an emergency to prevent serious harm to yourself or others	• You will automatically be discharged once the detention time ends and if you have not been transferred onto another section

Lasting Power of Attorney

A Lasting Power of Attorney (LPA) is a legal document which allows you to appoint one or more people as your 'attorneys' who can help you make decisions, or make decisions on your behalf. This means that you will have more choice and control if for some reason you end up without 'mental capacity'—if you can't make decisions when they need to be made, for example as a result of accident or illness. There are two types of LPA: one for health and welfare decisions, and one for property and financial affairs, and you can choose to make one or both. The process is quite simple and does not need to involve a solicitor. It costs £110 to register an LPA, unless you are entitled to a discount, for example because you are on welfare benefits. The LPA can only be used once you are no longer able to make your own decisions and can include things such as washing, eating, medical care, life-sustaining treatment, managing a bank account and paying bills.

An LPA is particularly relevant for people who are not married or in a civil partnership and who come from an abusive family, as the 'nearest relative' or 'next of kin' might be an abusive parent, and they might be consulted on your care or allowed to make decisions for you. An LPA prevents this happening and allows you to stipulate who should make decisions for you, and what those decisions should be.

For more information go to www.carolynspring.com/erg-downloads.

Displacement of Nearest Relative

The 'nearest relative' is a legal term under the Mental Health Act 1983 and is not the same as the 'next of kin'. Under the MHA, the 'nearest relative' has certain rights and responsibilities if you are detained in hospital under sections 2, 3, 4 or 37, whereas the 'next of kin' has none. The box on page 57 shows the list for determining who your nearest relative is, which is strictly adhered to as part of the law. The 'nearest relative' only applies to the Mental Health Act 1983 and not in other situations.

The nearest relative:

- can ask for an assessment to decide if their relative should be sectioned under the Mental Health Act;
- can request for their relative to be discharged from hospital (but this may be overruled by the Responsible Clinician);
- must be told within a reasonable time if their relative is going to be detained under Section 2;
- must be consulted by the Approved Mental Health Practitioner before their relative can be detained under a Section 3, unless this is impractical or would cause delay; if the nearest relative objects, it makes being sectioned much more difficult;
- can apply for a discharge from a Community Treatment Order;
- can delegate their rights to another person by writing to the chosen person and to the Hospital Managers.

People from abusive families or difficult situations may wish to 'displace' the nearest relative and appoint someone else instead. For

example, it may not be appropriate for a spouse or civil partner to be the nearest relative if you are in a domestic violence situation, and neither would it be helpful (for unmarried people without children over the age of 18) to have an abusive parent take that role. In these situations, you can make an application to the County Court to 'displace' your nearest relative on the grounds that the nearest relative 'is otherwise not a suitable person to act as such'. You can represent yourself in Court if you cannot afford a Solicitor, although you may in some circumstances be entitled to Legal Aid. At the time of writing, the correct form to use is N208 which can be downloaded at www.carolynspring.com/n208. This should be sent along with the Court fee (search for form EX50) to your nearest County Court—go to www.carolynspring.com/court.

If someone does not have a nearest relative, the local County Court will, under Section 29, appoint someone as the nearest relative. The person involved may nominate their choice of nearest relative, but the Court will have the final say. If a nearest relative objects to a Section 3 without good cause, the Approved Mental Health Practitioner can also apply to the Court to have them displaced.

Who is your nearest relative?

A nearest relative must be over the age of 18 (except for spouses, civil partners and parents), and the oldest in each category takes precedence. Half-blood relatives are counted as equivalent to full-blood, and the nearest relative must be resident in the UK, Channel Islands or Isle of Man. They are appointed in the following order:

1. Husband, wife or civil partner (including cohabitee for more than 6 months; none of these apply if separated)
2. Son or daughter
3. Father or mother (an unmarried father must have parental responsibility in order to be nearest relative)
4. Brother or sister
5. Grandparent
6. Grandchild
7. Uncle or aunt
8. Nephew or niece

Three types of Trigger ...

Three Techniques for Taming

All I did was walk into the kitchen and pick up a cloth. But the sudden waft of bleach flung me far, far back into some childhood memory. I switched to a traumatised part of myself. I had been 'triggered'.

Physically, I revved up into the panic and distress of the fight/flight response, everything in me taut and straining to protect me from some unseen danger. My heart lurched inside me. *It's just bleach*, I tried saying to myself, desperately. *Just bleach*. And I strained with everything I had to feel real again, to stop this mad descent into terror and shame and darkest, deepest dread.

I wonder sometimes how any of us manage to work, or parent, or socialise, or go shopping, or even sleep, when this is happening all the time. And for me there was a period of 3 or 4 years when it was constant. I made several suicide attempts during that period of my life, because it was so bewildering, so overwhelming, so exhausting. I never want to go back to that kind of misery again. Being on the other side of it now, I feel strongly that we need a solution to triggers—it's not enough just to sympathise.

THE SHAME OF TRIGGERS

I struggled too with the shame of being triggered. I didn't want to be like this. I hated people noticing. I wanted to shout and scream that I hadn't caused the abuse, so it was unfair to have to deal with the consequences. I railed against the unfairness, wanting everyone to listen. *Why should I have to do the heavy lifting of dealing with triggers? I didn't cause them!* But eventually I realised that no amount of anger or resentment would change the fact that I was being triggered, and that no one else was going to do anything about it—that no one else *could* do anything about it. Only me. So I had to learn how to deal with triggers better.

THE TRIGGER WARNING

But we live now in the world of the trigger warning. Every day on social media, I see posts trailered by asterisks, blank lines, those ominous words 'trigger warning…' Each week we receive emails from people detailing words, situations, people or images that 'triggered' them. One person is triggered when trapped in a lift with a stranger; another by the picture of a tree in their therapist's office. For some it's words like 'abuse' or 'sex'; for others simply the letter 'x'.

But what does it mean to be 'triggered'? The word means different things to different people, and therein lies our confusion as to what constitutes a trigger, and when a trigger warning may need to apply. With a fear of causing upset we err on the side of labelling everything a trigger. But by doing so, we lose a sense of scale—the word 'abuse' as a trigger is conflated with the actual experience of being assaulted. And we lack the confidence to know how to deal with these reactions. Triggers evoke your powerlessness at the moment of trauma, and they whisper to you that you are still powerless now. It makes recovery from trauma seem impossible.

Many people, believing that triggers are uncontrollable, immutable and inevitable, assume that we must avoid them, and ask others to avoid them too: hence the rise of

the trigger warning. Certainly when we're assaulted day and night by them, logic suggests that our reactions cannot be controlled. After all, none of us choose to be triggered—so how we can choose *not* to be triggered?

THE COST OF AVOIDANCE

But there's a cost to coping with triggers through avoidance alone. Our world narrows to the point of imprisonment: if open spaces are triggering, we can't go outside; if small rooms are triggering, we can't stay inside; if things in our mouth are triggering, we can't eat; if our bed is triggering, we can't sleep. Hence why life with unresolved trauma is so debilitating, when there are so many situations to avoid. Avoidance is a smart survival strategy, but it comes at a price.

So what if there's a way to neutralise triggers, rather than just avoid them? Can you even imagine that?! What if we didn't have to avoid life, but could enjoy it? Wouldn't that be life-changing?

And it is, and I know this—again from personal experience. It is possible to live a life where triggers no longer hold sway, where most of the time I can stay in the 'green zone', in my 'window of tolerance'. And what a transformation it has been—it makes life liveable again.

WHY ARE WE TRIGGERED?

So in order to learn how to neutralise triggers, we need to go back to basics and figure out what triggers are and why they exist. Let's stop and consider: how do we manage to stay alive? What stops us from walking off cliffs, playing with fire, jumping into traffic, sitting down on a dual carriageway?

Fear.

Fear is an emotion, a feeling we have, which helps us avoid danger. It can be based on reality—it's right to fear a man with a gun—or it can be a natural fear ramped up to an extreme: we can't reconcile hurtling through the air in a tin can at 30,000 feet, so we develop a fear of flying. To ensure our safety, fear exists in anticipation, before the event, so with a fear of flying we might start reacting physically even just thinking about planes.

