COMPLEX PTSD RECOVERY GUIDE

A Phase-by-Phase Guide to Finding Safety, Calming the Body, Mourning What Happened, and Building a Life That Feels Like Yours

Hanz Yiglix



Tryhard Publishing

Dedication

For everyone who survived what they should never have had to, and is learning to live in the safety they deserve.

Legal Disclaimer

This book is intended for **educational and informational purposes only**. It does not replace professional psychological, therapeutic, or medical advice, and it is not intended to diagnose, treat, cure, or prevent any mental health condition.

Every person's experience is different, and readers are encouraged to seek guidance from a qualified mental health professional when facing ongoing distress. If you are experiencing severe emotional distress, thoughts of self-harm, or concerns about your immediate safety, contact a crisis service or local emergency services right away.

The people and stories in this book are fictional composites created for illustration. Any resemblance to real persons is coincidental.

The author, Hanz Yiglix, and Tryhard Publishing expressly disclaim any responsibility or liability for any adverse effects, losses, or consequences, direct or indirect, that may result from the use, application, or interpretation of the information contained in this book, and make no guarantees regarding specific outcomes.

© 2026 Tryhard Publishing. All rights reserved.

No part of this book may be reproduced, distributed, or transmitted in any form or by any means, including photocopying, recording, or other electronic or mechanical methods, without the prior written permission of the publisher, except in the case of brief quotations embodied in critical reviews and certain other noncommercial uses permitted by copyright law.

CONTENTS

A Note to the Reader 17
How to Use This Book 19
A Content and Safety Note 19
Suggestions for Getting the Most From This Book 20
INTRODUCTION 22
The Day the Ordinary Became Unbearable 22
The Wound That Does Not Heal in a Straight Line 23
What Complex PTSD Is, and What It Is Not 24
Why This Is Not About Weakness 24
Meeting the Companions on This Journey 25
What This Book Will Ask of You 26
A Promise Before We Begin 26
PART I: UNDERSTANDING COMPLEX TRAUMA 27
What Complex PTSD Really Is 27
Beyond a Single Event 28
PTSD and Complex PTSD: How They Differ 28
The Six Features 30
Not Only Childhood 31
The Betrayal Factor 31
Other Difficulties That Can Accompany It 32
What Survivors Carry That Is Strong 32
What Recovery Looks Like 33
Healing Practice: The Safe Inventory 33
Reflection Prompts 34

What to Remember....35
Nadia's Thread....35
How Complex Trauma Forms....37
What Makes Trauma "Complex"....38
Repeated and Prolonged....38
Interpersonal: Harm From People....39
When No Way Out Is Available....39
Developmental Trauma and the Growing Brain....40
When What Was Missing Is Also Trauma....40
Systems, Communities, and History....41
Why Some People Develop It and Others Do Not....42
Responsibility Belongs Where It Belongs....42
Healing Practice: Understanding Without Reliving....43
Reflection Prompts....44
What to Remember....44
Elias's Thread....45
The Brain and Body Under Chronic Threat....47
The Body Learns What the Mind Cannot Say....48
The Stress Response That Never Switched Off....48
Four Ways the Body Defends Itself....49
The Window of Tolerance....50
A Note on Polyvagal Theory....51
The Body Keeps Its Own Record....51
Sleep and the Reactive Brain....52
Why Willpower Does Not Work....52
The Brain Can Change....53

Healing Practice: Finding Your Alarm Signals 53
Reflection Prompts 54
What to Remember 54
June's Thread 55
PART II: RECOGNIZING THE SIGNS 57
Emotional Flashbacks and Triggers 57
Flashbacks Without Pictures 58
How Triggers Work 59
What an Emotional Flashback Can Feel Like 59
Telling Past From Present 60
A Caution: Not Every Alarm Is a Flashback 61
The Aftermath and the Shame About It 61
Avoiding Versus Coping 62
Healing Practice: The Trigger Map 62
Reflection Prompts 63
What to Remember 64
Martin's Thread 64
The Inner Critic, Shame, and a Wounded Sense of Self 66
A Voice With a History 67
The Critic's Strategy 67
The Logic of Self-Blame 68
Toxic Shame and Guilt 69
"Something Is Wrong With Me" 69
Perfectionism and People-Pleasing as Protection 70
The Cost of Carrying the Critic 71
Answering the Critic 71

Healing Practice: Answering the Critic 72
Reflection Prompts 73
What to Remember 74
Nadia's Thread 74
Relationships After Trauma 76
Relationships Are Where It Shows 76
Wanting Closeness and Fearing It 77
Hypervigilance and Mistrust 78
Re-Enacting Old Dynamics 78
Patterns of Isolation, Over-Giving, and Control 79
Closeness, Touch, and the Body 80
Learning to Recognize Safe People 81
For Those Who Love a Survivor 81
Healing Practice: The Relationship Pattern Map 82
Reflection Prompts 83
What to Remember 83
Elias's Thread 84
Dissociation, Numbness, and Feeling Unreal 85
What Dissociation Is 86
When the Mind Leaves the Room 86
What It Can Feel Like 87
Numbness and Fog Are Not Failures 88
When Dissociation Is Severe 89
Staying Safe When You Drift 89
Coming Back to Now 90
Healing Practice: Coming Back to Now 91

Reflection Prompts 92
What to Remember 92
June's Thread 93
PART III: STABILIZATION AND SAFETY 95
Safety and Stabilization First 95
Why Safety Comes First 96
What Stabilization Means 97
Safety in Your Life 98
Sleep, Food, Movement, and Routine 98
Reducing Harm 99
Building Support 100
Working With a Therapist 101
Building a Safety Plan 102
Healing Practice: Your Personal Safety Plan 102
Reflection Prompts 103
What to Remember 103
Martin's Thread 104
Regulating the Body 106
Why We Work With the Body 107
A Few Principles Before You Begin 107
Grounding Through the Senses 108
Breath 108
Orienting 109
Movement 109
Warmth, Touch, and Sound 110
Naming 110

Resourcing 111
Widening the Window Over Time 111
When the Tools Do Not Work 112
Healing Practice: Build Your Calm Toolkit 112
Reflection Prompts 113
What to Remember 114
Nadia's Thread 114
Working With Triggers and Emotional Flashbacks 116
Why a Plan Helps 117
Spotting a Flashback 117
Four Steps: Name, Ground, Remind, Soothe 118
Talking to the Younger Self 119
What Not to Do During a Flashback 119
When Someone Is With You 120
Preparing for Predictable Triggers 120
The Aftermath 121
Healing Practice: The Flashback Plan 122
Reflection Prompts 123
What to Remember 123
Elias's Thread 123
PART IV: HEALING AND MOURNING 125
Telling the Story, Safely 125
Do You Have to Tell the Story? 126
Why Telling the Story Can Help 126
What Trauma Therapies Offer 127
Pacing, Titration, and Choice 128

