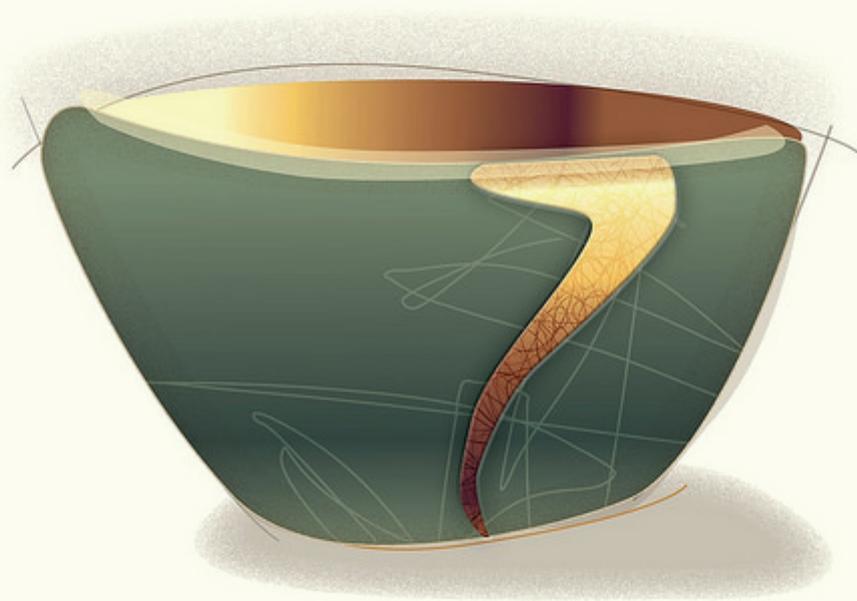


Understanding and Healing Trauma

3rd Edition



the fluff-free guide[®]

REBECCA MARKS

Understanding and Healing Trauma

Third edition published in 2025



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Cover illustration by Martin Howard

Kintsugi (金継ぎ) is a Japanese art of repairing broken pottery with lacquer dusted with powdered gold. As a philosophy, it treats breakage and repair as essential to the object's beauty. The Kintsugi approach reminds us that as trauma survivors, we are not fundamentally flawed. We can heal. Post-traumatic growth is possible.

Disclaimer

This eBook is not intended to be a substitute for the medical advice of a licensed physician. The information is designed to provide helpful information on the subjects discussed. This resource is not meant to be used, nor should it be used, to diagnose or treat any mental health condition. The reader should consult with their mental health professional in any matters relating their mental health. The author is not responsible for any specific health needs that may require medical supervision and is not liable for any damages or negative consequences from any treatment, action, application or preparation, to any person reading or following the information in this eBook. References are provided for informational purposes only and do not constitute endorsement of any websites or other sources.

Note

This eBook contains many website links to helpful resources. If you notice any broken links, please let us know by emailing hello@thewellnesssociety.org.

www.thewellnesssociety.org

Thanks to Our Collaborators!

A huge thank you to all of the trauma survivors who shared their experiences and insights for this eBook – this greatly helps us improve the quality of our content and we appreciate your collaboration.

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Introduction

“It is politically convenient for policy makers to emphasize individual biology in ways that decontextualize mental health problems and thus deflect scrutiny from damaging social systems. Childhood abuse and neglect, adulthood assault, poverty, and discrimination have devastating personal consequences, yet medicalizing subsequent distress permits a level of denial and distancing that absolves those in power of responsibility for addressing injustice and instituting legislative change.” – Eleanor Longden et al.

Over 50% of people who try to access mental health services have experienced trauma, defined by The American Psychological Association (APA) as “a person's emotional response to an extremely negative (disturbing) event.”

Despite the indisputable link between trauma and poor mental wellbeing, our current mental health system pays little attention to our past experiences. Our system emphasises labels, diagnoses, biology – not understanding what happened to us and the understandable impact it has on us.

Our goal with this eBook and our accompanying tools is to help you feel validated, understood and empowered.

First, let's clarify: What kind of experiences can lead to trauma?

- One-time traumatic events, such as an accident, injury, or natural disaster
- Childhood physical and/or sexual abuse
- Active childhood emotional abuse (such as parents or carers intentionally scaring, demeaning or verbally abusing you)
- Passive childhood emotional abuse (such as parents or carers being emotionally unavailable, expressing negative attitudes towards you, or having developmentally inappropriate interactions with you)
- Childhood neglect (when parents or carers fail to meet our basic needs such as food, education or medical care)
- Chronic [parentification](#)
- Witnessing domestic abuse
- Experiencing sexual violence
- Losing a parent or carer
- Being bullied, harassed or socially excluded
- Chronic loneliness
- Experiencing stigma and/or discrimination
- Experiencing poverty
- Witnessing or being involved in violent crime
- Military combat or exposure to war-related trauma
- Long-term caregiving responsibilities, especially in abusive or neglectful environments
- Sudden or traumatic loss of a loved one (e.g., sudden death, suicide, or homicide)
- Medical trauma (e.g., invasive surgeries, prolonged hospitalizations, or chronic illness)
- Accidental or intentional injury that leads to lasting physical or emotional scars

Trauma can vary greatly in its nature and impact depending on individual experiences, coping mechanisms, and support systems. The key is that the experience overwhelms a person's ability to cope, leading to lasting emotional, psychological, or physical consequences.

Research shows that experiencing childhood emotional abuse can be just as damaging as experiencing childhood physical and/or sexual abuse. In a brain scan, relational pain – such as the pain felt whilst being isolated as a form of childhood punishment – can look the same as physical abuse.

Similarly, active and passive emotional abuse can be just as damaging.

There's sometimes a misconception that to experience trauma, there must be a catastrophic event or a definitive moment where the trauma happened.

Trauma that occurs over a prolonged period of time is now recognised and referred to as **complex trauma**.

The label complex post-traumatic stress disorder (C-PTSD) has been given to describe the set of symptoms that can develop in response to prolonged, repeated experience of interpersonal trauma.

C-PTSD is a relatively new diagnostic label. Some of the symptoms of C-PTSD are very similar to those of borderline personality disorder (BPD), and not all mental health professionals are aware of C-PTSD. As a result, some people are given a diagnosis of BPD or another personality disorder when C-PTSD is more appropriate.

For people on the C-PTSD spectrum, it might not be until much later in life that they start to make comparisons between themselves and others around them, realising how trauma has impacted them.

