

## CHAPTER SEVEN

### The fallacy of grounding

My therapist is on extended leave and so here I am instead, in a strange town, in a strange counselling centre, in a strange room, with a *very* strange woman. I've met her previously: my principle therapist and I came to see her before the start of her break, as a kind of 'handover'. And, overwhelmed by the agony of the perceived abandonment, and the terror of coping with flashbacks and breakdowns and dissociation and chronic illness without the support of an attachment figure, I reluctantly agreed to see this 'substitute'.

But she's not a substitute. She's a prison guard.

That is the first conclusion I jump to even before our first session starts. But I am being driven by fear of the unknown; fear of attachment; fear of rejection; fear of being shamed. I'm aware, just about, that I'm not being entirely fair.

I drive the hour or so to her counselling centre with a sense of dread and foreboding. I park down the road and fumble incompetently to get a ticket. I can't decide if I am anxious or hypoglycaemic. I don't know whether to stride confidently into the building or skulk silently into the waiting room until noticed. I don't know what the rules are. And I feel twisted up within myself at the terror of getting it wrong. *Here I am, an adult, and I can't deal with normal life*, I think to myself, brimming with the kind of self-hatred that is meant to serve as a defence but which only hurts me more.

Through the front door, there is a little reception area, separated

off with frosted glass. I stand awkwardly, hovering, incapable of decision. Eventually a woman glances up.

‘Yes?’

I glower at her on the inside. It feels rude and dismissive—she can’t even be bothered to smile, but instead looks annoyed by my presence—and the shame of it sears deep into my bowels.

‘I have a ten o’clock appointment,’ I say, wanting to look through her so that her eye contact won’t hurt. It doesn’t matter—she doesn’t even bother looking back. *Am I being oversensitive? Am I misinterpreting everything?* Probably I am, but that’s the legacy of trauma. Right now, all I can do is survive. The stress of the newness of this, the perceived threat to my life of abandonment or rejection—outside my window of tolerance, way up high in the amber zone ready for fight or flight—is compromising my ability to relate normally. I can’t help but see everyone and everything as a threat. *Breathe*, I tell myself, not because I can, but because it’s what my therapist would say to me. I haven’t yet twigged why it’s so important and that it does, actually, help.

‘Take a seat.’

I can just make out a couple of other women at desks in this admin area. I have timed my arrival to be 9.55 am exactly: literally counting down the seconds, and pacing my stride, so that I won’t be a second too early or a second too late. Three minutes to ten feels like I am pushing it: what if my watch is slow? Anything more than five minutes beforehand feels inconveniently early. And I don’t want to be an inconvenience.

Will she come out to me at exactly 10 am, and therefore will we eat into the hour by finding the room? Or will she allow me time to settle into a chair before the clock starts ticking? *These things don’t seem to matter to therapists*, I think. *But they matter to us*. Every second counts.

I sit, numb, alert, agitated, removed. Everything and nothing. And I sit. The seconds crawl forwards. My watch registers 10 am. Perhaps she is with another client still. It occurs to me that I didn’t give my name; nor was it requested. I hope, panicked, that I have the right day. Yes, I have the right day. I checked it ten times.

I can’t shake the feeling that I don’t belong here; that I’m not welcome here; that I would be better off dead. This is a recurrent

theme, and it will be many years until it begins to shift.

As the clock shuffles past 10 am, one of the women behind the screen stirs. She scrunches her papers together, stands up, and appears from behind the glass. She smiles at me wetly. 'Shall we go up?'

I hate myself at that moment for resenting the lost time. I am convinced that she will kick me out on the dot, but we haven't started on the dot. I have driven an hour to get here. I have made childcare arrangements. I have journalled. I have spent most of the night awake, distressed at the thought of coming. I have had three bouts of diarrhoea this morning. And when it comes to it, my therapy hour will run short. *Get over it*, I try saying to myself, but I feel crushed and ashamed. *I'm not even worth a whole hour*. And she's been sitting there all along, shuffling papers. I hate her. But more than that, I hate myself, for overreacting. After all, I don't have a right to counselling. I don't have a right to be helped. I should be grateful, I should be thankful, I should be... *Stop it*. I pull air into my ribs to overcome the urge to not be.