Writing Without Reliving 129
Telling Someone You Trust 130
Not Telling Is Also Okay 130
Signs You Might Be Ready, and Signs to Slow Down 131
Healing Practice: The Story in Three Sentences 131
Reflection Prompts 132
What to Remember 133
June's Thread 133
Grief and Mourning 135
Grief Is Part of Healing 136
What You May Have Lost 136
Ambiguous and Unwitnessed Loss 137
What Grief Can Look Like 137
Grief and Safety 138
Letting Grief Move 139
Mourning the Person Who Harmed You 140
Rituals of Acknowledgment 140
Grief and the Self You Might Have Been 141
Healing Practice: A Letter to the Child You Were 141
Reflection Prompts 142
What to Remember 142
Martin's Thread 143
Healing Shame and Rebuilding the Self 144
What Shame Does 145
Self-Compassion, in Practice 145
Becoming Your Own Secure Base 146

Parts, Protectors, and the Inner Family 147
Identity Beyond Survival 148
Shame and the Body 149
Shame Heals in Connection 150
When It Feels Like Too Much 150
Healing Practice: The Compassionate Reply 151
Reflection Prompts 151
What to Remember 152
Nadia's Thread 152
PART V: RECONNECTION AND LIVING WELL 154
Relationships, Boundaries, and Trust 154
The Hardest and Most Rewarding Part 155
Choosing Safe People 155
Starting Small 156
Boundaries as Protection and Connection 157
Difficult Conversations and Repair 158
When Family Cannot Change 159
Community and Belonging 160
Healing Practice: One Boundary, One Conversation 160
Reflection Prompts 161
What to Remember 161
Elias's Thread 162
Meaning, Growth, and Everyday Life 164
Beyond Survival 165
Pleasure, Play, and Rest 165
Work, Purpose, and Contribution 166

Posttraumatic Growth Without Pressure 166
Helping Others Without Losing Yourself..... 167
Building a Life That Feels Like Yours 168
Healing Practice: The Life Compass..... 169
Reflection Prompts..... 170
What to Remember 170
June's Thread 170
Staying Well: Setbacks and Long-Term Care..... 172
Recovery Is Not a Straight Line 173
Why Setbacks Happen 173
A Setback Is Not the Same as Going Backward..... 174
Anniversaries and Predictable Times 175
Your Early-Warning Plan 175
When to Seek Help Again..... 176
Habits That Keep You Well 177
Living With What Remains 177
Healing Practice: The Staying-Well Plan 178
Reflection Prompts..... 179
What to Remember 179
Martin's Thread..... 180
CONCLUSION..... 181
You Survived, and You Are Allowed to Live 181
The Characters, One Year Later 181
What You Have Done..... 182
Recovery Is Not a Finish Line 183
A Final Word 184

APPENDIX A: THE GROUNDING TOOLKIT 185
Using the Senses 185
Using the Body 185
Using Warmth and Comfort 186
Using Orientation 186
Using Breath 186
Using the Mind 186
Using Connection 186
Making Your Own List 187
APPENDIX B: THE EMOTIONAL FLASHBACK GUIDE 188
Signs You May Be in an Emotional Flashback 188
The Four Steps 188
During a Flashback, Avoid 189
Afterward 189
When It Feels Like Too Much 189
APPENDIX C: CALM CARDS 190
APPENDIX D: PERSONAL SAFETY PLAN TEMPLATE 192
Step 1: My Warning Signs 192
Step 2: Things I Can Do on My Own 192
Step 3: People and Places That Help Me Feel Steadier 193
Step 4: People I Can Ask for Help 193
Step 5: Professionals and Crisis Resources 193
Step 6: Making My Environment Safer 194
Step 7: My Reasons 194
APPENDIX E: CONVERSATION SCRIPTS 195
Telling Someone You Are Having a Hard Time 195

Asking for Space or a Pause 195
During or After a Flashback 195
Sharing a Little of Your History 195
Setting a Boundary 196
When Someone Dismisses You 196
Repairing After a Reaction 196
With a Therapist 196
APPENDIX F: THE 30-DAY STABILIZATION PLAN 197
Week 1: Understand and Notice 197
Week 2: Recognize 197
Week 3: Stabilize 198
Week 4: Begin to Reconnect 198
APPENDIX G: GLOSSARY 200
APPENDIX H: RESOURCES 203
Crisis and Support 203
Finding Trauma-Informed Care 203
Questions to Ask a Prospective Therapist 204
For Further Reading 204
APPENDIX I: FREQUENTLY ASKED QUESTIONS 205
"How do I know if I have complex PTSD?" 205
"Do I have to tell my story to recover?" 205
"Can I recover without therapy?" 205
"Why do I feel worse when I start working on this?" 205
"Why do I react so strongly to small things?" 206
"I lose time or feel unreal. Am I losing my mind?" 206
"I feel nothing. Is something wrong with me?" 206

"Why do I keep ending up in unsafe relationships?" 206
"Do I have to forgive the people who hurt me?" 206
"Will I ever feel safe?" 207
APPENDIX J: GUIDE FOR READING GROUPS AND CLINICIANS 208
Suggested Group Agreements 208
A Sample Session Structure 208
A Sixteen-Week Reading Plan 209
Facilitation Tips 209
Notes for Clinicians 210
Discussion Questions by Part 210
APPENDIX K: COMPANION WORKSHEETS 211
Worksheet 1: My Alarm and Trigger Log 211
Worksheet 2: My Grounding Experiments 213
Worksheet 3: Answering the Critic 215
Worksheet 4: Relationship Check 216
Worksheet 5: Letters 217
Worksheet 5 (continued): A Letter to Myself in the Future 218
Worksheet 6: My Life Compass 219
Worksheet 7: Monthly Review 220
APPENDIX L: TWELVE-WEEK PROGRESS TRACKER 222
BIBLIOGRAPHY & SELECTED WORKS 224
Complex Trauma: Concepts and Diagnosis 224
Origins, Risk, and Resilience 224
The Brain, the Body, and Regulation 225
Treatment and Recovery 226

Shame, Self, Parts, and Relationships 227
About the Sources 228
ABOUT THE AUTHOR 229

A NOTE TO THE READER

If you are holding this book, something in your life has asked a great deal of you.

You may have grown up in a home that was not safe. You may have lived through years of fear, control, harm, or betrayal, from people who were supposed to protect you, or in a place where you could not leave. You may not have a single story you can tell. Many people who live with the effects of long-term trauma describe it as something that was always there, like weather: a feeling of being on guard, a sense of shame without a source, a body that startles, a mind that goes quiet or far away, and relationships that feel like walking on thin ice.

Perhaps you have been told that you are too sensitive, too intense, or too much. Perhaps you have wondered why ordinary life seems to take so much more out of you than it does out of other people. Perhaps you have felt a sudden wave of fear or shame, as if you were small again, and have not been able to say what set it off.

This book is for that experience. It is about what happens to a person when trauma is not a single event but a pattern, repeated over time, often within relationships. Researchers and clinicians call this *complex trauma*, and the lasting effects *complex post-traumatic stress*. It is also about something else, which matters more: that people recover.

I want to be honest about what this book is and is not. It is not a replacement for therapy. Complex trauma is one of the most challenging experiences a person can carry, and healing is almost always easier and safer with a trained, trauma-informed professional beside you. This book is a companion. It will help you understand what has happened to your mind and body, give you tools for feeling steadier, and show you what a path of recovery can look like.