The Impact of Complex Trauma

"If you feel safe and loved, your brain becomes specialised in exploration, play and cooperation; if you are frightened and unwanted, it specialises in managing feelings of fear and abandonment." – Bessel van der Kolk

Experiencing complex trauma is related to the following difficulties which impact your mental health and wellbeing:

- Experiencing ongoing physical anxiety (i.e., chest tightness, breathing difficulties, muscle tension, digestive issues, restlessness and an inability to relax)
- Being prone to mental anxiety and intrusive thoughts
- Living in a state of hypervigilance – being extremely sensitive to your surroundings
- Experiencing intense and/or rapidly changing emotions
- Sleep disturbances
- Problems with feeling and/or expressing emotions
- Difficulties in developing and maintaining relationships
- Feeling as though you're inherently flawed or damaged – experiencing chronic shame
- Feeling as though you're completely different from other people
- Having an unclear sense of identity – relying on other people to define who you are and how you should behave
- Finding it difficult to trust others
- Experiencing fear of abandonment and emotional flashbacks (described excellently in this ["Criticism when you've had a bad childhood" video](#) by The School of Life)
- Problems with assertiveness, asking for help and saying no
- Problems with memory and concentration
- Feeling sensations (such as abdominal pain) that have no obvious physical cause
- Addiction problems (i.e., drug addiction, alcohol addiction, gambling addiction, work addiction, love and sex addiction, exercise addiction, shopping addiction)
- Impulsive and/or risk-taking behaviours
- Experiencing derealisation and/or depersonalisation
- Problems with sensory processing and hand-eye coordination
- Eating problems
- Struggling with parenting
- Experiencing hallucinations (we recommend watching [Eleanor Longden's TED Talk](#) in which she shares her experience of hearing voices)
- Self-harming and/or suicidal thoughts

Another common impact of trauma is trauma reenactment, what Freud labeled "the compulsion to repeat." A common example of this is being attracted to romantic partners who cause us emotional pain.

There are a few theories as to why this happens. Some people believe it's an unconscious attempt for us to resolve a painful situation from the past by mastering a similar situation in the present.

Others think it stems from our brain's instinctive link between familiarity and survival. We naturally gravitate toward the familiar, as it represents what's kept us safe up to this point.

Another theory is that stress hormones are in some ways addictive. We get used to the stimulation of cortisol and seek situations that maintain our emotional arousal. If we're used to cortisol-fuelled relationships, healthy relationships may have a "boring" feel to them in comparison.

Another reason is the normalisation of abuse, meaning that it feels normal instead of unhealthy.

Whatever the cause, trauma reenactment keeps us stuck. Becoming aware of your patterns and changing them is key to pursuing a more fulfilling life.

In this eBook, we'll focus on four important ways to heal trauma:

1. Self-education
2. Trauma-informed therapies
3. Physical movement, breathing and meditation practices
4. Relational healing

We'll gain valuable insights from both trauma experts and trauma survivors. We hope this offers a balanced perspective that combines scientific knowledge with real-world stories of recovery. Finally, we'll highlight nine key signs of trauma healing, providing you with an objective way to track your progress.

1. Self-Education

Complex trauma impacts your mind and body in profound ways. The good news is that your brain is plastic, and your body wants to heal.

We can't change what happened to us, but we can change the impact it has on us.



It's important to note that any approach to addressing trauma is only helpful if you're not too overwhelmed by it physiologically and emotionally. [Seek the support of a trained professional](#) if you feel overwhelmed by your trauma.

Educating ourselves about our trauma and the impact it's had on us is the crucial first step to healing. As one of our respondents said when asked what's helped them the most:

"For me, it's been knowledge. Books and conversations and classes. It's led to understanding of why things happened, why I am the way I am, and it gave me great advice on different things to do at different times that have been really helpful – like identifying cycles or triggers."

For conversations with others to help you understand your trauma, we recommend the [C-PTSD community on Reddit](#).

Three important areas trauma survivors focus on during their self-knowledge journey include:

1. Differentiating between mental and physical anxiety
2. Increasing feelings of safety
3. Trauma integration and tuning into emotions

Let's delve into these.

Differentiating Between Mental and Physical Anxiety

Different methods are required for addressing mental and physical anxiety, although they're often interconnected.

Mental Anxiety Examples

- Hypothetical worry (i.e., "what if?" thoughts)
- Catastrophising – when your thoughts jump to worst case scenarios, i.e., 'making a mountain out of a molehill'
- Threat scanning – when your mind searches the environment for what you fear (consciously or subconsciously), often associated with your mind assigning meaning to innocuous events
- Threat imagery – when your mind produces thoughts or mental imagery around threatening or unwanted situations (a.k.a. intrusive thoughts)
- Thoughts and feelings of unreality (of the self and the world)

Physical Anxiety Examples

- Breathing difficulties (for example, feeling as if you can't get enough air)
- Chest tightness
- Heart palpitations, irregular heartbeat, heart pounding and racing
- Digestive issues
- Muscle tension
- Headaches
- Restlessness
- Ringing in the ear
- General aches, pains and tense muscles
- Pins and needles
- Tingling or numbness in the arms, fingers, toes, or around the mouth

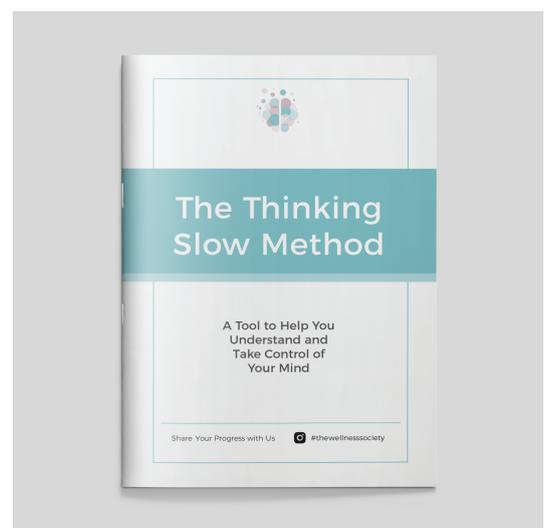
Mental anxiety is easier to manage through cognitive-based strategies. If you've received cognitive behavioural therapy (CBT) and haven't got much out of it, it may be because your main concern is physical anxiety.