That feeling of fear is an awful one. It's very visceral—you feel it in your guts. It starts with an uneasy, anxious sense of dread. Your tummy is queasy and your muscles are taut. As it increases, you might feel shaky; your throat might go dry; your heart begins to thud in your chest; you might feel like you can't breathe, or you start hyperventilating. It's a really aversive experience. Everything in you is screaming to run away, to make it stop. And of course it does—how would we know to avoid dangerous situations if we didn't have so strong a physical reaction? Our fear response is intended to keep us safe, to ensure we survive.

When we encounter a dangerous situation—a near miss on the motorway, a gunman, a fall near a cliff—our body reacts instantly to ensure we *do something* to deal with this danger. We swerve; we duck; we grab onto something. So our internal alarm sets off a chain reaction in our body of *physical*

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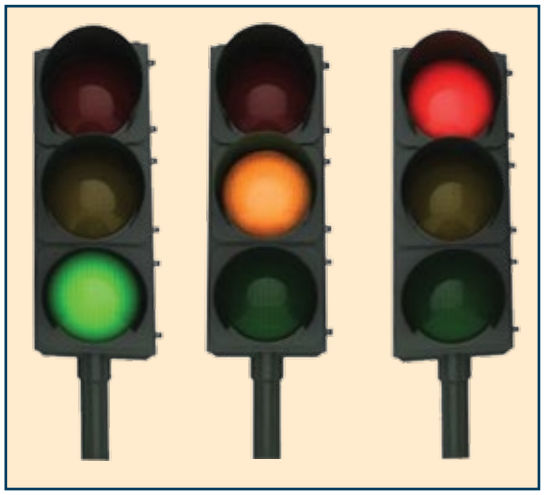
responses—mainly adrenaline, causing our breathing and heartrate to increase so that energy is available for us to deal with the threat. The *feeling* we feel is of fear, and panic.

When we suffer some harm from this threat—when our efforts to defend ourselves aren't sufficiently effective—then our body does the next best thing it can to survive. It goes into a submissive freeze response. It might curl into a ball to shield itself and to hide from view; it might play dead; it won't resist. It's a clever survival strategy that might be the only thing that actually saves our life, but it leaves us with an enduring sense of powerlessness and helplessness, that there was nothing we could do. The survival brain, seeing what has happened, marks this event as 'extremely aversive' and plans from that moment on to avoid it happening ever again. If you can't beat it, avoid it. Forever. It becomes both a physical and psychological imperative.



Green: safety
Amber: fight/flight
Red: freeze

So to avoid it, we need some clues that it might be happening again. Was it raining when it was happening? Was it a man? Was there a smell of alcohol? Was he wearing a red jumper? The basic, survival brain adds all of these elements to a 'threat list'. So the next time it's raining, or there's a smell of alcohol, the alarm goes off again: look out, threat coming! It's as aversive as the original event. The brain doesn't check that it's right. It prefers to have the earliest possible warning, even at the risk of a false alarm. A delay could mean death, rather than life. React first, ask questions later…

That's a trigger in action. A trigger is a reminder, conscious or unconscious, of a traumatic event. It's something that sets off the alarm system in the body and brain to prepare us for a threat. The problem with triggers is that they elicit such a powerful response in the body, but they're not always accurate. The amygdala, the brain's smoke alarm, is a basic piece of kit and it generalises and jumps to conclusions—better safe than sorry. So after trauma it goes off at the slightest hint of smoke, telling us that burnt toast is as dangerous as the house on fire.

So a trigger in the strictest sense is something which activates the smoke alarm. It all happens in the blink of an eye, within 7 milliseconds. The survival-based back brain, which houses the smoke alarm, makes the decision before our conscious, thinking front brain gets to take a look. It all happens unconsciously, before we've had a chance to choose. In that sense, we are not choosing to

react to a trigger. It's all beyond our conscious processing.

So if a trigger is something which activates the body's autonomic nervous system (with fight, flight or freeze—into the amber or red zones), then do we use the word accurately? Or do we use the word 'trigger' to mean other things as well? Do we use it to mean 'anything which causes an unpleasant feeling'?

THREE TYPES OF TRIGGER

Instead, I think there are three things that we tend to lump together and call a 'trigger', in decreasing order of severity: true triggers, distressing reminders and uncomfortable associations.

True triggers

True triggers occur when our smoke alarm is activated by something in our environment—it's usually a felt sense, a real re-experience. Rather than just a picture of a tree, it's finding yourself under a tree, with the smell of undergrowth, the dappled sunlight, the crunch of twigs underfoot. The information comes in through the senses and sets off the smoke alarm to full alert. The front brain goes offline; the back brain comes online; and it is very difficult to manage our response as we have such reduced mental functioning. Our response occurs within 7 milliseconds, before conscious thought has had a chance to be engaged—it is, as Judith Lewis Herman described it, 'wordless terror'. It is principally a body-based response, directed almost entirely by the back brain and is mediated solely by the amygdala. The key to dealing with them is the magic phrase 'just notice',

A PERSONAL STORY

I used to find dogs a huge trigger. And in the midst of my breakdown, I sat in a seminar at a survivors' event, and in came another delegate with a guide dog. She sat on the front row, diagonally opposite me, unintentionally blocking my exit. I was triggered. I felt irrationally upset, like I wanted to burst into tears, but I didn't even know what at. I had a strong flight reaction—I just needed to get out of there. My heart was pounding and I could hardly breathe. But I couldn't move—at least I felt I couldn't, because the dog was in the way. In reality, if my front brain had been working, I could have figured out a route around the back of the room, or I could even have asked the owner if she could move to let me past. I could have asked someone else to ask the owner to move. In reality, there were a number of options open to me, but I couldn't see them in my terror and freeze.

If I'd had some scripts or mantras, I could have grounded myself. I could have said to myself, 'Okay, I'm being triggered by the presence of this dog. It's bringing up feelings, sensations and memories from the there-and-then. But what's going on in the here-and-now? Am I in danger from this dog? Or is it in fact just sitting there, completely uninterested in me? What is the actual risk, right here and right now? Can I just notice that this is 'a' dog, but it is not 'the' dog?'

The distinction between 'a' dog and 'the' dog was a breakthrough for me. As I walked down the street and was approached by walkers and their dogs, I began to say, over and over to myself, 'It's okay. This is 'a' dog, but it's not 'the' dog'.' I forced my brain to make the distinction between the actual, specific trigger at the time of the trauma, and the way I have generalised out from that. I got my front brain to start 'just noticing' and to play spot the difference: 'This is 'a' dog, but it's not 'the' dog. 'The dog' was a Border Collie. This dog is a Staffie. 'The dog' was alive during the 1980s and must have been dead for over twenty years. 'This dog' is safe.'

engaging the front middle brain (the medial prefrontal cortex), although to start with we might only begin to address them *afterwards*. But, as the saying goes, better late than never!

Distressing reminders

Distressing reminders evoke memories of a traumatic event, and cause negative, aversive feelings, but our front brain remains mostly online. They occur within conscious thought (we know why we're triggered) but there may be some unconscious elements to them as well: we can *describe* them, but not always *explain* them. It is a reaction partly in our body, and partly in our brain; partly in our front brain, and partly in our back brain. Technically, the process is mediated both by our amygdala (our smoke alarm) and our hippocampus (our context stamp). As we'll see, the key to dealing with them is via *soothing*, specifically activating our front right brain, the right orbitofrontal cortex, and we can learn to deal with them while they're happening.

Uncomfortable associations

Uncomfortable associations are links we have made in our mind with our trauma. They occur consciously and we can explain verbally what is going on for us, for example: 'I don't like pictures of trees, because they remind me of where the abuse took place.' It's a reaction that occurs within our brains rather than bodies; our front brain is still engaged and online; and the process is mediated by the hippocampus as it draws on explicit memory. We deal with these associations through *reframing*, specifically via our front left brain or the dorsolateral prefrontal cortex, and we can work on this subset of triggers even before they occur.