It is also not a book that asks you to relive the past. You will not be asked to describe what happened to you. The first half of this book is about safety, understanding, and steadiness, because those come first.

The work of remembering and mourning comes later, at your pace, and only if and when you are ready.

Some pages may stir strong reactions. Go slowly. Put the book down when you need to. Come back to the parts that help, and skip the ones that do not. There is no correct pace for healing, only yours.

And your pace is enough.

Hanz Yiglix

HOW TO USE THIS BOOK

This book is not meant to be rushed.

Complex trauma shapes the body, the emotions, and relationships, and recovery takes time. You may read a chapter in an evening and need a week for it to settle. You may find some chapters easy and others hard to approach. That is not a sign that you are doing it wrong. It is what it looks like to move carefully through something that matters.

A CONTENT AND SAFETY NOTE

This book discusses the effects of long-term trauma, including fear, shame, dissociation, difficulty in relationships, and emotional flashbacks. It does not describe abuse or violence in detail. It contains no graphic content. Even so, some readers may find parts of it activating.

Please read with these guidelines in mind.

- **You are in charge of the pace.** Stop whenever you need to. You can skip a section and come back later, or never.
- **Notice your body as you read.** If you feel overwhelmed, numb, or far away, pause. Look around the room, name five things you can see, and take a slow breath. Chapter 9 and Appendix A offer more tools.
- **Read with support if you can.** If you are in therapy, consider sharing this book with your therapist.
- **If you are in crisis, please reach out.** If you are in danger, or thinking about harming yourself, contact your local emergency number or a crisis line right away. In the United States, you can call or text 988. Appendix H lists more resources, and Appendix D offers a template for a personal safety plan.

SUGGESTIONS FOR GETTING THE MOST FROM THIS BOOK

Keep a journal nearby. Every chapter closes with a healing practice, reflection prompts, and a short summary called "What to Remember." None of them asks you to describe traumatic events. Writing about the present, about your feelings, and about what helps can move insight from your head into your life.

Read in order, at least the first time. The book has five parts. Part I explains what complex trauma is, how it forms, and what it does to the brain and body. Part II helps you recognize the signs: emotional flashbacks, shame, relationship patterns, and dissociation. Part III is about stabilization: safety, calming the body, and working with triggers. Part IV addresses healing: telling the story safely, grief, and rebuilding the self. Part V turns toward living: relationships, meaning, and long-term wellbeing.

Meet the companions. Four fictional people appear throughout the book: Nadia, Elias, June, and Martin. They are composites created for illustration. You will meet them in the opening pages of many chapters, and you will see them again, a year later, in the conclusion.

Practice before you need it. The calming and grounding tools in Part III work best when practiced in calm moments, so that they are available in hard ones.

Use the tools at the back. The appendices include a grounding toolkit, a guide to emotional flashbacks, calm cards, a personal safety plan template, conversation scripts, a thirty-day stabilization plan, a glossary, resources, answers to frequently asked questions, a guide for reading groups and clinicians, companion worksheets, and a progress tracker.

Be gentle with the practices. Some will feel awkward, especially those that ask you to be kind to yourself or to reach out to someone. Resistance is normal. You do not have to feel the words yet. You only have to be willing to try them.

And remember: you picked up a book about healing from something that was never your fault. That took courage. The fear would prefer you stay small. You chose to learn.

INTRODUCTION

THE DAY THE ORDINARY BECAME UNBEARABLE

Nadia Brandt was standing in the cereal aisle of a supermarket when the floor seemed to tilt.

It was a Tuesday afternoon, bright and ordinary. She was holding a box of oatmeal and thinking about nothing at all. A man at the end of the aisle dropped a jar of pasta sauce. It hit the tiles with a flat, wet crash, and red splattered across the floor.

Nadia's whole body responded before she knew what had happened. Her heart slammed. Her hands went cold. The room narrowed to a tunnel, and she found that she had stepped sideways, into the shelf, and was holding her breath. A wave of fear, huge and shapeless, rolled through her chest. Beneath it was something worse: a sense of being small, and trapped, and in trouble.

She stood very still. The man said, "Sorry, sorry, my fault," and a staff member hurried over with a mop. Everything was fine. Nobody was looking at her.

Nadia put the oatmeal in her basket and walked to the checkout with careful, even steps. She paid. She carried her bag to the car, sat behind the wheel, and gripped it with both hands until her breathing slowed.

She is thirty-three. She works as an emergency dispatcher, and for eight hours a night she talks calmly to people on the worst day of their lives. She is known for her steadiness. She has never panicked on a call. And yet a jar of sauce in a supermarket had flattened her.

Sitting in the car, she thought, as she had thought many times before, *What is wrong with me?* She did not know that the question was a little wrong. A better one would have been: *What happened to me, and what did my body learn?*

If some part of Nadia's afternoon feels familiar, you are in the right place.

THE WOUND THAT DOES NOT HEAL IN A STRAIGHT LINE

Most people think of trauma as a single terrible event: an accident, a disaster, an assault. Those events matter, and their effects can be profound. But there is another kind of trauma that is less often discussed. It does not arrive as a single moment. It accumulates. It is made of repeated experiences of fear, helplessness, or harm, often over months or years, and often inside relationships where the person could not easily escape.

Clinicians and researchers have called this *complex trauma*. The psychiatrist Judith Herman, whose work shaped the field, wrote that people who endure prolonged, repeated trauma, especially when they are under the control of another person, develop a pattern of difficulties that is different from, and broader than, the effects of a single event (Herman, 1992). She proposed that this pattern deserved its own name: complex post-traumatic stress.

What makes complex trauma so disorienting is that its effects reach into everything. It shapes how the body responds to the world, how emotions rise and fall, how a person sees themselves, and how they relate to others. It does not stay in the past. It lives in the present, in startle responses, in sudden shame, in the difficulty of trusting, in the tiredness of always being on guard.

It also does not heal in a straight line. Recovery tends to move in a spiral. There are better periods and harder ones, setbacks that feel like going backward and are often something else, and long stretches of quiet progress that are easy to miss. This book is written with that in mind.

WHAT COMPLEX PTSD IS, AND WHAT IT IS NOT

In this book, *complex PTSD* refers to a pattern of lasting difficulties that can follow prolonged or repeated trauma, particularly trauma from which escape was difficult or impossible. The World Health Organization's eleventh *International Classification of Diseases* recognizes complex PTSD as a distinct diagnosis. It includes the core symptoms of post-traumatic stress disorder, which are re-experiencing the trauma in the present, avoiding reminders, and a persistent sense of current threat, together with three additional difficulties: problems regulating emotions, a persistently negative sense of self, and difficulties in relationships (World Health Organization, 2019). The American Psychiatric Association's *Diagnostic and Statistical Manual*, fifth edition, does not list complex PTSD as a separate diagnosis, though it recognizes that trauma exposure can lead to a wide range of symptoms (American Psychiatric Association, 2013).

It helps to be clear about what the term does not mean.

It is not a sign of weakness. It is the understandable result of what a mind and body had to do to survive.

It is not the same as every difficult experience. Not everyone who has had a hard life has complex PTSD, and not everyone with complex PTSD has the same symptoms.