I follow her up through narrow, stale-smelling corridors where the lightbulbs glow a dirty orange. We pass doors with signs on them: 'Quiet please. Counselling in progress.' I feel ashamed on behalf of the people inside, that I know why they are there. We lumber up two flights of stairs, each step creaking loudly, and I wonder if I will be able to focus against the background of footsteps on stairs. *It's the worst sound in the world*, I think, but I don't yet know why.

Inside the room, the carpet is threadbare and the walls a filthy cream. A single vase of dusty plastic flowers sits on an IKEA coffee table. An IKEA print on the wall. An IKEA cushion on the chair. That at least is familiar. The woman herself looks as dreary as the room. I feel ashamed to be here, as if the emotional poverty of the setting is a reflection of my worth.

Coats off, sitting down. In a brown chair with a stain on it. With wooden arms like the teachers used to have at school, twenty years ago. It is very upright. I don't feel I have enough strength in my spine to sit in it. Everything in me collapses down within myself. I just want to huddle up and hide. I really *really* don't want to be here.

'How have you been?' she says and I become conscious that her

dyed-chestnut perm is not dissimilar to my mother's. She's a bit older than my main therapist, and plump, like a well-stuffed bean bag. I don't want to see her as the enemy right now, but that is the feeling overwhelming me. I try to push it back underneath. I need to get this right.

We talk unpleasantries for a few minutes but everything about me is unsettled. I resent her because she's not my main therapist. I resent her because of her perm. I resent her because of the room. I resent her because we started late. And most of all I resent her because she doesn't know me.

Of course, she thinks she does. And that's what bothers me. She thinks she knows me, and she's patronising with it. I feel the power differential between us distinctly, like she's the middle-class sorted one, and I'm the feral screw-up. I particularly don't like the fact that the counselling is free. I feel pitied and patronised. *I should be grateful... Yes, but stop it anyway.*

We sit in silence for a bit and I realise how pent up I am with negativity, and that I don't want to be. *Get over yourself*, I say to myself, unencouragingly. But then I hear it: the wail on the inside. There's a terror, and a desperate yearning for connection and to be heard. I don't know what this is. I don't know *who* this is, but something that we're talking about (somehow we've strayed onto a family member's birthday), or maybe just being here, is activating this cry within me, and it's slicing at me from the inside. It's like an instinctual need to check out if we exist here. Or if we have to play 'the game' and hide.

I start to fall away within myself. Downwards. A long way downwards. I can feel myself falling, but there's nothing I can do about it.

She's looking at me sternly when I next become conscious. I don't know where I've been, only that I haven't been *here*. My on-leave therapist has recently provided a word for it: 'dissociating'. I only started therapy six months previously, and I don't really know what it means. I only know that it's become routine for me to miss part of my session. And that, apparently, is what has just happened now.

My main therapist is kind about it, empathic. She explains it to me in terms of my mind being overwhelmed, and a kind of shut-off

mechanism kicking in to prevent total overload. She suggests that it makes sense, even though she doesn't really understand it either. Although I feel alarmed and ashamed, she makes me feel less so. She sees it as both a problem, and the solution. She gives me confidence that together we will work to find a way through: to figure out why it's happening, and to resolve the underlying issues. And there's no rush.

Or at least there wasn't. But then she went on leave.

And this therapist is staring at me now with a face that looks like I've stolen her purse. I don't know where I've been. I don't know what I've done wrong. But it's evident that I *have* done wrong.

'We won't be able to work together if you dissociate in the session,' she says.

I stare blankly back at her. I'm not quite sure why she's telling me this. I'm not quite sure what she wants me to do about it. I'm not quite sure what the problem is.

So I say nothing but I sink in my chair under the weight of her disapproval. A sticky layer of nausea coats my guts. 'Okay,' I say at last, so that the silence doesn't become offensive.

Inside, I want to cry. Out of nowhere, I feel a wave of pain scalding my innards. I feel totally, irreparably, unacceptable. A long, low wail from within.

'You need to ground yourself if you feel yourself starting to dissociate,' she explains.

But I have no idea what she means. I don't know what 'grounding' means. I don't know how to do it. I don't know *why* to do it. And I don't know how to identify the feeling of starting to dissociate. At this point in my recovery journey, I don't notice it. It just happens. So what she's asking of me is, currently, impossible. It's like asking me to slow my heart rate to fifty beats per second—I just can't.

My guts freeze over with dread. I don't know what to say or do. I feel ashamed with the impossibility of being me, and being traumatised.