The table on the next page shows a summary of these three types of trigger:

MANAGING TRIGGERS

So if we break down the super-category of 'trigger' into these three sub-categories, it can help to make them less overwhelming, and we can figure out different strategies for the three types, based on three parts of our front brain. And we can also prioritise our efforts as we see which types of trigger can be worked on even before we're triggered; which we learn to manage as they happen; and which we can look at and begin to deal with after they've happened.

Managing uncomfortable associations

Let's start with associations first, as the easiest type to deal with. We may have been abused as a child in a wood, and so we associate trees with abuse. We therefore see a picture of trees in our therapist's office, and our nose curls up in disgust. There's a sense that this isn't right—this isn't good. 'Could you take that picture down?' we might ask. 'It's triggering us,' we explain. We feel uncomfortable, and it would be so much easier for us if we didn't have to feel that discomfort.

The problem with this approach is that there are a lot of trees in the world, and there are a lot of pictures of trees in the world. We can't remove them all. And this is actually the best level to start at, as it can help us to

	TRUE TRIGGER	DISTRESSING REMINDER	UNCOMFORTABLE ASSOCIATION
HOW IT OCCURS	Before conscious thought in 7 milliseconds—'wordless terror'	Within conscious thought, although may have some unconscious elements to it too—we can describe it, although not always explain it	Occurs consciously and we can explain it verbally
BODY OR BRAIN?	Body	Part body / part brain	Brain
FRONT OR BACK BRAIN?	Back brain	Part back brain / part front brain	Front brain
MEDIATED BY	Amygdala	Part amygdala / part hippocampus	Hippocampus
HOW TO HANDLE	*Noticing*	*Soothing*	*Reframing*
AREA OF FRONT BRAIN TO ENGAGE	Front middle brain	Front right brain	Front left brain
WHEN TO HANDLE	Afterwards	During	Before

build confidence in our ability to manage the greater levels of trigger.

The problem here is to with our *thoughts*. We have made a negative association between the trauma and something that would otherwise be neutral, maybe even positive. So the key here is to engage the front left brain, which is based around words, facts and knowledge. We need to *reframe*.

So we can start to unpick the associations we have made and replace them with new ones:

Oh look! I am making an association between this picture of a tree and my abuse. I was abused near trees, and so that's why I've made this association. But it's not a helpful one, because it's not actually doing anything to keep me safe.

The truth is that trees aren't dangerous; abusers are. It wasn't the location that was dangerous; it was the person. And this isn't even a tree; it's just a picture of one. So, it is an association I've made, but I'm going to break that association and I'm going to create a new one instead.

I'm going to imagine beautiful fruit trees in an orchard. I'm sitting under the tree and everything is peaceful and safe. I pick the fruit from the trees—apples, pears, plums—and it all taste delicious. The branches and leaves shade me from the hot sun. It's nice sitting here by the trees. Trees are lovely. Trees are safe.

» three types of trigger ... three techniques for taming

It can be helpful to create your own 'frame' for your previous trigger and write it down, and then repeat it to yourself several times daily until—as in my example—every time you think of trees, you think of the orchard. That way I can remind myself that every time I see a tree, or a picture of a tree, I can direct myself towards the positive rather than allowing my mind to chase after the negative. It might take a lot of repetition, but it is highly effective in the long run.

If we don't do this, our life narrows and everything becomes a source of misery. If we want to be free from the effects of trauma, we have to start to learn to take control of the thoughts in our head. It's not that we can necessarily stop the thoughts coming; but when they do, we can choose to 'flip' them from something negative to something positive. Learning that we can start to direct some of our thoughts—guiding them from negative to positive—is a fundamental step in recovery: instead of being powerless victims of our thoughts, we can learn to take charge of them.

Worst still, if every time we see a tree, or a picture of a tree, we replay the negative association, it will grow and strengthen in our mind. And it allows the trauma to infect all the good things in life. Certainly for me, I had to learn to impose a boundary on the trauma—to be able to say, at times, 'No, you're not ruining THAT for me as well!' It takes time, with lots of repetition and perseverance, to change the associations, but if we keep on keeping on, it can massively improve the quality of our life.

Managing distressing reminders

Distressing reminders are more powerful than associations, but not as powerful as triggers. There is an emotional reaction, rather than just a mental one, but it's not at the level of a full somatic response. It's upsetting, but it's still at the edges of my window of tolerance. My front brain is still online a little and so there is some conscious choice over what happens next. The key to distressing reminders is *soothing*.

Soothing is about letting both our body and our brain know that we're safe and that nothing bad is going to happen *now*, so that we can go back into the 'green zone' of our window of tolerance. The distress we're feeling is in our body so it's important that we address this, not just cognitively, but somatically too. Breathing is absolutely key. It might sound simplistic—of course we need to breathe!—but breathing is a secret super-weapon in our fight against trauma. Breathing sits on the interface between what is conscious and unconscious: after all, you breathe all the time, even when you're not conscious of doing so, and yet you can also consciously take control of your breathing and speed it up or slow it down.

When we breathe in, it activates our sympathetic nervous system, the amber of fight and flight—our accelerator. So even just one in-breath can make our heart beat slightly faster. Breathing out, however, activates the parasympathetic sympathetic nervous system of the 'green zone'—our brakes. So when we're activated in our bodies by a distressing reminder of trauma, we can override our body's automatic response by consciously slowing our breathing. It can be useful to breathe in to the count of five, and then breathe out deeply, to the count of five or even longer. For full effect, we can do this *mindfully*, with our attention on the breath, for a minute or even longer. It's the most effective response to being triggered, and our breath is available to us everywhere, no matter what we're doing.

There are other ways to soothe our body's alarm response too. Many of us trauma survivors find it difficult to actively relax our bodies, and this is because the amygdala is telling us that there's a fire, so why would we want to relax? Relaxation and fire don't mix! But when we do relax our bodies, it sends an overriding message to the smoke alarm to say, 'This is okay! I've got this! I'm not concerned!' The smoke alarm is a two-way device: it sounds the alarm, but we can also tell it to mute the alarm, and we do this by actively relaxing our bodies. How? One of the easiest ways is actually to tense the body. Pick a muscle group—say your quadriceps (front of the upper leg)—and clench them really really tight for as long as you can, say 5 or 10 seconds. Then just let them go. This automatically relaxes the muscles and is far easier than trying to figure out how to make a muscle go floppy which is rigid and tense and ready for action!

The front right brain has the best connections to our body, and is calmed when we calm our bodies. It's also the part of the brain that is most active in 'attachment moments', times when we reach out to a significant person,

another human being who is attuned to us and can provide a safe haven for us when we're distressed. It's not always appropriate or possible to get help from people—people aren't always available—but sometimes they are and just a little cry for help at these moments can help pull us back into our green zone. Who can you reach out to? And even if they're not available, can you imagine a conversation with them in which they are telling you that you're okay?

In addition, we can send mental messages to our smoke alarm to calm down, with reassuring mantras. For example:

It's okay. It's just my smoke alarm sounding. But it's a false alarm—just burnt toast, not the house on fire. I'm safe now. My body and brain have noticed something that reminds them of the trauma, and they're trying to protect me. But that danger was then; this is now, and I'm safe. No need for the smoke alarm. I can breathe, and relax.

Managing true triggers

If we can become proficient at reframing our uncomfortable associations, and soothing our distressing reminders, then we can move on to tackling the most difficult level of trigger, the 'true trigger'. This is the full-blown, all-out emergency that can at first be almost impossible to deal with. We go either into the amber zone, with fight or flight, manifesting even in a panic attack, or we tip even further into the red zone and we shut down with freeze. How on earth can we manage when this is happening?