It is not a life sentence. Research and clinical experience show that people recover, often substantially, with the right support.

And it is not something you can diagnose from a book. Only a qualified professional can assess whether complex PTSD, or something else, is present. If you recognize yourself in these pages, consider speaking with a trauma-informed clinician.

WHY THIS IS NOT ABOUT WEAKNESS

Many survivors of long-term trauma carry a private belief that they should be stronger, that they should have moved on, that other people would have coped better. This belief is common, and it is wrong.

What looks like fragility from the outside is almost always the remains of a survival strategy. The vigilance that exhausts you once kept you safe. The numbness that frustrates you once got you through. The people-pleasing, the perfectionism, the quick retreat: each was an intelligent response to a situation in which you had very little power. The mind and body did precisely what they needed to do.

They are simply still doing it. Part of recovery is teaching them, gently and repeatedly, that the danger has changed.

MEETING THE COMPANIONS ON THIS JOURNEY

Throughout this book you will meet four people. They are fictional composites drawn from patterns that are common among survivors of long-term trauma, and they are not based on any real individual.

Nadia Brandt, thirty-three, is an emergency dispatcher whose steadiness at work contrasts with the way small sounds can send her body into alarm. She is quick, capable, and tired in a way that sleep does not fix.

Elias Warren, forty-six, is a carpenter, a quiet man whose hands are sure and whose relationships are not. He has been told that he is "hard to get close to," and he is beginning to wonder why.

June Okonkwo, twenty-nine, is a paralegal who is brilliant at her job and who often loses time in the middle of conversations. She is learning that the fog she lives in has a name.

Martin Vale, fifty-seven, is a retired postal worker who has spent most of his life believing that what happened to him was not worth mentioning. He is beginning, late, to disagree.

You will not agree with everything they do, and they will not always agree with themselves. That is part of why they are useful. They are not examples of perfect recovery. They are examples of what it looks like to try.

WHAT THIS BOOK WILL ASK OF YOU

This book will ask for some things that are not always easy to give.

It will ask for **patience**. A body that learned to stay on guard for years will not relax in a week. New responses practiced for a month will not replace old ones practiced for decades, but they can begin to loosen them.

It will ask for **curiosity** where you may be used to self-blame. When a reaction arrives, the invitation is to ask, *What is this protecting?* instead of *What is wrong with me?*

It will ask for **honesty**, including about what helps and what does not. Not every tool works for every person.

And it will ask you to **take your own pace seriously**. If a practice feels like too much, make it smaller, or stop. If something touches a memory that feels too heavy, put the book down and reach out to someone who can help. Recovery that overwhelms you is not working.

A PROMISE BEFORE WE BEGIN

I cannot promise that this book will take away what happened, or that every symptom will disappear. I can promise something smaller and, I think, more important.

If you read with care and practice with patience, you will understand yourself better than you did before. You will have language for experiences that once had no name. You will have tools for the moments when your body sounds the alarm, and you will have a clearer picture of what a path of recovery looks like, step by step.

You may also discover something that surprises you. The parts of you that startle, hide, freeze, or fight are not defects. They are protectors who have been working for a very long time without rest. This book is about helping them, at last, to stand down.

Let us begin.

PART I: UNDERSTANDING COMPLEX TRAUMA

CHAPTER 1
WHAT COMPLEX PTSD REALLY IS

Martin Vale found the pamphlet in his doctor's waiting room, in a rack between a leaflet about blood pressure and one about flu shots.

He had come about his sleep. For years he had told himself that insomnia was simply what happened to men his age. His doctor, a brisk, kind woman in her forties, had asked a few questions and then said, carefully, "Have you ever talked to anyone about stress, or about difficult things in your past?"

"There's nothing to talk about," Martin had said. "I had a perfectly ordinary childhood."

Now, sitting under the hum of the fluorescent lights, he took the pamphlet from the rack because the cover was a soft shade of blue and the title was short. *Understanding Trauma.* He opened it expecting to see soldiers and car crashes and floods, and to put it back.

Instead, in the middle of a page, he read a short list. *Feeling constantly on guard. Difficulty trusting people. A sense of shame that has no clear cause. Feeling different from others. Strong reactions that seem out of proportion. Trouble with sleep. Feeling numb or far away. A harsh inner voice.*

He read it slowly, and then again. His chest felt strange: not frightened, but oddly hollow, as though someone had opened a window in a room he had been sitting in for fifty years.

Below the list, a single sentence said: *Trauma is not only about what happened in a single moment. It can also be the result of living, for a long time, in circumstances where you were not safe.*

Martin sat very still. He folded the pamphlet carefully into his coat pocket, as if it were something that might break. When the nurse called his name, he did not hear her the first time.

BEYOND A SINGLE EVENT

When most people hear the word *trauma*, they think of a single overwhelming event: a car accident, a natural disaster, a violent assault, a battlefield. These events are real, and their effects can be profound. They are the basis for the diagnosis known as post-traumatic stress disorder, or PTSD.

But a different kind of trauma exists, and it is more common than many people realize. It does not come from one terrible moment. It comes from repeated or prolonged exposure to harm or threat, often over months or years, and often in a situation from which escape is difficult. A child growing up in a home where violence or intimidation is routine. A person in a long-term abusive relationship. Someone living under the control of a person who has power over them. A person who has endured years of persecution, captivity, or exploitation.

In such cases, the effects reach further than the effects of a single event. They affect not only how a person reacts to specific reminders, but how they feel in their own body, how they manage emotion, how they see themselves, and how they relate to other people. The psychiatrist Judith Herman called this pattern *complex post-traumatic stress*, and argued that it needed to be understood on its own terms (Herman, 1992).

PTSD AND COMPLEX PTSD: HOW THEY DIFFER

The two terms are related, and they are not identical. Understanding the difference can help make sense of experiences that standard descriptions of PTSD do not fully capture.

Feature	PTSD	Complex PTSD

Feature	PTSD	Complex PTSD
Typical cause	Often a single event or a limited number of events	Often prolonged or repeated trauma, especially in relationships or when escape was hard
Core symptoms	Re-experiencing, avoidance, sense of current threat	The same core symptoms, plus additional difficulties
Emotions	Fear and anxiety are prominent	Difficulty regulating emotions, with intense shifts or numbness
Sense of self	Often intact, though shaken	Often persistently negative: shame, guilt, feeling worthless or defeated
Relationships	May be affected	Often deeply affected: distrust, distance, difficulty staying close

The World Health Organization's eleventh *International Classification of Diseases* recognizes complex PTSD as a distinct diagnosis, describing it as including the core symptoms of PTSD together with problems in what it calls *disturbances in self-organization*: difficulties regulating emotions, a persistently negative self-concept, and difficulties in relationships (World Health Organization, 2019). The American Psychiatric Association's *Diagnostic and Statistical Manual*, fifth edition, does not list complex PTSD as a separate diagnosis, though it acknowledges the wide range of symptoms that can follow trauma (American Psychiatric Association, 2013).