What I want to say to her—now, years later, after figuring this stuff out through thousands of therapy hours and tens of thousands of hours of studying—is that she's got it the wrong way around. It's

exactly because I start to dissociate in session that she needs to work with me.

Telling a client that you can't work with them if they dissociate in sessions is like telling a cancer patient that you can't work with them while they continue to lose weight. The weight loss is a symptom of the cancer; all the more reason to work with them promptly, to deliver effective treatment as soon as possible. Likewise with dissociative clients, the fact that they 'dissociate' in sessions, switch to other parts of the personality, lose contact with present reality, are in denial about their trauma, can't manage their eating or drinking or drug use, or have a dozen other 'diagnoses' and labels—all of this is exactly why you should work with them. You don't tell them to go and sort themselves out, and then you'll help them recover once they have done so.

And I want to tell her too that grounding is not the answer. It's become a buzz-word, devoid of meaning. It has taken on almost mythical status and in many cases is applied as a generic, magical panacea. It's not. And the way she's referring to it is as if it's the answer, rather than merely a stepping stone towards the answer.

The work of trauma recovery involves bringing the front brain online and feeling safe again in the body. Being able to control switching and 'dissociating' (by which we mean an altered state of consciousness) is a vital component of that, but is not an end in itself. Developing co-consciousness and collaboration between parts is also important, and it's true that traumatic memories are only properly metabolised and processed when the front brain is online. But grounding is only one small technique in that entire process: grounding is not the point.

What she really ought to be doing right now is focusing on connection and attunement, on being present with me in a supportive, empathic way. And there is little more disconnecting or misattuning than shaming a client for reactions which are currently outside their conscious control.

The end goal of trauma treatment is for the client to be able to consistently operate in 'the green zone', a physiological and emotional state of being where we're able to both think and feel at the same time, where we're calm, relaxed and alert, where we feel safe, and where

our 'social engagement system' is fully operational. Trauma survivors instead spend much of their time either in the hyperaroused state of amber, characterised by fight and flight, or the hypoaroused state of red, characterised by dissociation and freeze. It is thus a defence against danger. The work of recovery from trauma involves a gradual resetting of the body and brain's default state away from amber and red and more onto green. It takes time. It takes practice. It takes repetition. And it involves far, far more than just 'grounding'.

Grounding can help us get back in the green zone, but used inappropriately it can spiral us further away from it. Too often grounding is used as a weapon to enforce compliance—'stop dissociating': then it becomes entirely counter-productive. Too often it is used to regulate the therapist's anxiety and sense of inadequacy, to manage a client who is presenting in unfamiliar ways. Grounding is an effective tool when used appropriately, but only if it's for the client's benefit, not for the therapist's.

The therapist's false assumption is that switching to another part is a bad thing, and should be stopped: as if by saying no to the symptoms of trauma, we can heal the trauma. But that is merely an attempt at behavioural control—it does nothing to resolve the underlying root cause. And in the case of dissociation, all it does is serve to disrupt the trust and attunement between therapist and client.

But if instead our end goal is the establishment of the green zone as our default state of being, we're going to have to learn what it feels like to be there. We'll have to get used to the green zone. It's a habit we'll have to develop—and habits take time to grow (and this habit should not be a prerequisite for receiving therapy). We'll have to know how to move back into green when we've been triggered in some way into amber or red. We'll have to develop an awareness of our physical and emotional states, to know that we've drifted out of green, and we'll have to build a repertoire of skills, of things to do, in the moment, to begin the shift back into green—what is sometimes termed 'affect regulation'. Sometimes—not always—these interventions include things that we could term 'grounding'. But true grounding is about coming back into the green zone; it's not about preventing switching.

And affect regulation is where the therapist is key: to act as a coach,

to help to soothe and reassure, to regulate our emotions as a parent does with a baby, until we can learn to regulate them ourselves; to remain in the green zone themselves and calmly, gently, draw us into their state, by their eye contact and steady tone of voice, by their regular breathing and metronomic heartbeat, through unconscious and non-verbal right-brain-to-right-brain communication.

We learn to come back into the green zone through a thousand opportunities in therapy, where we're triggered out of it and the therapist helps gently soothe us back in. This may be for us in our 'adult' part, or for us in our more developmentally younger, distressed or traumatised parts: whoever we are, the therapist can help us learn to down-regulate or up-regulate, down from amber or up from red. Their presence, their 'with-ness', is key. By maintaining that human connection, we light up the attachment and relational parts of the brain, which in turn douse the rest of the brain with soothing chemicals, feel-good neurotransmitters. We do it again and again and again, until habits in our brain begin to form. And we do it best when there is a strong connection to another human being, and when our 'social engagement system' is fully online.