To start with, we can't. We can only work on 'repairing' the brain after the event. It is very

REFRAMING EXAMPLES

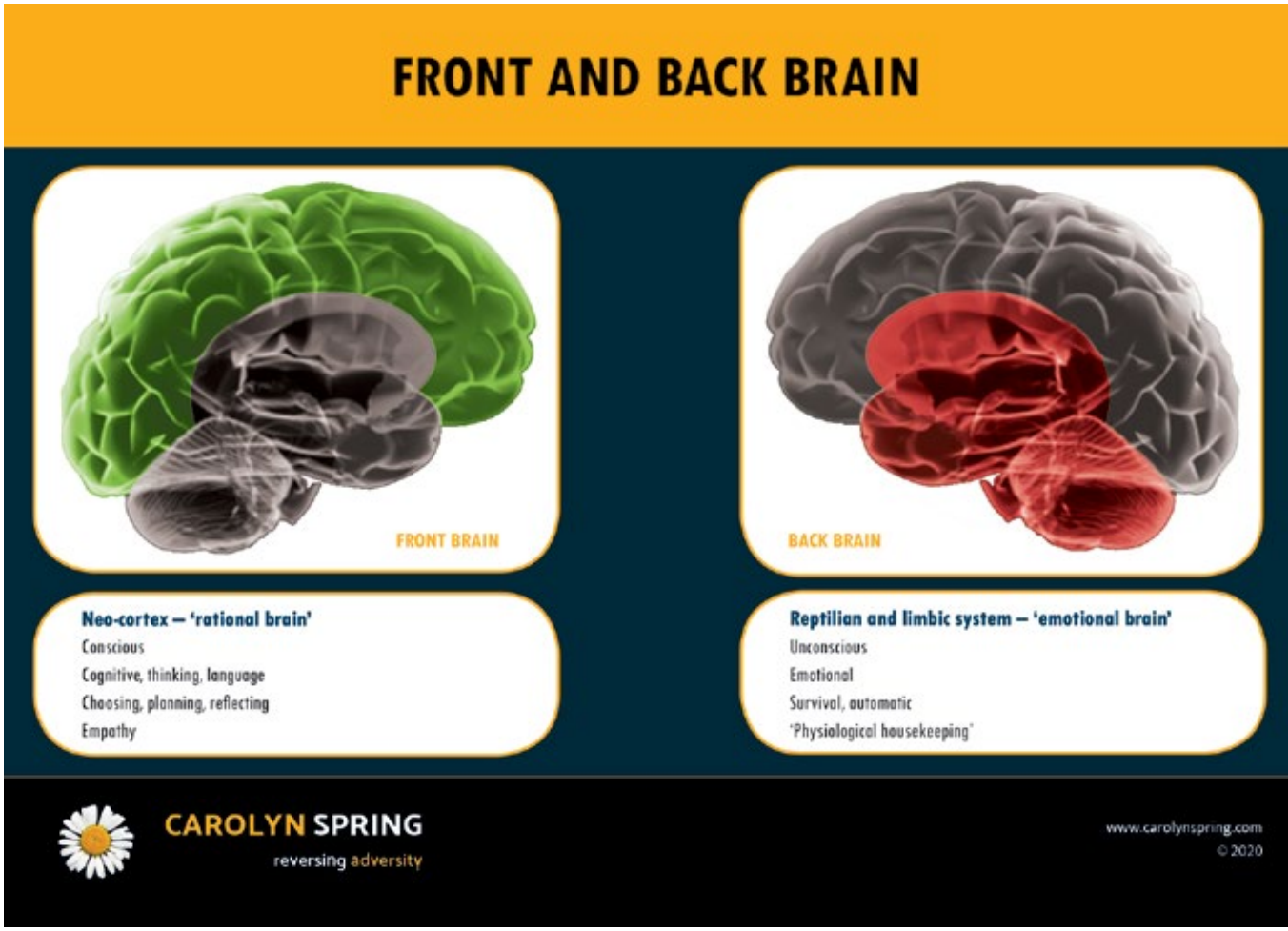
'Oh look—I'm thinking that thought again that it's dangerous to stay in a hotel room. That's my brain trying to keep me safe because bad things happened previously in hotel rooms… So let's weigh this up. Are hotel rooms intrinsically dangerous? What about this particular hotel room? How can I check out if it's safe or not? How can I acknowledge that my back brain is trying to keep me safe, whilst allowing my front brain to make a fresh risk assessment based on the real here-and-now?'

'Oh look—I'm thinking that thought again that I can't trust men. This is because I was abused by some men. But it wasn't the fact that they were male that caused my abuse. It was their choices as individuals. There are many men, even ones that I know now, who haven't abused me. So how can I acknowledge that my back brain is trying to keep me safe, whilst also getting my front brain to perform a risk assessment based on these unique, individual men that I'm going into this meeting with?'

'Oh look—I'm thinking that thought again that the word 'abuse' is triggering. That's my brain trying to help me avoid remembering the abuse that I suffered, and it helped me survive psychologically when I was a child. But right here, right now, it's just a word made up of five letters. It refers to all sorts of things—it's not specific to my abuse. It might be that I can learn something that will help me with my recovery, and I don't want my life to be narrowed by trying to avoid it all the time. It's just a word. It can't hurt me.'

common, after being triggered like this, to feel shame and frustration. 'What happened? Oh no! I can't believe I was triggered again!' We unleash a verbal torrent of abuse on ourselves for having reacted the way we did, or we feel helpless and overwhelmed at our inability to prevent it. Either way, our attack on ourselves sends a new message to the amygdala that we are under attack. It can't distinguish between a real attack from an outside source, and an internal attack from ourselves: it just sounds the alarm! So we end up in a vicious cycle: we get triggered, and then afterwards we attack ourselves for having been triggered, which triggers us further.

So we may not be able—at least to start with—to stop the initial trigger, but we can do something afterwards. We can be kind to ourselves, and we can *just notice* the fact that we were triggered, without judgment or criticism. We can say, 'Aah! I was triggered! *How interesting!*' If we can take all the blame out of it, it will at the very least prevent us from being triggered again. It's like stubbing our toe and then whacking ourselves on the



head for being clumsy—we end up not just with one pain, but two!

Self-compassion turns down the sensitivity of the smoke alarm. Staying calm *after* the event gets the smoke alarm to see a trigger as just 'one of those things', but not as representing real danger. Because afterwards, nothing bad happens. I'm walking through the woods, a dog runs up to me, I get triggered… and I may even lose time as I switch to a traumatised part of myself. But afterwards, as my front brain comes back online, I can look back at what happened and I can say, 'I was *just* triggered—that's all it was. Nothing bad happened. I'm safe.'

I like the word 'just'. It helps defuse situations. It gives a shrug of the shoulders to something that otherwise is clamouring to shout 'DANGER!' It's an important part of overcoming trauma. Because all of these reminders of trauma *feel like* they're an emergency; it *feels like* we're going to die. And we can validate these feelings, because yes—we really do feel this. But we mustn't believe them, because it's okay now and we're safe.

If we keep telling ourselves we're unsafe, we'll keep on being triggered. The key to recovery from triggers and flashbacks is to work towards feeling safe. And so we have to start telling ourselves that we're safe *even before we feel we are*. We have to base what we tell ourselves on external reality, rather than internal feelings. Are we *actually* safe? Even if we don't feel it, we need to be saying it, and the word 'just' can help us to tune things down a little. 'I'm *just* triggered… It's *just* a tree… It's *just* a dog… It's *just* my smoke alarm sounding… It's *just* trying to keep me safe.'

So to manage true triggers better, our first step is to 'just notice' that they've happened, and be compassionate and reassure ourselves that we're safe *now*. We learn to calm down quickly after having been triggered, so that at the very least we are minimising the harm.

The next step is to build reassuring mantras into our everyday thinking, to train the conscious mind so that our unconscious mind can start to do things habitually. These are the kinds of mantras I mentioned above for 'distressing reminders'. It's utilising the same concept as training for paramedics or people in the military—people who absolutely have to stay calm even in the midst of a crisis or a full-blown attack. They are drilled, over and over again, to keep their front brains online even while bullets are flying overhead, or a patient is in cardiac arrest. And many of them have simple mantras: 'ABC: airways, breathing, circulation.' Rather than freaking out and not knowing what to do, the emergency responder can fall back on doing the basics: the ABC. In the military, the most basic is 'ready, aim, fire!' You don't want someone to fire a gun until they've readied themselves in position and taken aim. You train the conscious mind so that it becomes a habit even under difficult conditions. And that's the same process that we can use to learn to manage triggers.