Research on the proposed classification has found support for the idea that complex PTSD can be distinguished from PTSD. In studies that analyze patterns of symptoms in trauma-exposed people, a group with the broader, relationship-related difficulties tends to emerge distinctly from a group with core PTSD symptoms alone (Cloitre, Garvert, Brewin, Bryant, & Maercker, 2013). A review of the evidence

concluded that the distinction has been supported across many studies, though research continues (Brewin et al., 2017).

None of this means that a label will resolve your difficulties. But it can be a relief to learn that the pattern you carry has been studied, named, and understood, and that you are not alone with it.

THE SIX FEATURES

Because complex PTSD is defined by a set of experiences, it helps to see them laid out. Clinicians describe two groups.

The core PTSD features.

Re-experiencing the past in the present. Intrusive memories, nightmares, or flashbacks, in which the past feels as if it is happening now. In complex trauma, these often take the form of strong emotions and body sensations rather than clear pictures, which we explore in Chapter 4.

Avoidance. Steering clear of reminders: places, people, conversations, feelings, or thoughts that bring the past too close.

A sense of current threat. A heightened startle response and constant watchfulness, as though danger could appear at any time.

The additional features of complex PTSD.

Difficulty regulating emotions. Feelings that surge and are hard to settle, or an emotional flatness in which little is felt. Many people experience both.

A negative sense of self. A persistent belief that you are worthless, defeated, or flawed, often together with deep shame or guilt.

Difficulty in relationships. Trouble trusting, difficulty feeling close to others, or a pull between longing for connection and a need to keep distance.

Not everyone experiences every feature, and the mix is different from person to person. The list is a map, not a checklist you must fit.

NOT ONLY CHILDHOOD

Complex trauma is often associated with childhood, and for good reason. Children are dependent on adults, cannot easily escape, and are still developing. Chronic stress or harm during these years can shape the brain, the body's stress systems, and the sense of self (van der Kolk, 2005). A large study of adults in a health plan found that adverse childhood experiences were common and were associated with a wide range of later difficulties, with the risk rising as the number of experiences increased (Felitti et al., 1998).

But complex trauma can also arise in adulthood. Long-term abusive or controlling relationships, prolonged captivity or exploitation, experiences of persecution, and living for years in conditions of danger can all produce a similar pattern. If your trauma began in adulthood, you are not excluded from what this book describes. The patterns of hypervigilance, shame, emotional intensity, and difficulty trusting often look very similar.

THE BETRAYAL FACTOR

One feature that tends to make complex trauma especially hard is *betrayal*. When harm comes from someone you depended on, such as a parent, a partner, or a caregiver, the injury is not only the harm itself. It is also the loss of safety in relationships, and of the very people you turned to for protection.

The psychologist Jennifer Freyd developed what she called *betrayal trauma theory*, which proposes that when a person is harmed by someone they depend on, it may be adaptive, at the time, to limit awareness of that harm in order to preserve the relationship they need (Freyd, 1996). This helps explain why survivors sometimes describe having "always known and never known," and why numbness, fog, and not remembering can be understood as protections rather than failures.

It also helps explain why complex trauma so often leaves behind difficulties with trust. When the people who should have kept you safe did not, the mind quite reasonably learns to scan every relationship for danger.

OTHER DIFFICULTIES THAT CAN ACCOMPANY IT

People with complex PTSD often experience other difficulties alongside it. These may include depression, anxiety, panic, difficulty sleeping, physical pain or illness, problems with attention and memory, and, for some, the use of alcohol or other substances to cope.

These are not separate flaws. Often they are part of the same picture, and they can improve as the underlying trauma response is addressed. If you are struggling with any of them, please speak with a medical or mental health professional. Integrated support can make a real difference.

WHAT SURVIVORS CARRY THAT IS STRONG

An honest account of complex trauma must include strength, because survivors have a great deal of it. Many people who have lived through long-term trauma are:

- **Perceptive,** quick to read a room and sense when something is off.
- **Resourceful,** able to find a way through when options are few.
- **Empathic,** deeply sensitive to the suffering of others.
- **Resilient,** having endured what would flatten many people.
- **Determined,** capable of extraordinary persistence.
- **Loyal,** committed to those they love once trust is established.

These qualities were forged under pressure, and they are real. Recovery does not require giving them up. It involves freeing them from the grip of fear, so that perceptiveness serves connection instead of alarm, and resilience can include rest.

WHAT RECOVERY LOOKS LIKE

It may help to know, at the outset, what the path of recovery from complex trauma tends to look like. Judith Herman described it as unfolding in three broad stages (Herman, 1992). Many clinicians since have built on this idea (Courtois & Ford, 2009).

Stage one: safety and stabilization. Establishing safety in your life and body, building tools for managing symptoms, and developing support. This stage comes first, and for many people it is the most important.

Stage two: remembering and mourning. When safety is established, working through what happened, at a pace that is manageable, and grieving what was lost. This stage is usually done with professional support.

Stage three: reconnection. Rebuilding relationships, a sense of identity, and a life oriented toward the future.

These stages are not rigid. People move back and forth, and some work on several at once. But the sequence matters: safety first. This book follows that order. Parts I and II help you understand and recognize; Part III builds stabilization; Part IV addresses healing and mourning; Part V turns toward reconnection and living.

HEALING PRACTICE: THE SAFE INVENTORY

This first practice builds a foundation for everything that follows. It does not ask about your past. It asks about what is safe in your present. You will need a notebook and about twenty minutes.

Step 1: Take three slow breaths. Breathe in for four counts and out for six. Notice your feet on the floor.

Step 2: Draw four columns. Label them *People*, *Places*, *Things*, and *Moments*.

Step 3: Fill in the People column. Write the names of anyone who makes you feel even slightly safer: a friend, relative, colleague,

neighbor, pet, therapist. Include anyone, even if the relationship is small.

Step 4: Fill in the Places column. Write places where your body relaxes a little: a room in your home, a park, a library, a café, a car, a corner of a garden.

Step 5: Fill in the Things column. Write objects that comfort you: a blanket, a mug, a song, a smell, a photograph, a book.

Step 6: Fill in the Moments column. Write the times of day or kinds of moments when you feel most at ease: early morning, after a walk, when it rains.

Step 7: Read it over slowly. Notice how your body responds as you read. Choose one item from each column that you could access this week.

Step 8: Write one sentence. Complete this sentence: *Even now, there are things that help me feel safer.*

If the exercise feels difficult or the lists feel empty, that is information, not failure. Write what you can, and consider sharing this with a therapist or a trusted person.

REFLECTION PROMPTS

1. When you read about the features of complex PTSD in this chapter, which feel most familiar? Which, if any, do not fit?
2. What has it been like to carry difficulties that had no name?
3. Where do you see strengths in yourself that grew out of difficult circumstances?
4. Of the three stages of recovery, safety, remembering and mourning, and reconnection, which feels most relevant to you right now?
5. What would it mean to treat your reactions as protections rather than as signs of weakness?

WHAT TO REMEMBER

Complex PTSD can follow prolonged or repeated trauma, especially when escape was difficult. It includes the core features of PTSD together with difficulties in regulating emotions, a negative sense of self, and difficulties in relationships.