Addressing Mental Anxiety

- Cognitive restructuring
- Cognitive defusion
- Cognitive distraction
- Self-soothing
- Radical acceptance
- General mindful awareness

Addressing Physical Anxiety

- Yoga
- Breathing exercises
- Progressive muscle relaxation (PMR)
- Exercise
- Spending time in nature
- Listening to alpha-wave inducing sounds (such as nature sounds, binaural beats, or calming music)



The Thinking Slow Method inside [The Mental Wellbeing Toolkit](#) is a step-by-step guide to reducing mental anxiety

Increasing Feelings of Safety

Another common theme in trauma healing is that of safety. Experiencing trauma causes changes in key areas of the brain, including the amygdala, hippocampus, and prefrontal cortex:

- **Amygdala hyperactivity.** The brain's fear center becomes overactive, causing heightened vigilance and an exaggerated perception of threats.
- **Hippocampus suppression.** This area struggles to distinguish past from present and causes flashbacks or the feeling that past trauma is still happening.
- **Prefrontal cortex impairment.** The rational part of the brain that regulates emotional responses can become less effective, making it difficult to assess safety logically.

As a result of these changes, people with trauma often live in a constant state of fight, flight, or freeze. Healing trauma is learning how to feel safe in your own body, around others, and in the world.

Working on reducing both your mental and physical anxiety can help you achieve this.

Trauma Integration and Tuning into Emotions

Another key theme for trauma survivors is the importance of trauma integration. As Bessel van der Kolk puts it: knowing what we know and feeling what we feel, without getting too overwhelmed by it.

One trauma survivor commented:

"It's really hard and I'm rubbish at it, so it comes in fits. But when I am able to sit down and have a dialogue with myself about what I'm feeling (whether it's as small as my feelings about the weather that day, or as big as overwhelming emotions buried under trauma), not what I should or could or would or might be feeling – that's where I find the most joy."

Another noted:

"One of my biggest coping mechanisms is intellectualizing emotionally charged stuff, but I'm (very slowly) learning how to pause and take a breath and ask my inner child how she feels, not just telling her what I think."

If you feel rejected by your caregivers, you learn to shut down and to ignore what you feel, which changes the wiring in your brain areas associated with bodily- and self-awareness.

This detachment from bodily sensations is often referred to as **alexithymia**, or the inability to recognise and describe one's emotions. When the brain's emotional and bodily-awareness areas are compromised, it becomes challenging to regulate emotions and understand how our body is reacting to stress or anxiety.

Healing trauma involves re-engaging with our emotions and bodily sensations, which rewires our brain. This process is known as **neuroplasticity** – the brain's ability to reorganise itself by forming new neural connections.

When you start to engage with your emotions and bodily sensations, you begin to create new pathways in the brain that support emotional awareness and regulation.

Over time, these changes contribute to a more balanced and adaptive nervous system, promoting overall mental wellbeing.

2. Trauma-Informed Therapies

As mentioned, CBT may not always be the most helpful for trauma survivors who struggle with physical anxiety. Trauma causes a build-up of physical tension, and our bodily responses often become the new enemy.

Here are multiple treatment approaches recommended by trauma experts which focus more on the body and past experiences.

Eye Movement Desensitization and Reprocessing (EMDR)

Remember how we noted that trauma impacts the hippocampus?

This brain area is responsible for processing and storing memories. In C-PTSD, it can become suppressed, making it difficult for the brain to distinguish between past and present experiences.

This is where eye movement desensitization and reprocessing (EMDR) can be especially helpful.

EMDR is a therapeutic technique that uses rapid eye movements to help the brain process and reframe traumatic memories. The idea is that the eye movements in EMDR mimic the kind of neural activity that occurs during rapid eye movement (REM) sleep, a stage associated with memory processing and emotional regulation.

This allows the hippocampus to "reprocess" these memories, shifting them from the emotional, reactive centers of the brain (like the amygdala) to a more neutral, less emotionally charged part of the memory system. It appears to 'free up' trauma, allowing it to 'move over' to regular memory.

In *The Body Keeps the Score*, Van der Kolk describes a patient who had severe PTSD for 13 years after a terrible car accident. After just two sessions of EMDR, she transformed from a "helpless panicked victim into a confident, assertive woman."

Find an EMDR therapist [here \(US\)](#) and [here \(UK\)](#).

Dialectical Behavioural Therapy (DBT)

Dialectical behavioural therapy (DBT), developed in the 1980s by Marsha Linehan and her colleagues, is often considered a modified version of cognitive behavioural therapy (CBT), belonging to the "third wave" of CBT.

The third wave builds upon traditional behaviour therapy by incorporating mindfulness and acceptance strategies into its framework.

Its founder, Marsha Linenhan, has a diagnosis of borderline personality disorder and has had to deal with her own history of hospitalisations.

DBT aims to help people remain in the moment, regulate their emotions, find healthy ways to tolerate stress, and improve their relationships. These objectives are addressed through four core modules:

1. Mindfulness
2. Distress tolerance
3. Emotion regulation
4. Interpersonal effectiveness

Find an DBT therapist [here \(US\)](#) and [here \(UK\)](#).

Internal Family Systems Therapy (IFS)

IFS therapy was developed by Richard Schwartz, a family therapist who noticed that many of his clients spoke about "parts of themselves". IFS therapy is based on the premise that we all have various sub-personalities-labelled "parts" that can help us understand ourselves better.

In addition, each of us has a core Self, the part of us that is confident, compassionate, and undamaged.

Developing a deeper understanding of our parts and tuning into our sense of Self is how IFS helps us resolve our emotional issues.

IFS teaches us that all our parts have positive intentions for us, even if this seems counterintuitive.

We delve into parts in [The Thinking Slow Method](#). Here are some examples:

- **The Self-Sacrificer.** Fixates on putting everyone else's needs and wishes before your own, regardless of how you're feeling. This can be particularly detrimental to your wellbeing, resulting in a growing sense of resentment building up beneath the surface.
- **The Overcontroller.** Helps you deal with distress and uncertainty by fixating on having as much control over things as possible (i.e., controlling your food intake, making an excessive number of lists, or using superstitious rituals to increase your sense of control).
- **The Perfectionist.** Attempts to protect you from difficult feelings by setting extremely high standards for yourself – academically, professionally, personally and socially.

Find an IFS therapist [here \(US\)](#) and [here \(UK\)](#).