Making your own mantras, which make most sense to you, is most effective. They must be short and simple—able to be repeated easily, maybe using rhyme or alliteration to plug

them into memory. Write them down, so that you can keep practising them at all times of day or night, and carry them around as 'mantra cards' so that when you are triggered and your front brain is going offline, you don't have to remember them—you just have to remember where they are. It can also be helpful to let professionals and significant others know about them, so that they can use them if you are too triggered to be able to use them for yourself.

WE CAN RECOVER!

When daily life is consumed with a battle with triggers, it can feel that nothing will ever change and that triggers are impossible to manage. But if we narrow down the problem—if we take the general and make it specific—then we can split the problem up into three types of trigger, and work out a strategy for each. We need to stop and ask: is this an association, a reminder, or a trigger?

- If it's an uncomfortable association, what can I replace the negative association with? How can I *reframe* it?
- If it's a distressing reminder, how can I *soothe* my body, get support and calm myself down?
- If it's a true trigger, can I *just notice* and be compassionate towards myself? Can I practice some mantras that remind me that I'm safe?

The bad news is that this process is hard work and requires dedication and lots of repetition. Our brains are plastic and do change—but not in response to a one-off. If you want to learn a musical instrument, a foreign language or how to drive a car, you have to practice and practice and then practice some more. The same is true for changing the way our brains respond to trauma cues. We *can* change them, but we need to work hard at it. The rewards, however, are truly phenomenal. I cannot begin to describe how different my life is now from when I was beset with hourly, daily triggers. I'm so glad that I put the time and effort into retraining my brain, and I'm so grateful that I had the support to do it. And I hope you do too.

How to Calm Down

I was brimming. And I hated it. I hated being upset. The surge of emotion through my body. Being out of control. The pounding heart, the air being crushed out of my chest, the pain-stretchy zinginess in my arms and legs, and the scream … the lacerating, shrill shriek of a scream in my head.

Ugh. Emotions.

There are generally two ways we can respond when we get upset: up, or down.

When we respond 'up' we go into the amber zone, into a flight or fight reaction. That's the heart-pump. It's the zing. It's the scream. It's the alien-bursting-out-of-your-chest feeling. It's fast and high and hard and screamy. It is an imperative to *act*, to *do something*: to lash out, to speak out, to dash out, to knock someone's lights out.

Or we can 'down' into the red zone, into freeze. Everything goes still and vacant. Things feel a long way away. Time slows down. The body drifts away. Numbness takes over. It's the dissociative response. Can't deal with it? Switch channels. It's the imperative to not be there: to check out, to zone out, to numb out, to pass out.

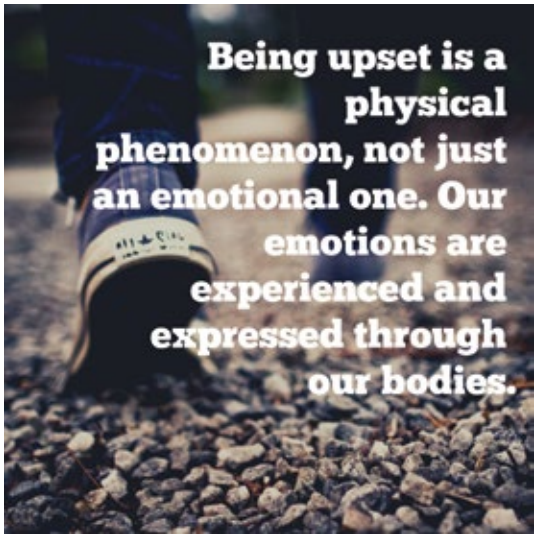
That's how I used to experience upset. When someone said something hurtful, when something 'bad' happened, when life didn't go to plan: up into amber, or down into red. Lash out, dash out, check out or pass out.

It took a long time for me to find the third way. Growing up, my education in emotion had been somewhat lacking. I didn't know how to 'do' feelings. I could cheer when my team scored a goal, but most other emotions were beyond me. And when I got upset, I simply didn't know what to do.

When I was 17, I was driving back from the doctor's in the next village. There's a turn in the road, through ninety degrees. The right of way is with the bend, and a minor road carries on straight ahead. In other words, you turn to the right but you're keeping on the same route. If you want to go straight ahead, that's when you indicate and turn off. The road was clearly marked, the signs very visible. All locals knew about it. I had always known about it.

But on this grey afternoon, as I started back home, a car approaching from the minor road ignored the 'Give way' and nearly ploughed straight into me. I swerved to avoid them. And then off they went, as if nothing had just happened. As if they hadn't just nearly run me off the road.

I was furious. I went into amber. Adrenaline surged through me. Out of nowhere, I needed



to put right this wrong. And so a quick U-turn and I chased them off down the street.

My intention was just to point out to them the error of their ways. Maybe to elicit an apology. *To put it right*. I didn't realise how much injustice was frothing up inside me, triggered by this innocent (although irresponsible) mistake. It was as if, all of a sudden, all the wrongs that had ever been done to me in all my life (and there were a lot) needed righting. Now. Right now. By this couple. By this *elderly couple*.

So I followed them and flashed them and honked them and gesticulated furiously to them to pull over. They didn't. With my front brain offline, I couldn't mentalise and see it from their perspective. Perhaps they were oblivious to their wrongdoing. And all of a sudden a road-rage car was charging along behind them, insisting that they pull over. In their situation, would *you* pull over?

So on they drove. And on I followed them. For twenty miles. Until, evidently terrified (this occurred to me only later) they pulled into the car park of a police station. Suddenly we were both arguing the point at the front desk. Gradually it began to dawn on me that I had gone too far, and I agreed with the police officer that maybe we should just both be on our way and let bygones be bygones. And off I drove. A twenty minute trip to the doctor's had turned into an epic two hour rage. And I realised, for the first time in my life, that I had emotions, and that I didn't know how to handle them.

Fortunately, I've never done anything like that again. But it was a wake-up call. The problem with that wake-up call was that I had no idea what to do about it. It wasn't until I was in therapy that I was able to begin to learn how to manage my feelings and what to do when I was upset.

More commonly in my life, I've gone into the red zone of freeze when upset. I've shut down, checked out and numbed the feelings away. Then instead my emotions would manifest through my body, with constant sickness and pain instead. On the whole I didn't even feel the feelings in the first place – I just somatised them.

It took a long time for me to learn an alternative, and it took a lot of practice for it to become automatic and habitual. But here's what I do.

First of all, I stop. And I notice. I notice that I'm upset. I notice that I'm having a reaction. And I literally say to myself, in my head, 'Stop!' Because emotions are guides for action, and so the immediate reflex is to *do something*. We feel a feeling, and we act on it: both in terms of actually carrying out a behaviour, or the passive response of withdrawing inside and dissociating.

It doesn't really matter which I'm triggered to do: the first thing I say to myself is, 'Stop!'

It's like trying to pause a stopwatch. 'Let's just wait a few seconds before we respond. Let's assess what's going on. Let's *just notice*.'

» how to calm down

What am I upset about? What has just happened? What feelings am I having? What are they making me want to do?

I ask myself these questions and then say again, 'Stop.'

And then I breathe.

Being upset is a physical phenomenon, not just an emotional one. Our emotions are experienced and expressed through our bodies. We may tend to focus just on the stream of thoughts that is immediately flooding our minds, but the biggest battle is with our bodies. It's with the rush of stress hormones that have been released into our bloodstream. They're either inviting us to take action with fight or flight, or they're altering our consciousness, with freeze. Being upset is a physical thing.

So I engage with it on a physical level, by breathing.

