MANAGING TRIGGERS

by Carolyn Spring

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*

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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, and 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 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!

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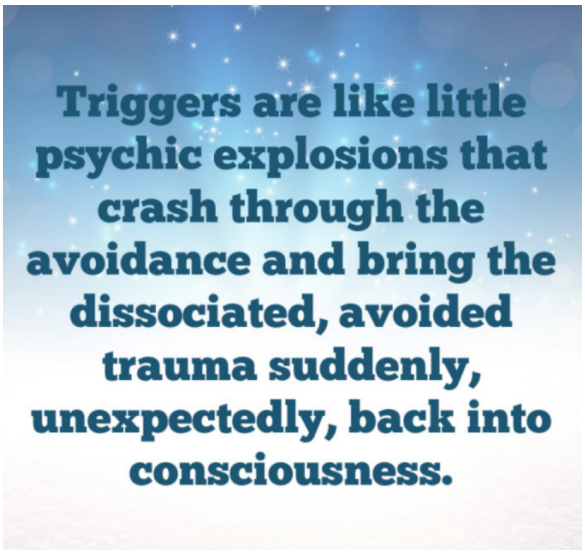
THE POSITIVES OF TRIGGERS

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 experiences 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

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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

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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 message, 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 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, 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 two' 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

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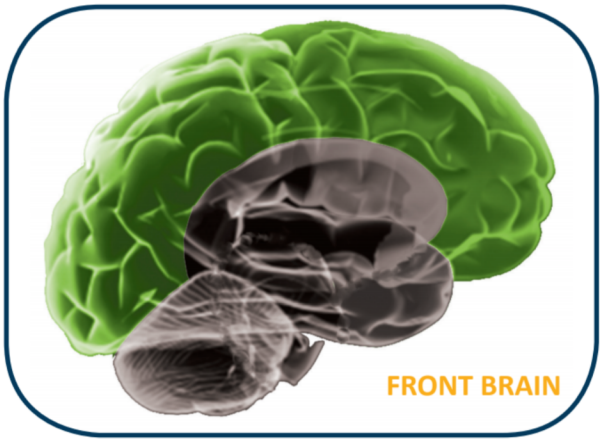
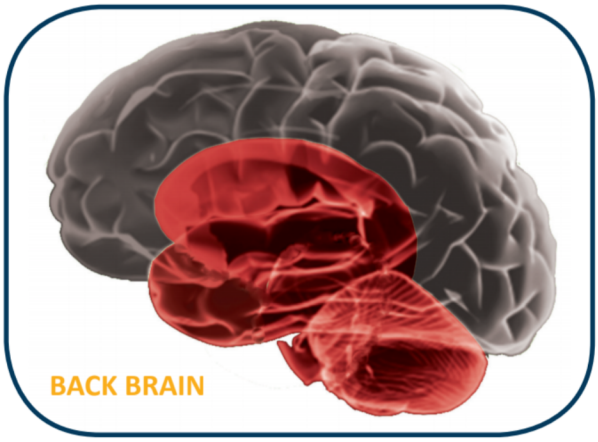
triggers that no longer have any impact on me because I have opened the package – the dissociated trauma – and so the 'postman' has stopped knocking. In this case, traumatic memories have become 'associated' rather than 'dissociated' – they have linked up again with the rest of my autobiography, my personal 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 have learned over the last few years, because with dissociative disorders a large part of the problems we face is 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.





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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

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part of the limbic system, the emotional alarm system of the brain: the 'back brain'. And the amygdala's function revolves around our 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 '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

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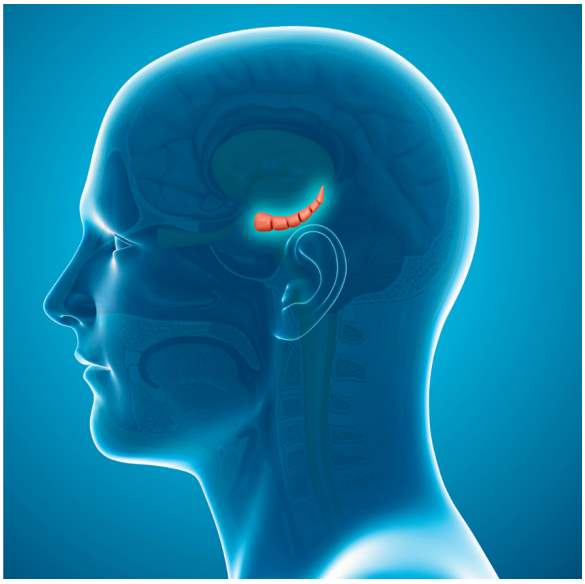
us the maximum possible amount of time to respond to threat – to respond with fight, flight or (if all else fails) freeze. The problem is that this level of responsiveness isn't so adaptive or helpful as an adult. If the abuse is behind us, if we're living in a world that is at least relatively safe, 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 because of 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

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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 a chance 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, 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.

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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 can be so rational, so normal, so competent some of the time

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and then, when I'm triggered, I become 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 about 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 TRIGGERS

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

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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.

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

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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 survivors of complex trauma 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 work is so often a stabilising factor for many trauma survivors – work that isn't too complex and stressful and full of relational conflict

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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. I know that after a therapy session, I need to get my front brain online again by doing something menial like filing or checking the bank statement. I can'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

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disorders, and I cover it in detail in my **Working with Relational Trauma** training 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 time. If there are repeated soothing moments, 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 writers 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 have experienced a thousand times in therapy sessions when my feelings have suddenly hijacked me and I have been triggered into a high-anxiety state. Together with my therapists, I (or another part of me) have gradually learned to be able to turn the volume down on those feelings so that they are not deafening me anymore. My therapists have mirrored calmness to me, breathing slowly and deeply together ('Just sigh!' as Janina Fisher puts it), so that I have been 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.

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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 have been laying down new patterns in my brain, new neural networks that have meant that over the long-term I am less likely to fly into a panic when I am sniffing smoke but there is 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 a history of complex trauma 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 complex trauma – 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.'

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For me personally, perhaps the greatest impact I have seen over the last few years has been the way in which my front right brain has helped to turn down the sensitivity of my 'smoke alarm,' meaning that I am much less often triggered nowadays, and much less severely. Even when I am, I can use what I have 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 complex trauma seem to be those that employ so-called 'applied mindfulness,' such as the Sensorimotor Psychotherapy approach developed by

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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, 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

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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

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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 I had a very serious near-miss on the motorway some months ago, 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 just 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 ago 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.

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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 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 7s, 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 good friend, 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, that over time will reduce the sensitivity of our smoke alarm which has become 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.