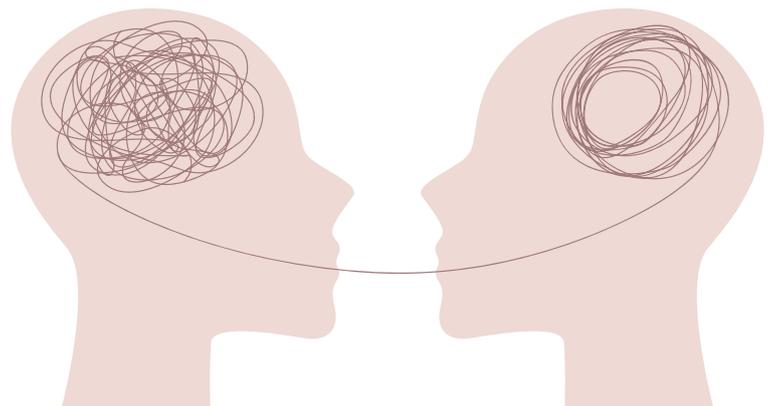
Somatic Experiencing (SE)

SE was developed by Peter Levine, author of the popular book *Waking the Tiger*. [Here he is](#) telling the story of Nancy, a graduate student who experienced unexplainable panic attacks until his vision of a tiger helped him guide her on the road to recovery.

SE is a body-oriented approach to overcoming trauma which teaches simple, useful skills that mobilise the body's self-healing systems.

A therapist trained in this model will guide you through processes which aim to release the 'frozen' physiological states of overwhelm, whilst tracking sensations, feelings, images and movement in your body.

Find a SE therapist [here \(US\)](#) and [here \(UK\)](#).



Sensorimotor Psychotherapy

Sensorimotor psychotherapy was developed by Dr Pat Ogden in the 1970s. [Here she is](#) speaking about how the sensorimotor approach helps heal trauma.

Sensorimotor psychotherapy is a form of somatic psychotherapy influenced by neuroscience, cognitive and somatic approaches, attachment theory, and the Hakomi Method. Hakomi is a type of therapy that focuses on mindfulness, empathy and loving presence.

Search the Sensorimotor Psychotherapy Institute for a trained therapist [here](#).

Pesso Boyden System Psychomotor (PBSP)

Pesso Boyden System Psychomotor (PBSP) is a body-mind approach created by Albert Pesso and Diane Boyden, professional dancers who found that when they urged their students to express their emotions through movement, they commonly reported a sense of psychological relief.

It involves learning a number of exercises which help you to become more familiar with the sensorimotor and emotional signals that provide information about the body, often in a group setting.

Find a trained therapist [here \(US\)](#) and [here \(UK\)](#).

Therapists Trained in The Comprehensive Resource Model (CRM)

CRM is a holistic therapeutic approach for trauma survivors developed by Lisa Schwarz, a psychologist who has specialised in severe dissociative disorders for over 25 years. [Here she is](#) talking about CRM.

CRM focuses on the mind-body connection, helping survivors to gradually process overwhelming experiences without re-traumatization. This method is particularly effective for people who've experienced severe trauma, including dissociation and attachment disruptions.

Find a trained therapist [here](#).

Therapists Trained in Trauma Resiliency Model (TRM)

Developed by Elaine Miller-Karas and others at the Trauma Resource Institute (TRI), TRM focuses on building resilience by emphasising the body's natural ability to heal from trauma.

TRM helps trauma survivors become aware of their body's reactions and provides tools to self-regulate, reduce arousal levels, and restore balance. It integrates knowledge of the autonomic nervous system (ANS) and trauma physiology, offering exercises that focus on grounding, mindfulness, and self-soothing.

Like CRM, TRM has a growing number of trained professionals who are skilled in these approaches.

Find a trained therapist [here](#).



Tension, Stress and Trauma Release (TRE)

While at a bomb shelter, Dr David Berceli noticed that like animals, it's common for children to shake when they're scared. When he asked the parents if they ever got an urge to shake, they said they did but they didn't want their children to see that they were scared. This gave him the idea to incorporate our natural tremor reflex into a treatment for stress reduction, called Tension, Stress and Trauma Release (TRE).

The reflex of shaking or vibrating helps to release muscle tension and calms down our nervous system.

[Here's an overview of TRE](#) from Jessica Schaffer.



Trauma survivors have reported feeling retraumatised by TRE by doing too much too soon. It's important to start slowly and gradually build up. TRE practitioners recommend starting with 1-2 minutes 2-3 times a week. The best option is to work with a professional.

Use [this website](#) to find a certified TRE provider. You can also find video tutorials on YouTube as well as in Dr David Berceli's book [Trauma Releasing Exercises](#).

Cognitive Processing Therapy (CPT)

Cognitive Processing Therapy (CPT) was developed by Dr. Patricia Resick in the 1980s to help people recover from post-traumatic stress disorder (PTSD) following sexual assault.

CPT is a type of cognitive-behavioural therapy that helps you identify and challenge unhelpful beliefs related to your trauma, aiming to replace these with more balanced thoughts.

The therapy is based on the idea that trauma can distort how a person views themselves, others, and the world. CPT teaches you how to process and reframe these thoughts, ultimately reducing the emotional impact of traumatic memories. It's often considered one of the most effective treatments for PTSD.

Find a CPT therapist [here \(US\)](#) and [here \(UK\)](#).

Narrative Exposure Therapy (NET)

Narrative Exposure Therapy (NET) was developed by Dr. Magda B. W. and Dr. Frank Neuner in the late 1990s. It's a short-term, trauma-focused intervention designed primarily for survivors of organised violence, such as war, genocide, or torture.

NET integrates elements of cognitive-behavioural therapy with principles from narrative therapy, allowing you to reconstruct your life story – including the traumatic events – in a meaningful way.

Find a NET therapist [here \(US\)](#) and [here \(UK\)](#).

Accelerated Resolution Therapy (ART)

Accelerated Resolution Therapy (ART) was developed by Dr. Laney Rosenzweig in 2008. It's a relatively new, evidence-based therapy that uses rapid eye movement (REM) techniques to help people process trauma. ART combines elements of traditional talk therapy with visualisations and eye movement techniques similar to those used in EMDR.

Here are the key differences between ART and EMDR:

ART

- Uses eye movements, relaxation techniques, and visualisation exercises to rapidly reduce emotional distress associated with trauma.
- Flexible, with a focus on addressing trauma quickly, often within 1 to 5 sessions.
- Shorter-term, designed for fast emotional resolution without delving deeply into the trauma.
- Helps you replace distressing images of trauma with positive visualisations.
- Gaining recognition for providing rapid results in treating trauma, anxiety, and PTSD.
- Best for those seeking quick relief from trauma symptoms or those who want to address specific memories without extensive exploration.