Breathing sits on the interface between our conscious, voluntary nervous system, and our unconscious, involuntary nervous system. We breathe both intentionally and without awareness. We won't ever forget to breathe, but we sometimes need to remember to breathe.

If our body is in control of our actions, our breath will tell the story. Has it gone shallow and fast? Has it gone vacuous and empty, like there's no oxygen in the air? Our breathing will change, but we can take control of it and we can choose how to breathe.

And so I breathe. Deep, slow, diaphragmatic breathing, sucking the air all the way through into my belly and letting it out slowly, deliberately. Slowing it down. Focusing my attention on it.

It helps that I practice 'belly breathing' every single day, when I'm not upset. It means that I have the muscle memory for it, and a part of my brain knows that when I do this, things calm down. So I positively trigger myself into calmness as soon as I start to breathe deeply.

It's not easy to focus on my breath when I'm upset, because thoughts stampede through my head. I relive what just happened, or was said. I imagine worst-case scenarios of the consequences of this event. I rehearse a dozen conversations. I desperately try to think of a solution, something to make it all be better and to go away. That is my uninterrupted default, unless I say, 'Stop!' and remember to breathe.

I used to try to think it through. I'd engage in the chatter in my head. I'd jump into the middle of the stampede. If anyone were around, I'd talk non-stop to them about it. I'd churn out words and thoughts and feelings and *blah-blah-blah* hoping that by doing so I'd suddenly feel better. But more often than not, I'd just make things worse. It was like I was whipping up the stampede into more and more of a frenzy.

Instead, I learned to stop and to breathe. When we're upset, our front, thinking brain starts to go offline. We don't have the clarity of thought, the detachment, the objectivity, the mentalising that we should have. Our

thoughts race because they are being charged by stress hormones like adrenaline and noradrenaline. What I eventually realised was that whatever I thought, whatever conclusion I came to, whatever decision I made whilst in that state, would invariably be a bad one. Because most of my wise front brain was offline. Engaging with a stampede is not the way to calm a stampede. You have to let it pass.

So instead I learned to just notice the stampede of thoughts in my head, but not engage with them. And keep on drawing my attention back to my breath. *In, out, in out,* over and over again. Every second my focus would be drawn back to the stampede. As often as I realised, I would draw it back to my breath.

'Okay, stop, breathe, and let's calm it down,' became my mantra. My goal was to calm my body, reduce the flow of stress hormones, and bring my front brain back online. Until then, my deal with myself is that I will do nothing. I will not act. I will not react. I will not lash out, dash out, check out or pass out.

And I will certainly not act out. I just need to wait for the stampede to pass.

It sounds easy. It's not. It's really, really not.

Sometimes the stampede just keeps coming. And not just for minutes, but for hours. The hardest thing is to stop and to breathe and to just notice and to do nothing.

I still fail at it. And every time I do, I regret it. Afterwards, when I've reacted rather than reflected, I realise that I've got it wrong, that it would have been so much better if I had waited until things were calm and then to have made a decision.

When something really big has happened, I try to insist to myself that I at least sleep on it before I do anything. I also have other checks in place: don't act, don't react until I've talked to one of my key people – team members, mentors, friends.

One of the hardest things of waiting until you're calm before you react is that, if the situation involves another person, they're rarely patient enough to wait for your response. They've sent you an angry email,

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» which has upset you. And you stop and you breathe and you wait, maybe for several hours, maybe overnight. But in the meantime they are incensed at your lack of response. They send another angry email, and another. They accuse you of stonewalling them. They get angrier and angrier.

But taking responsibility for my own reactions means that I can't act until I'm calm. And I can't be harried into it by the impatience of someone else. I have to act out of calm rationality, not a hot head. They're responsible for their emotions, and I'm responsible for mine.

Sometimes, of course, it's not that easy, because we're not afforded the luxury of time. It's a crisis situation and we *need* to act quickly. If this is really the case (and actually it's relatively rare) then the same principles apply. The better you are at managing lower-level upset, the better you'll be at employing the same strategies when something big hits. And if there isn't time to calm down, then all we can do is react the best way we know how, and be gracious towards ourselves afterwards. Beating ourselves up is never helpful.

Other things I find helpful when there is time to manage our reaction is to write. To splurge it all out on paper. I had to learn not to make the mistake of writing it into an email or a social media post (Mr Trump, take note). I find writing most useful when it's a situation that requires a quick response, and I write to formulate a list of options for that response. I write out the potential consequences of each option. I don't indulge myself by rehearsing my hurt: I focus on moving the thing forwards. By tomorrow, the hurt won't hurt quite as much. It'll be fine to deal with in the cold light of day. If it's an emergency situation, I need to act – sympathy (especially self-compassion) can come later.

And I stretch. I get up from my desk and I stretch out my long muscles. It's often remarkably effective at dissipating some of the effects of the stress hormones. My emotions are signalling to my body to do something, and here I am, doing something. If I need more, I move more actively: go for a walk, do some cardio, lift some weights. It's a way of giving my body what it wants (action) without acting rashly or before I'm ready to.

How do I know when I'm ready to respond? When I'm calm. When my heart rate is back to normal. When my head is clear. When I can think about the situation without the sudden backdraft of feeling. When I can think through different options, and anticipate the consequences of each, and weigh it appropriately. When I can reflect, rather than react.

So that's what I practically do to calm down when I'm upset. I'm still not very good at it. But I've been getting better. *Stop, breathe, move, react.* It helps!

How I Manage My Mental Health

Do you know that feeling, of drifting into wakefulness on a morning, the dream still half there, reality drawing into view, the sense of where you are in time and space slowly dawning, and then *wham*! Suddenly you realise that this is life, this is *real* life, and you can't do anything to avoid it? For a little while there, in that dream, you had escaped it. But now you're awake, and now you brace yourself for the onslaught that the day will bring.

That's what it used to be like for me, every single day. The dread as I realised that I was waking up. The sense of tensing everything inside me to shield myself from what was coming. The knowledge that stuff would happen and I'd be at its mercy: flashbacks, feelings, triggers, pain, switching, terror, confusion, dread. The only thought with which I could console myself, lying there in bed on a morning, was that in roughly 16 hours' time the day would be over. And maybe I could try to sleep again. (It was never much of a consolation, as the terror of nightmares and the incessant battle with insomnia brought its own struggles. But upon waking, I chose to forget this, holding out at least some hope for the end of the day.)

Life *happened to me*. And life, at that time, mainly consisted of bad things. I spent the entire day on the defensive. I was pummelled by one thing after another.

Does this sound familiar?

It's a strange thing, that I wake up on a morning now and, no matter what crisis lies ahead, whatever challenges I know the day will bring, I wake feeling hopeful, not hopeless. I am largely in charge of life, rather than it controlling me, as it used to.

And it's not because life has stopped throwing me curve balls. It's simply because, over a period of time, I learned how to catch them. I learned how to put certain practices in place in my life that allow me to cope with the day without it overwhelming me. And most days – most! (I'm not perfect!) – it works.

These practices come in different shapes and sizes. Some are for 'in the moment', when big feelings hit or a crisis crash-lands in front of me: these are the things I do to avoid being overwhelmed, to be able to deal with what needs dealing with, and not be thrown off track. Some are daily habits and rituals, which provide emotional nutrition to give me the strength to cope with what comes. Some are weekly, some are monthly, termly or seasonal, and some are yearly. I firmly believe

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» how I manage my mental health

that it doesn't always matter so much *what* we do, so much as that we *do something*. So here are a few ideas from what I do to spark some thoughts about what you can do.

1. IN THE MOMENT STRATEGIES

a. I breathe

Feelings are inherently physical. We feel sick to our stomach or punched in the gut; we're heartbroken or feel winded. Recognising that we experience emotions in our bodies, my first response to them is always *to breathe*. Emotions invariably cause our breathing to shallow and speed, so I counteract this. Not by breathing in – because this tenses me more, and it often feels, when upset, that there's no space for the air to fill – but first of all by breathing out. Emptying my lungs, pushing the air out through my mouth like I'm blowing up a balloon. Emptying, and then emptying some more – it's a strange phenomenon that when we feel our lungs are empty, there's always more to come. I push the air out of myself.