It is recognized as a diagnosis in the World Health Organization's *International Classification of Diseases*, and research supports its distinction from PTSD.

Betrayal by people you depended on often deepens the injury and makes trust difficult.

Survivors carry real strengths, and recovery does not ask you to give them up.

Recovery tends to unfold in stages: safety first, then mourning, then reconnection. People do recover.

In the next chapter, we will look at how complex trauma forms, and why it so often arises inside relationships.

NADIA'S THREAD

Nadia did the Safe Inventory on a Saturday morning, at her kitchen table, with the radio turned low and a mug of tea warming her hands.

She wrote *People:* and sat for a long time. At last she wrote, *Mrs. Alvarez next door. My dispatch partner, Jess. The vet who looked after my cat.* The list looked very short. She looked at it for a moment and felt the familiar tightness rise in her chest, a voice saying, *See? You have nobody.*

She wrote the second column more easily. *Places: my balcony. The library on Fourth Street. The bench by the river.* Under *Things: My gray blanket. Rain sounds. The smell of oranges.* Under *Moments: Early morning, before the city wakes.*

She read through all four columns slowly, aloud, and noticed something odd. When she read *the smell of oranges*, her shoulders

dropped a fraction of an inch. When she read *my balcony*, her breathing slowed.

At the bottom of the page, she completed the sentence: *Even now, there are things that help me feel safer.* She read it back, and her eyes filled, which surprised her. She had not known that she believed it.

That afternoon, she bought a bag of oranges and set it on the kitchen counter, where she could smell it when she walked past. It was a small thing. But she stood for a moment in the warm kitchen, with her hand on the bag, and thought, quietly, *I can make a place that feels safe. I can start with this.*

CHAPTER 2
HOW COMPLEX TRAUMA FORMS

Elias Warren was fitting a stair tread in a client's hallway when she asked him a casual question that stopped his hands.

"Were you always good with your hands? Did your dad teach you?"

It was the sort of question that people ask carpenters. He had heard it a hundred times. He usually said, "Self-taught," or "Picked it up," and moved on. But that day, in a quiet house, with the smell of sawdust around him, his mouth did something unexpected. It went dry. His shoulders rose. A tightness that he had known all his life closed around his chest, and he heard himself say, in a voice slightly too even, "No. I learned on my own."

The client smiled and went back to the kitchen. Elias knelt on the half-finished stair, with a chisel in his hand, breathing carefully.

He did not remember much of his father. That was the odd thing. When he tried to think of him, there was only a blur, a large presence in a house that had its own weather: long silences, sudden storms, rules that changed without notice. He remembered learning to read the sound of a car door, the weight of footsteps in the hall. He remembered becoming very quiet and very useful. He remembered the particular quality of a house in which you never knew which version of the evening you were going to get.

He could not have said that he had been harmed, exactly. There was no single thing he could point to. There was just a childhood spent on the balls of his feet.

Now, forty years later, a stranger's casual question about his father had sent his whole body into a posture of readiness. He put the chisel down. He placed both palms flat on the stair and took a slow breath, in

for four, out for six, and waited for the past to return to where it belonged.

WHAT MAKES TRAUMA "COMPLEX"

In Chapter 1, we saw that complex trauma is associated with prolonged or repeated harm, especially when escape was difficult. This chapter looks more closely at how it forms: what conditions tend to produce it, and why its effects reach so deeply into the self.

It may help to hold one principle as you read. Complex trauma is not defined by the severity of any single event. It is defined by a pattern: repeated threat, harm, or fear, without adequate protection or escape. A person can develop it without ever being able to point to a single "worst" moment. It can be made of thousands of ordinary days in which the world was not safe.

REPEATED AND PROLONGED

The first feature of complex trauma is *repetition*. When threatening experiences happen again and again, the body does not have time to return to baseline. The stress response that is meant to be a short-term emergency system becomes a standing condition.

Pediatric researchers have described this as *toxic stress*: the prolonged activation of the body's stress systems, particularly in the absence of buffering relationships with supportive adults (Shonkoff & Garner, 2012). The key idea is that it is not only the intensity of stress that matters but its duration and the lack of protection. A child can endure a great deal if a caring adult is there to help. When the adult is absent, or is the source of the threat, the stress has nowhere to go.

Repetition also teaches. If danger is unpredictable and recurs, the nervous system concludes that it must always be ready. Over time, readiness becomes a trait: a constant scanning, a low hum of tension, a startle that seems out of proportion to what is happening now.

INTERPERSONAL: HARM FROM PEOPLE

The second feature is that complex trauma is often *interpersonal*. It happens in or through relationships. The harm may come from a parent, a caregiver, a partner, a family member, a teacher, a religious or community leader, or anyone with power over you.

This matters because human beings are built to seek safety through other people. A child who is frightened turns toward a caregiver. An adult who is hurt looks for a safe person. When the very person you turn toward is the source of fear, a profound conflict arises: you need them, and you are afraid of them. This is the same bind that attachment researchers have described in children whose caregivers are frightening, and it can leave lasting marks on how a person feels about closeness (Main & Hesse, 1990).

The result is often a deep ambivalence about relationships. A part of you longs for safety and connection. Another part knows, from experience, that connection can be dangerous. We will look at this in more depth in Chapter 6.

WHEN NO WAY OUT IS AVAILABLE

The third feature is *entrapment*. In many cases of complex trauma, the person could not leave. A child cannot choose a different family. An adult in a controlling relationship may face real barriers: financial, legal, emotional, physical. When fight and flight are not possible, the body turns to other defenses.

Judith Herman described how people under prolonged control may adapt in ways that look puzzling from outside: becoming compliant, trying to please, going numb, losing a sense of their own preferences (Herman, 1992). These are not signs of weakness or consent. They are survival strategies in situations of captivity, whether the walls are literal or emotional.

This is also why the question *Why didn't you just leave?* misunderstands what happens. When leaving is not safe or possible,

the mind finds other ways to survive. We will look at these responses, often called fight, flight, freeze, and fawn, in Chapter 3.

DEVELOPMENTAL TRAUMA AND THE GROWING BRAIN

When complex trauma begins in childhood, it interacts with development. A child's brain and nervous system are still forming. The experiences of the early years help to shape how the stress response is calibrated, how emotions are regulated, and how relationships are understood.

The psychiatrist Bessel van der Kolk and colleagues proposed that children exposed to chronic interpersonal trauma often show a broad pattern of difficulties, affecting emotion regulation, attention, behavior, and relationships, that does not fit neatly into the standard PTSD diagnosis. He called this *developmental trauma disorder*, and argued for it to be recognized (van der Kolk, 2005). While the proposed diagnosis has not been adopted into official manuals, the research behind it has been influential.

The large study of adverse childhood experiences led by Vincent Felitti and Robert Anda found that childhood adversity was common and that the number of adverse experiences a person reported was associated with a wide range of later difficulties, including depression, substance use, and physical illness (Felitti et al., 1998). The study describes statistical patterns across large groups, not the fate of any individual. Many people with difficult early histories do well, especially when they have protective relationships. But it makes clear that early experience matters.