EMDR

- Uses bilateral stimulation (e.g., eye movements) to help process traumatic memories and reduce their emotional intensity.
- Involves a structured eight-phase process that includes history-taking, memory processing, desensitization, and reevaluation.
- Typically requires several sessions to work through memories and reduce distress.
- Aims to reprocess and integrate traumatic memories into a broader life narrative, making them feel more distant and less emotionally charged.
- Well-established for treating PTSD and complex trauma.
- Best for people with severe trauma who require in-depth processing.

If you're looking for long-term healing and are ready to commit to a deeper process, EMDR might be more suitable.

If you want fast relief from vivid, distressing memories or prefer not to disclose your trauma in detail, ART may be a better fit.

Find an ART therapist [here \(US\)](#) and [here \(UK\)](#).

3. Physical Movement, Breathing and Meditation Practices

Here are five practices that combine physical movement, breathing, and meditation:

- 1 Yoga
- 2 Feldenkrais
- 3 Tai Chi
- 4 Qigong
- 5 Tae Kwon Doe



What makes these practices so effective?

- ✓ **They train us to notice muscle tension.** For example, in yoga, sequences are designed to create a rhythm between tension and relaxation, increasing your awareness of where tension is held in your body. By recognising this tension, you can learn to consciously relax these areas, both on the mat and in everyday life.
- ✓ **They train us to notice and change our breath.** Reconnecting with our breath is a powerful anchor for calming the mind and body. People with C-PTSD often experience shallow or rapid breathing, triggering physical symptoms such as chest tightness and an increased heart rate. By consciously slowing down your breath, you can activate the parasympathetic nervous system associated with relaxation.
- ✓ **You begin to notice the impermanent nature of discomfort.** If a particular pose is uncomfortable, you'll get used to staying with that discomfort until the pose is over, and you'll notice how those feelings eventually subside. This awareness of the impermanence of discomfort is a powerful tool in emotional regulation. In the same way that the discomfort of a challenging yoga pose eventually passes, so too do intense emotional experiences. By repeatedly experiencing and accepting temporary discomfort, you learn that emotions and physical sensations are not permanent.
- ✓ **They help us notice connections between emotions and our body.** The chest, hips, shoulders, and throat are thought to be the primary places where emotional tension resides in our bodies. Once you become aware of where you hold emotional tension, you can focus on movements and postures that target that area and release those feelings.

A study by Van der Kolk and colleagues found that 20 weeks of yoga practice increased activation in **the insula**, another brain area impacted by C-PTSD. The insula plays a crucial role in processing bodily sensations, emotions, and integrating sensory information.

In C-PTSD, the insula can become dysregulated, often resulting in heightened sensitivity to bodily sensations (particularly those tied to stress, trauma, and anxiety). Yoga and mindfulness practices have been shown to help regulate the insula's activity. These practices help you become more attuned to your bodily sensations without being overwhelmed by them.

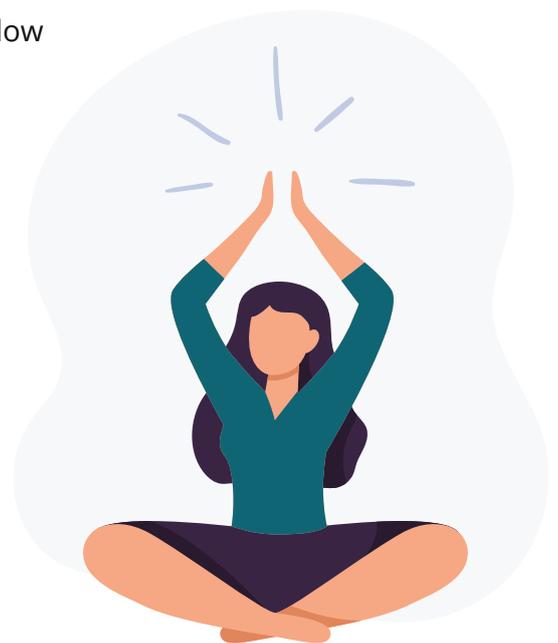
This regulated attention and increased bodily awareness allow you to develop better emotional regulation and a healthier relationship with your physical sensations.

Note: if you'd rather not be touched, let the instructor know before you start the class as it's common for yoga teachers to physically adjust parts of your body during poses if they feel they can be optimised.

It's important to find a slow-paced beginner's class. You could contact the teacher and ask for their advice on whether their class would be appropriate for a beginner wanting to take things slowly.

Alternatively, you could try it in the comfort of your own home with a video [like this one](#) from Yoga with Adriene.

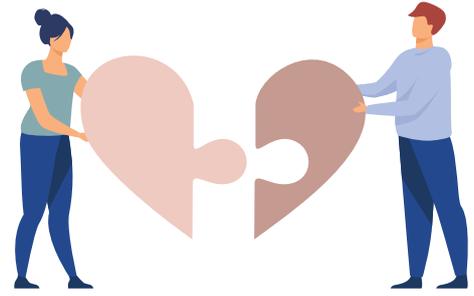
There are also plenty of YouTube videos for [Feldenkrais](#), [Tai Chi](#), [Qigong](#), and [Tae Kwon Do](#).



4. Relational Healing

“Traumatised human beings recover in the context of relationships: with families, loved ones, AA meetings, veterans’ organisation, religious communities, or professional therapists. The role of these relationships is to provide physical and emotional safety, including safety from feeling shamed, admonished, or judged, and to bolster the courage to tolerate, face, and process the reality of what happened.”

– Bessel van der Kolk



Four Essentials of Quality Relationships

Pete Walker, author of *Complex PTSD: From Surviving to Thriving*, describes four qualities that he believes are essential to the development of trust and subsequent relational healing:

1. Empathy

Feeling truly heard and understood by the other person is a fundamental element of therapeutic human connection. Many people on the C-PTSD spectrum have suffered greatly because [emotionally immature caregivers](#) were unable to display empathy to them as a child.

2. Authentic Vulnerability

This refers to our ability to be open and vulnerable about our emotions with another person.

If we didn't see this being role-modelled by our caregivers growing up, it makes sense that practicing it might feel uncomfortable. If you're very disconnected from your emotions, it might even feel out of reach.