And then I let get of the tension needed to do that. And automatically, without effort, the air comes rushing in: it's simple physics. And then I do it again. And again. And so, when my body screams with the agony of emotion, when my heart is racing and nausea is gripping my guts, I breathe. Just for a few minutes. But I deliberately focus my attention on counteracting the reaction in my body, with this one, simple technique.

I'd known about it for years before I implemented it. It always sounded so stupid. 'Breathe!' people would say. 'Just take a breath', 'deep breaths now!'. I always felt patronised, even insulted. They obviously didn't understand just how upset I was.

I needed to understand some of the physiology of it, the way that breathing out, deep diaphragmatic breathing (from the depths of our belly), engages the vagus nerve which slows our heart rate and settles the flow of stress hormones into our bloodstream. Once I began to understand that it had some science behind it, I was less dismissive.

But, as with most things, when it wasn't magic the first time I tried it, I was tempted not to bother again. I had to keep at it. I had to keep doing it, until it began to work. And then, over time, it became a 'positive trigger': something that I expect to help calm my body, and which now does. Today it's my most powerful tool in the battle against overwhelm (and it's free.)

b. Mantras

'Mantras' is a silly word, if I'm honest. But the English language doesn't offer a better alternative. 'Sayings' sounds like the village soothsayer came up with them. 'Reminders' smacks of shopping lists. So although 'mantras' suggest some New Age-y element to them (which absolutely isn't the case) I think it'll have to do. That for me was the first hurdle: overcoming my distaste for the word. Cynicism disarmed, I set about figuring out if they might help.

Eventually I realised that 'mantras' are used by everybody. Paramedics, the military, teachers in schools. 'ABC: Airways, Breathing, Circulation' is one I learnt on a first aid

course. 'Ready, Aim, Fire' makes obvious sense (please don't fire before you've readied yourself and taken aim). 'Sit up straight, fingers on lips' was what I grew up with in a 1970s primary school as a way of establishing control of chattery 5-year-olds.

Why do we use them? They remind us of order. They set in motion a series of responses. They give us direction and clarity. We know what's expected; we know what to do next.

So when big feelings hit, mantras can be really powerful. They have to be personal to you: they have to mean something. They have to trigger your brain with hope, a sense of relief, a feeling of control, a belief that things will get better. I have dozens of them: 'This too shall pass' is one I frequently say to myself. Big feeling hits: I breathe, and I say to myself, 'This too shall pass.' It reminds me of the temporary nature of the feelings, and the situation causing them. It reminds me to hold on, because it won't last forever: not to fall into the trap of exacerbating the situation by believing that this is permanent and pervasive. *This too shall pass*.

'You're okay, I'm with you, we got this' is another. It's me talking to myself. It started off as a way of me talking to my parts. It was a way of taking charge, showing leadership, playing the role of the calming adult. The mental image in my head when I say it is of me staring down the challenge. Looking it in the eye, refusing to flinch, holding my ground. And calmly and steadily gathering myself – my 'selves' – around me and taking one step forwards, towards the danger, towards the feeling, towards the problem. 'You're okay, I'm with you, we got this.' Be calm, be confident. Reassure yourself.

'What's the worst that can happen?' I have to be able to say this with some humour. Sometimes it made things worse – a thousand catastrophes would present themselves unbidden to my mind. So it's said with sardonic dryness. It's the humour itself that is calming. It's an attempt to step back from myself and the situation, and choose my reaction – humour rather than horror.

Over the years I've learned that the 'worst thing' is something that I've *already* experienced and survived. There is very little else in life that I cannot face, given what I went through as a child. So it's a reminder to myself of that. And in reality, most challenges I face now are only as bad as being in a lift with a dozen wasps. The worst that can happen is that you get stung by all them, go into anaphylactic shock and die … no, no, I mean, the worst that can happen is that you get stung once or twice because you panic and start flapping at them. But the doors will soon open, and you'll get out, and it might smart for a while, but you'll survive. It won't be the best day you've ever had, but it won't be the worst.

So this is all about mentalising and reframing. Stepping back from being *in* the situation, applying a dry touch of humour, and trying to get some perspective. I usually try to laugh myself into realising the catastrophe I'm fearing, to realise how far-fetched and ridiculous it is. For me, it almost always works. In the words of Blackadder: 'I laugh

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at danger and drop ice cubes down the vest of fear'. In the office, facing a crisis, we imagine looking back in years to come and reminiscing ironically: 'Oh, how we laughed!'

2. DAILY STRATEGIES

a. Sleep

This sounds a strange one for staying on track but I've only recently begun to appreciate its true effectiveness: I get up at exactly the same time each morning (*very* early) and I go to bed at roughly the same time each night (also very early), and I aim for 8 hours' sleep.

We can't cope with emotions when we're tired. This is what all parents know of all children. Why do we think it stops affecting us once we're old enough to vote? I absolutely have to have regular bedtimes and uptimes to stay on top of my emotions and be able to cope with life. It's been a long journey, and a battle with insomnia, to get there, but it is now the bedrock of my life.

It took a lot of work. For years I relied on medication, rather than dealing with the root cause. I have also recently worked extensively on my environment, to improve things by 1% (marginal gains): blackout blinds (even blackout film on the windows) for a completely dark room; no blue light before bedtime; no caffeine after midday; no stimulating TV on an evening; a super-cool room; wave and sea-sounds playing through the night. I had to get extreme to get over my extreme insomnia. It's, quite honestly, changed my life.

b. Mindfulness Meditation

The third thing I do after waking up on a morning (yes, I'm anal enough to have a list and to stick to it!) is twenty minutes of mindfulness meditation. I do it now every morning without fail. I use the Headspace app (www.headspace.com) and I find it brilliant.

I've done mindfulness stuff for years, but since I've been doing it regularly, every single morning, I've found it most beneficial. I might also do another one later in the day if I really need to find some peace. But it works best when it becomes a daily habit, because then it's building new neural networks. It's changing our brains over time, to make us less reactive to emotions.

I wouldn't miss my morning meditation now for the world: I absolutely love the deep sense of calm I have at the end of twenty minutes. Even if all hell is breaking loose around me, at least I'm starting from a good place. And it reminds me, daily, that I can get back there. So I just have to get through until my next session. It's been life-saving.

c. Walks outdoors with my dog

There are untold benefits to being outside. When we allow our eyes to focus on vista, on the long-distance panorama around us of sky and open fields, our blood pressure drops. It's unconscious but it works. We can't sit and force ourselves to have lower blood pressure. But we can put ourselves in the kind of setting where it will naturally happen.

My daily or twice-daily walk with my dog is crucial to my mental health. Similar to sleep, it's been a struggle to get to the point where I can do this every day, especially with a long history of chronic fatigue and pain. But, like breathing, it engages physiological mechanisms to help us manage emotions. It counteracts the flood of stress hormones – adrenaline, noradrenaline, cortisol – and discharges them.

Being in nature is incredibly important to me and if I haven't seen sky and trees and birds and fields at least once every day, I start to feel a bit quivery. I need nature. It regulates me. And it took me years to realise this – I thought it was just something I liked, not something that would actually help. I kept waiting until I felt better until I made plans to go outdoors. Instead I began to realise that I need a daily habit of being outdoors regardless of what's happening. And the more that's kicking off for me, the more I need to fill myself with outdoorsiness. Waterproofs are my most essential clothing item: ain't no rain gonna stop me now.

3. WEEKLY STRATEGIES

I work Monday to Friday and I often work on Saturdays too. So Sundays are my true sabbath. And it's imperative for me, as an extreme introvert, to have at least some of the day to myself. I need solitude to recharge.