So switching isn't a problem, and grounding isn't the solution. It's bigger than that, and wider than that. The problem we're trying to solve is the way that trauma hijacks us, switching us away from daily life mode (the green zone) to danger mode (amber or red) and how little control we have over our physiological and emotional reactions. Grounding techniques can help us to slowly develop more control over these reactions, but they are not the goal in and of themselves: we do not go for therapy merely to learn how to be 'grounded'.

And we can't be expected to know how to do it when we start therapy, either. We can't even be expected to know how to do it without being shown: so much of what we're trying to achieve takes place in the primitive, non-verbal, non-conscious parts of our brain, which are impervious to words. We don't recover from trauma by thinking our way out of it. We have to learn, like a baby, to manage our physical and emotional states from scratch, and we mainly do it through being in a room with someone who is speaking unconsciously through their physical and emotional states to ours.



It's true that over time we have to learn to bring our front brains fully online, and that controlling our switching makes a huge difference to both our quality of life and resolution of the trauma. But it's incorrect to leap from that proposition to the idea that dissociative clients should be prevented from switching in session, and that the goal should be to get them to 'ground' to mitigate such behaviour.

It's much more helpful to think in terms of the overall goal: living in the green zone—and to ask, 'What will help this person, right here, right now, feel connected to me as a human being (because the green zone is the realm of the 'social engagement system')? What will reduce their shame (as shame disconnects us from other people and so shuts us off from the green zone)? What will help to soothe their bodies and brains back into the green zone? What will be a reparative experience for them?'

Dissociative clients will dissociate. We cannot keep telling them that they need to stop doing that before we will work with them. In the early stages, when we're working primarily on safety and stabilisation, it's far more productive to go with them in their switches, and to welcome each and every part of them that 'appears' or 'presents'. This is one person, with many parts.

You are not reinforcing the dissociation by talking to parts. But you *are* reinforcing the dissociation if you shame them: the default response to rejection, abandonment, exclusion, or humiliation in a dissociative person is to go into the red zone of dissociation or freeze. Therefore, at the very least in the early stages of therapy, the best thing you can do to promote the green zone and thus recovery is to stay connected to them, wherever they go, however they present, whatever emotion is expressed or altered state of consciousness arises. The social engagement system is activated by human contact: therefore, keep in contact.

Over time, as that connection is established and as together you develop strategies that quickly soothe the client when triggered, you can work on limiting switching so that it becomes more a matter of choice, and planning, and control—rather than replicating the powerlessness of trauma, and being something which causes shame and a sense of a lack of control. But that takes time, and will happen

naturally. If we work on resolving the root causes of dissociation—the trauma—then we will not habitually dissociate.

That is what I wish I could have said to her. But of course I couldn't, because I didn't know it then.

Instead I sit, stuck, ashamed, and with this wail on the inside that simply will not stop. 'Okay,' I say again, because I don't know what else to say. I need to be a good girl. I need to be allowed to come back.

The following week, I warn myself sternly that 'dissociating is not allowed'. It happens again, and I don't understand why. The therapist talks about me 'maybe not being in the right place at the moment for therapy'—I decide in the end that this means that she can't cope with me.

What I don't understand is why my brain, which should be trying to protect me, instead seems to be sabotaging me: it is causing me to 'behave badly' in therapy, which risks curtailing this help that I am offered. But then I suddenly realise it: I don't feel safe in this therapy. Because I feel perpetually ashamed and inadequate and incapable. I feel like I ought to be someone other than who I am: that I am *too* mad, *too* bad, *too* messed up. And that triggers painful, overwhelming feelings on the inside of me, and clearly there are parts of me who are trying to keep me safe by keeping me away from this therapist. And so, we 'misbehave' by 'dissociating' during the session.

I don't go back for a third session.

The curious thing, I reflect, is that my principal therapist was too inexperienced to know the wrong thing to do. She hadn't heard the 'switching is bad, grounding is good' mantra, so didn't impose it. Instead, she flew by the seat of her pants. She did what was instinctually right, and what hadn't yet been trained out of her: she offered deep, empathic human connection, regardless of what happened, in every single session. She simply didn't know enough to get it wrong.

I eagerly awaited her return.