Lacking authentic vulnerability with caregivers may also mean that our cravings for this type of connection are intensified in adulthood. This longing could lead to behaviours such as oversharing early in relationships in an attempt to speed up the process of connection.

When talking of his experience with his therapist who demonstrated her authentic vulnerability to him, Walker notes:

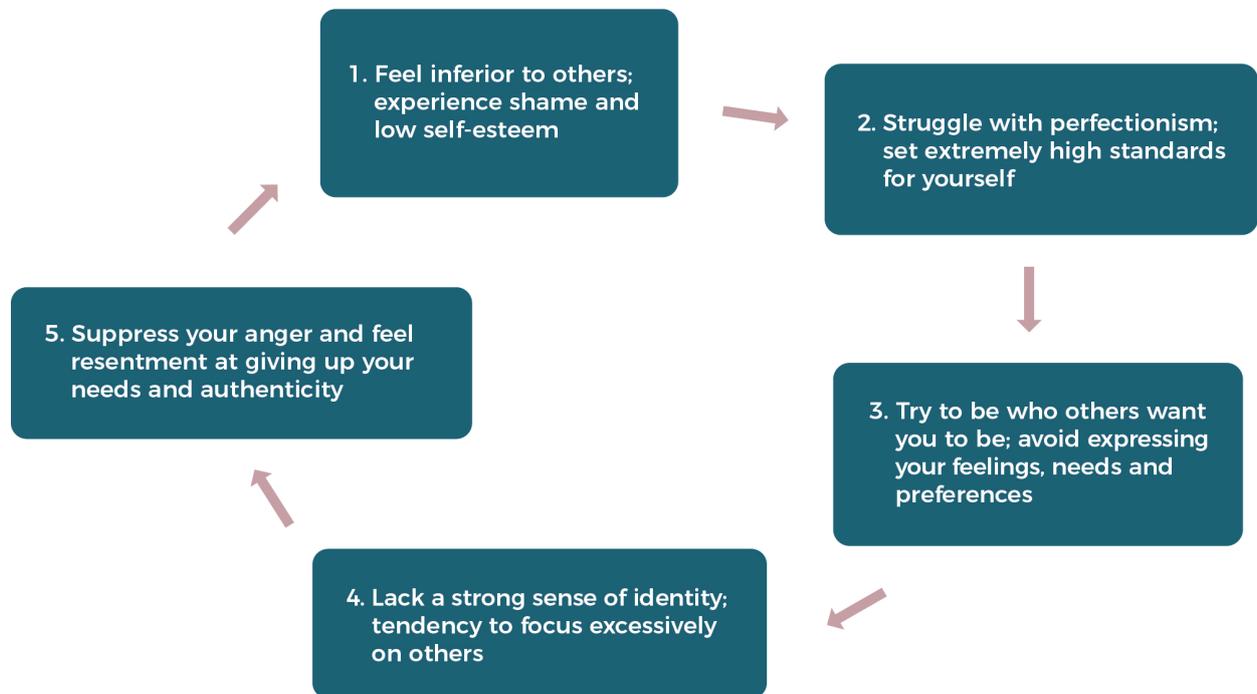
“I needed to experience that all the less than shiny bits of me were acceptable to another human being. Seeing that she was comfortable with and accepting of her own unhappy feelings eventually convinced me that she really was not disgusted by mine.”

Walker calls the opposite of authentic vulnerability **emotional perfectionism** – the inauthentic display of always being okay.

Perfectionism in general is another common trait of those on the C-PTSD spectrum. It relates to what Dr Paul Gilbert calls 'The Subordinate Approval Trap'.

Whilst everyone seeks approval to a certain extent, it tends to be particularly pronounced in trauma survivors. You may adapt yourself and your behaviour to please others and gain their approval as a coping mechanism for chronic shame.

This leads to the vicious cycle shown on the following page.



3. Dialogicality

The next essential quality for relational healing is dialogicality – the equal exchange of speaking and listening that takes place within a relationship. If one person tends to dominate the conversations, always bringing the focus back to themselves, the other will inevitably end up feeling unseen and unfulfilled by the relationship.

The lack of balance can create frustration, resentment, or even a sense of isolation within the relationship. In healthy dialogical interactions, both people actively listen and respond, showing genuine curiosity and empathy for each other’s perspectives.

This balance helps build trust, strengthens the bond, and ensures that both people feel seen, supported, and fulfilled.

4. Collaborative Relationship Repair

This refers to “the capacity to not only survive but also grow closer from the inevitable breaks in attunement that are existential to every relationship of substance”.

Walker explains:

“I believe one of the most common reasons clients terminate [therapy] prematurely is the gradual accumulation of dissatisfactions that they do not feel safe enough to bring up or talk about. How sad it is that all kinds of promising relationships wither and die for want of the ability to safely work through differences and conflict.”

As well as setting extremely high standards for themselves, people with C-PTSD tend to project high standards onto others. Why?

- High standards can be a way of trying to control our environment and relationships to prevent further harm or disappointment.
- They may internalise the harsh criticism or neglect they experienced, leading to hypervigilance about their behaviour and the behaviour of those around them.
- A history of inconsistent caregiving can make it difficult to trust others, leading to heightened expectations as a way to “test” others’ reliability.

- High expectations may reflect an unmet need for recognition, both for themselves and in their relationships. They might overachieve or expect others to do so as a way of proving their worth.

While high standards can sometimes drive personal growth, they can also put significant strain on relationships. When others fail to meet high standards, it leads to repeated feelings of disappointment. Over time, this can breed resentment, frustration, and emotional distance.

To address this:

- ✓ Cultivate self-compassion to ease internal pressure.
- ✓ Recognise that mistakes are a natural part of growth and allow yourself (and others) the grace to be imperfect.
- ✓ Regularly acknowledge your own accomplishments and those of others.
- ✓ Understand that high expectations of others are closely related to [splitting](#).
- ✓ Learn how to recognise and manage splitting to reduce its impact on your relationships.

When people let you down, it can feel especially painful if you've learned to hold high expectations of others as a form of self-protection. Unmet expectations can even feel catastrophic, as though they confirm past fears that others will ultimately disappoint. This makes it harder to distinguish between a one-time mistake and a genuine pattern of unreliability. A trauma survivor notes:

"I split on my partner all the time. What helps me is reviewing a list I made of all the things I appreciate about him. Journaling about my thoughts and stories helps me reframe them. When I'm splitting, my mind is super distorted to the negative, and I have to remind myself to see the bigger picture. I also find [the TIPP skill](#) from DBT very helpful."