A recent habit that I've implemented is going swimming on a Sunday. The exercise is good, but not the main purpose. It's just that it's so different. It's a break from everything else. And afterwards I sit in the lounge area

attached to the pool and I journal. I review the week behind, and I plan the week ahead. I step back from the day-to-day and I zoom out to the wider perspective. I check in with myself. *How am I feeling? What's been going on for me? What's the bigger picture?* Invariably, it is soothing and reassuring and restorative to do this. I always gain perspective. I see where I've been heading down rabbit-holes. I see where I've been tempted to cut corners on my daily rituals. I see where I've not practiced sufficient self-care, or compassion for others, or had enough rest.

And so I perform a course correction. This way, I only ever go a week off track before pulling myself back in line. This, too, is a lifesaver. It also gives me a sense of completion – that week is over, and a new week is ahead. Whatever crap happened last week doesn't spill over into this week. However exhausted I ended up feeling last week, tomorrow is a new day. I draw a line under it, and I go through a process of figuring out how I want the week ahead to pan out. Of course it will never end up being as I've planned. But the point is that I give myself a sense of control over it. I stifle any feelings of helplessness or powerlessness that have crept up on me over the previous seven days. I start again.

4. MONTHLY, TERMLY OR SEASONAL STRATEGIES

When I was in therapy, we always worked in roughly six-week segments. Sometimes it was slightly shorter, and sometimes slightly longer, but there was a general pattern. Six weeks was about the right period of time for us to be able to focus: what are we going to work on? What can we realistically try to achieve? What's the main emphasis? Then six weeks, hammer and tongs, diving in deep, dealing with stuff, and knowing that a break was coming.

At first I hated the breaks. I felt dependent on the regulation of a therapy session to get me through. A two or three week break always felt like eternity. Eventually I stopped kicking against the goads and realised that affect regulation was my deal, and that I had to have more than one strategy for it. It wasn't wise to have all my eggs in one basket and be dependent on something (the session) or someone (the therapist) to manage my emotions. So I began to use the breaks as an opportunity to put new strategies in place. Towards the end of therapy, I began to appreciate the breaks. However tough the sessions were, there were only six of them, and then I would have a break. It helped me to focus and direct my emotional energy accordingly.

Since ending therapy, I've implemented a similar system in my work. Like sleep and walking, it took a long time to deliver the strategy I needed to be able to have the rhythm in place that I wanted. It took a lot of planning and investment – I had to *implement* it; it didn't just happen – but I now operate mainly on the basis of working at full intensity for six weeks or so, and then I have at least a week's break away in the Highlands. Although I often work when I'm up there, it's a different kind of work: it's studying, writing, introverted stuff. It's not giving out, training, meetings, people. So it's restorative.

And it's become another essential for my self-care and wellbeing that works for me.

My time away on this schedule is like pressing a reset button. The drastic change of scenery, the contrast in the pace of life, the lack of good internet, the raw and wild weather, the people, the culture, the way of life … I go from a centrally-heated modern Lego house on a new build estate to an old crofter's cottage with sheep roaming the garden. My morning ritual there includes emptying and restocking the log burner. I live in wellies and waterproofs (although, to be fair, sometimes I take them off indoors). I have a complete break from 'normal' life.

And it does something profound to me. Because I know that, however much life throws at me during my six weeks 'down south' (as everywhere is compared to the Highlands), I've got an escape coming up. It will end. I will get away. I can turn off my phone and social media if I need to (or rather, I am often forced to due to poor reception). I can breathe unpolluted air and plan my day around the tide times. It's a completely different way of being. It's thoroughly restorative.

There is no way I could cope with the pace and intensity of my work if I didn't have this as an escape. The journey up and back – a minimum usually of ten hours by car – is itself a form of decompression. I 'think out' all the stress that's been harrying me for six weeks. I let my anxiety drift out with the exhaust fumes. As the scenery changes and I go from the flatlands of Cambridgeshire to the hills of the Lake District to the mountains of Scotland, it's almost as if I change lives.

I've known for many years that I need this kind of an escape if I'm to sustain the work I do, and it took many years to bring it into reality. It's the single biggest thing I do for my mental health.

5. YEARLY STRATEGIES

Once a year, often around Christmas or New Year, I take a day or two minimum and I review my year. I go back over my journals. I see the progress I've made. I identify recurrent holes in the road. And then I plan the year ahead: *What are my goals? What will my main focus be? What do I want to be saying and thinking and feeling when I do this review again in 12 months' time? What are the three areas that I'm going to focus on over the year ahead?*

I do long-range planning and it doesn't matter if what I think is relevant in December doesn't seem as relevant 12 months later. I can change course if I need to. But I don't start the year without an itinerary. I figure out what I'll need and I peer into the future and try to imagine what harvests I will need, and when and where I'll need to sow to achieve that.

I learned this on a leadership course over twenty years ago. But I never saw it as relevant to me until recently. Because I used to see myself as simply 'mad'. Messed up. Broken down. Someone with mental health issues. I thought it was only competent people

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» who did things like yearly reviews. Seemed all a bit serious.

And then eventually I realised that if you want to be the competent person, you need to do what competent people do. You only start living their life if you do the things they do, even before you're ready.

I felt silly the first time I did an annual review – full of self-importance, and embarrassed at how inadequate I was to the task. After all, I found it difficult to plan my Tesco delivery for the week ahead, let alone plan a year ahead. But I started doing it, and it made a difference.

Every time now I go to Scotland, I spend at least a few hours reviewing my progress on my yearly plan. Mostly what I've done to date doesn't tally in the slightest with what I'd planned to do. But that's okay, as long as there are good reasons for it. It helps me identify if I've been blown off course or whether I intentionally adjusted the rudder. And that helps a lot, to plan the next course correction.

We often think of managing emotions only in terms of what we can do in the moments when feelings erupt. My process over the last few years has been to realise how much our overall habits play a part. I've realised that I cannot just fight fires: I need to build with flame-proof materials. It's hard work, to be so intentional about your life. But what I've also learned is that it's a lot less hard work than dealing with constant crises. Managing my mental health before it deteriorates takes a lot less effort than coming back from the brink. It's an investment that reaps a hundredfold.

What can you do, today, to start building a life that supports your mental health?

'I am walking towards the Post Office with humdrum thoughts roiling in my head of things I need to do, wondering if I've got everything I need for tea, pondering a response to an email: the flip-flop ordinariness of everyday worries and concerns. Nothing unusual, nothing remarkable. And then. And then. I can't even tell you what happened next because it's snap-click-snap, in a moment, in an instant, and I'm not conscious of it happening at all. But my heart wants to burst like 'Alien' out of my chest, there is a rage of energy rippling up my legs and I can feel myself falling inwards and losing touch with myself.

Then it is minutes later, maybe even hours—time has no meaning, and my brain is scrunched up inside my skull with weariness and confusion. What just happened? It was a man with a camera, a dog, a child crying… I don't know what it was. But I was triggered by something and it's seriously messed up the last few minutes or hours or even days of my life …'

Life after trauma is often characterised by triggers, flashbacks and oscillating states of emotional distress. These are natural consequences of the effects of trauma on the brain, but people suffering them can feel as if they are either 'mad' or deficient in some way. The simpler reality is that trauma is traumatising! This essential Resource Guide brings together a number of articles and concepts which are designed to help people learn how to take back control over their traumatised emotional and bodily states, through understanding concepts such as the back brain and the front brain, the window of tolerance and the trauma traffic light. It's a lifebelt for people who experience frequent states of debilitating, even life-threatening distress, and a resource for professionals working with this client group.

About the Author

Carolyn Spring is an author, speaker, trainer and trauma survivor. She has written and published numerous books, articles, resources, blog posts and podcasts and delivered training to tens of thousands of survivors and professionals both in person and online. Through her unique blend of lived experience, research, training and consultancy, and with a distinctive communication style, she helps people to recover from trauma and to reverse adversity. She loves to make the complex simple and to give hope for recovery from even the most extreme suffering. She brings a rare positivity and compassion to issues of abuse, shame, suicide and trauma.

For more information go to www.carolynspring.com or find her on Apple Podcasts, YouTube, Facebook, Instagram, Twitter and LinkedIn.

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