WHEN WHAT WAS MISSING IS ALSO TRAUMA

Complex trauma is not only made of things that were done. It can also be made of things that were *not* done: protection, comfort, attention, safety. Chronic emotional abuse, humiliation, rejection, and neglect can be as damaging as physical harm.

Researchers who reviewed the evidence on *psychological maltreatment*, which includes patterns of terrorizing, rejecting, isolating, and neglecting a child emotionally, concluded that it is associated with serious mental health consequences and deserves recognition as a form of trauma in its own right (Spinazzola et al., 2014).

If your history includes this kind of harm, such as constant criticism, contempt, being treated as a burden, or growing up in a home where no one noticed you, you do not need to have been physically hurt for your experience to count. The effects of living in an environment that is chronically hostile or emotionally unsafe can be lasting.

SYSTEMS, COMMUNITIES, AND HISTORY

Not all complex trauma arises in a family. Some arises in communities and systems: in settings of war, displacement, persecution, discrimination, poverty, and institutional abuse. People who live in conditions of chronic threat, whether they are refugees, members of communities facing systemic oppression, or survivors of exploitation, may develop patterns that closely resemble those described here.

Scholars of historical and collective trauma, such as Maria Yellow Horse Brave Heart and Lemyra DeBruyn, have written about how the accumulated impact of massacres, forced removal, and cultural suppression can echo across generations (Brave Heart & DeBruyn, 1998). Researchers have also described *racial trauma*, the cumulative psychological effects of ongoing exposure to racism and discrimination, and its relevance to mental health and healing (Comas-Díaz, Hall, & Neville, 2019).

If your trauma is tied to your community's history or to the systems you live in, it does not make it less real, or less deserving of care. Healing may also include connection to community, culture, and collective support, which we return to in Part V.

WHY SOME PEOPLE DEVELOP IT AND OTHERS DO NOT

People often wonder why one person develops lasting difficulties and another, who seems to have faced similar circumstances, does not. The honest answer is that many factors interact.

Research on trauma in adults found that, among the factors that predict who develops post-traumatic stress, a lack of social support, the severity of the trauma, and additional life stress were among the strongest (Ozer, Best, Lipsey, & Weiss, 2003). In other words, the presence or absence of supportive relationships makes a significant difference.

Studies of resilience have also shown that many people show remarkable recovery, and that resilience usually arises from ordinary protective factors: a caring adult, a sense of purpose, a supportive community (Masten, 2001; Bonanno, 2004). At the same time, it is important not to treat resilience as an obligation. If you have struggled, it does not mean that you failed to be resilient. It means that you faced something very hard, perhaps without the supports that make the difference.

It is also true that the person who "seems fine" may be carrying a great deal that others cannot see.

RESPONSIBILITY BELONGS WHERE IT BELONGS

When reading about how trauma forms, it is important to be clear about one thing: the responsibility for harm lies with those who caused it, not with the person who was harmed.

Children are not responsible for the way they were treated, however they behaved. Adults who were controlled, coerced, or deceived are not responsible for the actions of those who did so. The survival responses you developed, including compliance, silence, and numbness, were not choices you should be blamed for. They were the best available responses in conditions that no one should have to face.

At the same time, understanding does not require condemning everyone in your history, or requiring yourself to feel anything in particular about them. Some people who caused harm were themselves harmed. Some were doing the best they could, and some were not. You are free to hold the complexity at your own pace, or to put it down. The task of recovery is not to adjudicate the past. It is to build a present in which you are safe.

HEALING PRACTICE: UNDERSTANDING WITHOUT RELIVING

This practice helps you see how your body and mind adapted, without asking you to recall events. It focuses on the present: the strategies you developed, and what they were protecting. You will need a notebook and about twenty minutes. Check in with your body before you begin, and stop if you feel overwhelmed.

Step 1: Take three slow breaths. Settle your feet on the floor and notice the surface supporting you.

Step 2: Draw two columns. Label the left column *What my body or mind learned to do* and the right column *What it was trying to protect me from.*

Step 3: List the strategies. In the left column, write some of the ways you adapt, without describing why. Examples: *Stay on guard. Read other people's moods. Go quiet. Be useful. Please people. Go numb. Stay in control. Avoid conflict.* Choose those that feel true.

Step 4: Name the protection. For each, write in the right column what it may have been trying to protect you from, in general terms: *Being surprised. Being punished. Being left. Being noticed. Feeling too much.*

Step 5: Notice the intelligence. Read both columns. Notice that each strategy makes sense.

Step 6: Write one sentence of respect. Complete: *These strategies were my way of surviving.*

Step 7: Notice what you need. Complete: *Now that I am safer, I might want to...* Examples: *Rest. Let someone help. Feel a little less on guard.*

Step 8: Close gently. Put your hand on your chest or arm, take a slow breath, and do something kind for yourself.

If this practice stirs strong feelings, pause, use a tool from Chapter 9, and return another day. You do not need to complete it in one sitting.

REFLECTION PROMPTS

1. Which features of complex trauma, repetition, harm from people, entrapment, or missing protection, feel most relevant to your experience?
2. What strategies did your body or mind develop to cope? What were they protecting you from?
3. What would it mean to treat those strategies as intelligent rather than as defects?
4. Who or what helped you survive, even a little?
5. What would it mean to place responsibility for harm where it belongs?

WHAT TO REMEMBER

Complex trauma is defined by a pattern, not by one event: repeated or prolonged threat or harm, often within relationships, and often without escape.

When the source of fear is also a source of care, a person can be caught between needing and fearing, with lasting effects on trust and closeness.

When trauma begins in childhood, it interacts with development. Chronic stress without buffering shapes the body's stress systems and the sense of self.

Neglect, emotional abuse, and systemic or community trauma can also produce complex trauma. You do not need physical injury for your experience to count.

Responsibility for harm belongs to those who caused it. Your survival responses were intelligent, and they are not your fault.

In the next chapter, we will look at how chronic threat shapes the brain and body, and why the alarm so often will not switch off.

ELIAS'S THREAD

Elias did the practice that night at his workbench, with a mug of coffee and the shop lights low.

In the left column, he wrote: *Stay on guard. Read the room. Be useful. Say little. Never show I'm hurt.* The list came easily. It was a little alarming, how easily.

In the right column, he wrote: *Being surprised. Being blamed. Being a target.* At the bottom he added: *Being seen.* He looked at that last one for a long time.

He read both columns again. For forty years he had thought of these habits as personality. He was quiet. He was self-reliant. He was not much of a talker. It had never occurred to him that they were a kind of equipment, assembled by a boy who had needed it, and carried a long way past the time it was needed.

At the bottom of the page, he completed the sentence. *These strategies were my way of surviving.* The words sat on the page, plain and a little unbelievable.

He put his hand on his chest, as the practice suggested. Feeling foolish, he took a slow breath. He felt his own heartbeat, steady and slightly fast, under his palm.

"Okay," he said aloud, to the empty workshop. His voice cracked. "Okay. It makes sense."

He sat for a while with the radio off and the smell of cedar in the air. Then he got up, turned out the lights, and went inside, and, for the first time in a long while, he did not check the lock three times before bed.

CHAPTER 3
THE BRAIN AND BODY UNDER CHRONIC THREAT

June Okonkwo was in the middle of explaining a contract clause to a senior partner when the room began to go far away.