If someone has repeatedly crossed your boundaries, make sure to reiterate what those boundaries are and why they're important to you.

When you're led to believe that your needs don't matter, setting boundaries in adulthood can feel foreign and uncomfortable. It might feel easier to cut people off than to deal with the inevitable discomfort involved in collaborative relationship repair. But here's the thing: healthy relationships involve an ongoing [conflict-repair cycle](#). Problems are an integral part of all relationships.

If you've communicated well and someone's behaviour still consistently falls short of your needs or boundaries, it's okay to reassess their role in your life.

Other Factors Impacting Relationships

Other struggles that trauma survivors have in the domain of relationships include:

Mental Anxiety

As noted, this refers to unhelpful thinking patterns such as catastrophising and threat scanning which stem from trauma survivor's lack of sense of safety. As Van der Kolk explains:

"Faulty alarm systems lead to blowups or shutdowns in response to innocuous comments or facial expressions [...] Yes, you need to detect whether somebody is getting upset with you, but if your amygdala goes into overdrive, you may become chronically scared that people hate you, or you may feel they are out to get you."

Experiencing these thinking patterns and associated emotions can lead to relationship conflict and instability when we lack the skills to deal with them effectively.

Feeling Like You're Completely Different to Others

Many traumatised people feel chronically out of sync with others.

It can be helpful to remind yourself that there are lots of people out there who feel this way. In *The Thinking Slow Method*, we call this 'The Disconnected Story'. A simple cognitive strategy for overcoming it is to start focusing more on similarities between you and others.

Exaggerating differences can be seen as a subconscious defence mechanism to shield yourself from connection and vulnerability.

Other stories common with trauma survivors are:

- **The Unworthy Story.** Sounds like: "I'm fundamentally flawed". When you believe that you're unworthy, it may be difficult to accept love or care from others, leading to self-sabotaging behaviours, isolation, or difficulties with trust.
- **The Abandonment Story.** Sounds like: "No matter how good things seem with someone, it's not going to last". If you fear abandonment, you might push people away preemptively, become overly clingy, or constantly test the boundaries of relationships. This can lead to a cycle of instability and emotional exhaustion.

Becoming aware of your stories is a transformative step towards enhancing your relationships. It allows you to recognise when a particular narrative is triggering a cycle of unhelpful thinking, helping you avoid getting caught in an emotional rollercoaster.

Attachment Styles

All of the struggles we've described are summarised in attachment theory as the **fearful avoidant (FA)/disorganised attachment style**.

There are four main attachment styles that have been studied by researchers. Our attachment style shows up in our relationships with caregivers, friends, romantic partners, and even colleagues.

Here are the fundamental differences between the attachment styles:

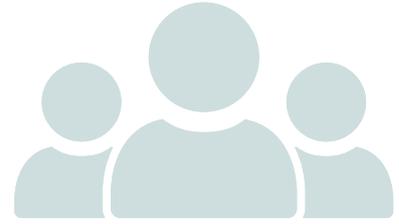
- **Secure:** Comfortable with closeness and distance.
- **Anxious:** Finds distance difficult.
- **Avoidant:** Finds closeness difficult.
- **Fearful avoidant/disorganised:** Finds closeness and distance difficult.

Relationships are hard work for everyone, but they're particularly challenging for people on the C-PTSD spectrum. However, they're also the greatest source of our wellbeing. The longest-running study on happiness found that the quality of our social connections is the strongest predictor of our overall sense of wellbeing.

If you're going to make an investment in your mental health, we'd argue a top priority needs to be improving the quality of your relationships.

Connecting with Other Trauma Survivors

Connecting with people with shared experiences is particularly helpful for healing as it's conducive to empathy.



One trauma survivor commented:

"Making my trauma non-existent is impossible, but I have found a means to making a meaningful purpose through it; advocacy, volunteering and helping other victims of trauma in even the most minute form lightens the weight of my trauma, gives me hope and ultimately allows me to take back the power over my own recovery."

Our free [Social Connection Planner](#) outlines apps and websites for peer support plus meetings and support groups.

Healing Through Others

A trauma survivor asked their therapist, "Do you think it's impossible to be loved by others until you love yourself?"

"No," she said very sincerely, "Long story short, my answer is no. I think that statement means well, because it encourages you to focus investment into yourself, but I think more often it's taken out of context and does more harm than good. Sometimes we can find love for ourselves within us, and sometimes it's recognised through other people. Sometimes we need that love from others to help us find it in ourselves. So no, I don't think someone needs to wholly love themselves to be able to receive it from others."

This sentence is worth repeating: Sometimes we need that love from others to help us find it in ourselves.

It's important to remember that you don't have to be fully healed before seeking connection or dating. Relationships can be a source of healing, offering support and understanding as you grow together. Accepting love can help us love ourselves. Cultivating healthy, loving, trusting relationships helps us heal chronic shame.

For people with C-PTSD, romantic relationships can often trigger symptoms the most.

The vulnerability that comes with love often brings up past wounds, resulting in heightened anxiety, distrust, or emotional dysregulation. These reactions can make relationships feel overwhelming, but it's crucial to remember that healing often occurs within the context of relationships. Supportive connections create opportunities for re-experiencing love and safety, helping to rewire the brain's trauma responses.

Improving Your Relationships Through the 'Upward Spiral'

Interestingly, working on your mental wellbeing could result in you feeling more sociable.

It's been found that compared with people experiencing a neutral mood, people experiencing positive mood show greater sociability, sense of connection, self-disclosure, trust in others, and compassion. Plus, the more time people devote to generating positive emotions in themselves, the more pleasant their interactions with others become.

Psychologist Barbara Fredrickson, a leading researcher in the field of positive emotions, labels this the 'upward spiral' of positive emotions and health.

Her research suggests social connection is a key factor in happiness and is associated with changes in our vagus nerve, an important component of the parasympathetic nervous system associated with relaxation.

Fredrickson carried out a study exploring this with Bethany Kok and colleagues in 2013. Half of the study participants attended a 6-week loving-kindness meditation (LKM) course. In the course, they practiced cultivating positive feelings of love, compassion and goodwill towards themselves and others.

For two months, participants in both groups reported their meditation, prayer, or solo spiritual activity, their emotional experiences, and their social interactions within the last day.

Their vagal tone (the activity of their vagus nerve) was assessed twice, once at the beginning and once at the end of the study.

The findings suggested that positive emotions, positive social connections, and vagal tone does indeed give rise to an upward-spiral dynamic. They found that greater positive emotions prompted people to see themselves as more socially connected.

Over time, as moments of positive emotions and positive social connections increased, vagal tone also improved.

Fredrickson explains: "The daily moments of connection that people feel with others emerge as the tiny engines that drive the upward spiral between positivity and health."

Improving Connection Through Imaginal Nurturing

Research shows that we can obtain the benefits of secure attachment that we didn't have early on through others in adulthood. This can be done through both real face-to-face contact or in our imagination – amazingly, both are just as effective for rewiring our brain!

Our brain doesn't know the difference between imagined and real scenarios. That's why it's possible for our physiology to change just by imagining an experience.

A trauma survivor shares their experience on what's called Imaginal Nurturing:

"My therapist suggested making up an imaginary dad and creating memories of him giving everything I needed as an infant, child and teen. So I did. I found a picture of a dad on Pinterest holding a little blonde girl that reminds me of me and I liked the way he looked. I gave him a job, interests etc. And I've been vividly imagining him treating me the way I wanted starting with infancy.

"I have only been doing it for two days but my instinct tells me... this is powerful. I do this with bilateral stimulation (tones or tapping). I want to add, that at first I felt guilty. Like bonding with this imaginary man when I have a dad who is trying to engage more and meet more of my needs now that I'm an adult. However, once I got into it, I realized how badly I needed it and stopped feeling guilty.

"So I have been imagining play, eye contact, telling me how much he loves me, taking care of basic needs, comforting me, etc. My therapist said that it can heal attachment wounds in about six months with consistent work. Anyway, I'm excited! It's so emotional and it feels like my soul needed it badly. I feel like I needed the male figure rather than female adult me doing the nurturing and comforting.

9 Signs You're Healing Trauma

Healing from trauma takes time. For many, it's a lifelong journey of managing symptoms, processing past experiences, and building resilience.

Developing new habits of thinking and behaving is *hard*. Healing is not linear. So, give yourself grace when you make mistakes. Be kind to yourself and acknowledge the effort you're making.

Paying close attention to your progress can help you stay motivated in your healing journey. So without further ado, here are nine signs that indicate you're healing from trauma:

- 1 You begin to feel safer in your own body.** One of the first signs of healing is feeling more at ease in your own body. Instead of feeling disconnected or on high alert, you experience more moments of calm, and you're no longer as triggered by the sensations in your body.
- 2 You have better emotional regulation skills.** You're able to recognise your emotions more clearly, and you're better at responding to them instead of reacting impulsively.
- 3 You take your thoughts less seriously.** You recognise that thoughts are not facts. You remember that not every thought deserves your full attention. You begin to notice and challenge your brain's negativity bias.
- 4 You can reflect on your trauma without feeling overwhelmed.** As you heal, the emotional intensity tied to past trauma begins to reduce.
- 5 You feel a stronger sense of trust.** You begin to trust others and yourself again. You start to open up to people more easily and allow yourself to form deeper connections.
- 6 You're quicker to forgive.** Whether forgiving yourself or others, you feel less burdened by resentment and more open to letting go of past hurts. You're more focused on collaborative relationship repair and feel committed to building healthier relationships.
- 7 You feel more comfortable setting boundaries.** You say no when you need to and you're more at ease asserting your needs.
- 8 You're more hopeful about the future.** Your outlook on life becomes increasingly optimistic. You start to see a brighter path ahead.
- 9 You have a stronger sense of self-compassion.** You start to treat yourself with more kindness and compassion, understanding that your trauma was not your fault and that you deserve love and care.

Summary

"Issues are never resolved once and for all in therapy. Instead, therapist and patient inevitably return again and again to adjust and to reinforce the learning – indeed for this very reason, psychotherapy has often been dubbed 'cyclotherapy'."

– Irvin Yalom

"Perseverance in our efforts to harness neuroplasticity is the sine qua non of rewiring our brains. By persevering in the use of new tools and techniques, we are stabilising the new neural circuitry so that it can serve as a reliable platform of resilient behaviours, not easily overridden by the pulls of the past."

– Linda Graham

Above all else, healing from trauma requires your time, patience and perseverance.

As we've heard from the many trauma survivors who shared their experiences for this eBook, healing is possible.

Processing your trauma will help you build your sense of inherent worthiness. With a stronger sense of worthiness, you'll start to establish healthier boundaries and your relationships will improve. With time, you'll begin feeling safer in your own body, with others, and in the world.

You have the power to rewire your brain and body.

Self-education, trauma-informed therapies, physical movement, breathing and meditation practices, and quality human connection can help you heal.

We'll finish with this wonderful quote from a trauma survivor on the importance of patience, wisdom and good experiences:

"Patience to take however long I need to recover, neither falling into apathy or trying to rush through the process. Understanding it may take time to undo the damage that was done, and that it is worth taking the time to heal. "Wisdom to recognize where the past holds me back and when and where I can change to experience healthier relationships with both myself and others."

"The wisdom to know when I need to push myself or change, and when I need to show compassion to myself and be okay with who I am. The wisdom to know healthy relationships vs. unhealthy relationships."

"Good experiences with others to remind me the world isn't all bad. That abuse is carried out not by an entire group of people, but by individuals who chose, consciously or not, to be that way, and that there are good people out there worth finding. That life can have good experiences out there worth living for and striving for. Good experiences to remind me that there is good in this world, and that I can have good experiences in my life too."

We hope you found this eBook helpful, and we wish you all the best on your healing journey.

Rebecca and the team,

The Wellness Society



THE WELLNESS SOCIETY

Further Reading and Related Tools

Self-Education

[What Are the Signs of C-PTSD?](#)

[5 Symptoms of Childhood Trauma in Adulthood](#)

[How To Fix Fearful Avoidant Attachment](#)

[The Thinking Slow Method](#)

Trauma-Informed Therapies

[How to Choose a Therapist](#)

Physical Movement, Breathing and Meditation Practices

[The Mindfulness Journal](#)

Relational Healing

[7 Essential Relationship Tips for Fearful Avoidants](#)

[The 30 Day Mental Health Program](#)

[The Social Connection Planner](#)

[The Positive Emotions Journal](#)