It started, as it always did, in her ears. The partner's voice thinned and flattened, as if she were hearing it through a pane of glass. The edges of her vision softened. Her hands, resting on the table, looked like someone else's. She was aware that she was still speaking, because her mouth kept moving, but the words seemed to come from a short distance behind her head.

"June?" the partner said. "Did you hear me?"

She blinked. The room slid back, abrupt and slightly too bright. "Sorry," she said. "Could you repeat the question?"

He repeated it. She answered it correctly. She had not, in any ordinary sense, been absent. But she had not been entirely there either. A small, familiar chill moved through her: *Did anyone notice? Did I say something strange? How long was I gone?*

She is twenty-nine, a paralegal with a reputation for being meticulous and unflappable. Her colleagues call her the calmest person in the office. She does not know how to explain to them that her calm has a cost, that she often cannot remember what she had for lunch, that some afternoons she feels as though she is watching her own life through a screen.

That evening, at home, she opened her laptop and typed a question she had never typed before. *Why do I lose time when someone is looking at me?* She stared at the search bar. The cursor blinked. She was afraid of what she would find, and more afraid of not finding anything.

What she did not yet know was that the thing she was describing was not a flaw in her mind. It was the signature of a nervous system that had learned, a long time ago, exactly how to survive.

THE BODY LEARNS WHAT THE MIND CANNOT SAY

In the first two chapters, we looked at what complex trauma is and how it forms. This chapter turns to what it does inside the body and brain. It is the most technical chapter in this book, and it is also one of the most important, because understanding it changes how you see yourself.

If you take away one idea, let it be this: *your reactions are not random, and they are not weakness. They are the output of a nervous system that adapted to chronic danger.* Once that is clear, it becomes possible to work with your body instead of fighting it.

THE STRESS RESPONSE THAT NEVER SWITCHED OFF

The human stress response is a remarkable system. When the brain detects a threat, it triggers a rapid cascade: the amygdala and related brain regions raise the alarm, stress hormones such as adrenaline and cortisol are released, the heart speeds up, breathing quickens, muscles tense, and attention narrows. This prepares the body to fight, to flee, or to freeze.

In ordinary life, the cascade is brief. The threat passes, the body calms, and the system returns to baseline. In a safe childhood, caregivers help with this: they soothe a frightened child, and in doing so teach the child's body how to come down.

In complex trauma, the cascade is activated repeatedly, and often without relief. The researchers who describe toxic stress emphasize that the damage arises from prolonged activation of the stress response systems, particularly when supportive adults are not there to buffer it (Shonkoff & Garner, 2012). The system adapts by lowering its

threshold for alarm. It learns that danger can come at any time, and so it stays ready.

This is not a metaphor. A body that has lived in chronic threat may genuinely respond faster, more strongly, and for longer to cues that signal danger, even when the danger is no longer there. A jar of sauce shatters in a supermarket and the body responds as if something terrible is about to happen. A colleague raises their voice and the body prepares for harm. The response is not an overreaction to the present. It is an accurate reaction to the past, applied to now.

FOUR WAYS THE BODY DEFENDS ITSELF

When the nervous system detects threat, it chooses a defense. Most people are familiar with *fight* and *flight*. A third, *freeze*, is increasingly recognized. And many clinicians describe a fourth, often called *fawn*, a term popularized by the therapist Pete Walker in his work on complex trauma (Walker, 2013).

Response	What it looks like	In everyday life
Fight	Confronting, controlling, attacking the threat	Irritability, anger, criticism, a need to be in charge
Flight	Escaping, staying ahead of the threat	Overwork, perfectionism, restlessness, avoiding, leaving
Freeze	Becoming still, going blank	Indecision, numbness, going quiet, feeling stuck
Fawn	Appeasing, pleasing, complying	People-pleasing, difficulty saying no, losing track of your wants

These responses are not chosen. They are fast and automatic, and they happen before conscious thought. Most people use more than one, depending on the situation and the person. Many have a default,

the response that appears first, and a backup that appears when the default does not work.

For people who could not fight or flee, because they were children, or because escape was not safe, freeze and fawn often became primary. This is worth remembering if you have judged yourself for not having "stood up" in situations in which you had very little power. Your body made a decision on your behalf, and it chose what gave you the best chance of surviving.

THE WINDOW OF TOLERANCE

The psychiatrist Daniel Siegel offers a helpful picture of how arousal affects functioning: the *window of tolerance*, the range of emotional arousal within which a person can feel strongly and still think, speak, and act in ways that feel like their own (Siegel, 1999).

Inside the window, you can feel afraid, sad, or angry without being overwhelmed. You can reflect and choose. You may be uncomfortable, but you are present.

Outside the window, the system shifts in one of two directions.

Above the window is hyperarousal. The nervous system is flooded: racing heart, panic, rage, an urge to flee or fight, a mind that races or loops. This is the fight-or-flight zone.

Below the window is hypoarousal. The nervous system shuts down: numbness, heaviness, fog, a sense of being far away or unable to move. This is the freeze or collapse zone, and it is where June found herself in the meeting.

The width of the window varies from person to person and from day to day. After chronic trauma, it is often narrow. Small stresses push the person out of it, sometimes in one direction and sometimes in the other. This is not instability. It is the predictable result of a nervous system that has had a great deal to cope with.

The aim of much of this book, and especially of Part III, is to widen the window gradually, so that you spend more time inside it.

A NOTE ON POLYVAGAL THEORY

You may come across the term *polyvagal theory*, developed by Stephen Porges, in books and therapies about trauma. It proposes that the autonomic nervous system moves between states of social engagement, mobilization, and shutdown, depending on perceived safety and danger (Porges, 2011). It has influenced many trauma therapists and offers a useful vocabulary for these states.

It is worth knowing that some physiologists have questioned parts of the theory's anatomical claims, and research continues. For the purposes of this book, the important point does not depend on the details: the body shifts into protective modes when it senses threat, and these shifts shape how we feel and behave. The practical tools in this book, such as grounding, slow breathing, and orienting, are supported by their effects, whatever the final verdict on the theory.

THE BODY KEEPS ITS OWN RECORD

One of the most striking aspects of trauma is that it is stored not only in memory but in the body. Bessel van der Kolk has described how trauma can leave imprints in the body's reactions, such as muscle tension, posture, startle, and gut sensations, that continue to operate outside of conscious awareness (van der Kolk, 2014). The therapist Pat Ogden and colleagues have developed sensorimotor approaches that work with these bodily patterns directly (Ogden, Minton, & Pain, 2006).

In practice, this means that you may feel a reaction before you know why: a tightness in the chest, a clenched jaw, a sense of dread, a wave of heat, a collapse. Your body may respond to a smell, a sound, a tone of voice, a time of year, or a particular kind of light, without your mind having made any connection.

This is why insight alone is rarely enough. You can understand your history in detail and still find your heart racing when a door slams. The body responds first, and the explanations come later. Healing therefore involves working with the body, and we turn to this in Part III.

SLEEP AND THE REACTIVE BRAIN

Sleep deserves special mention, because it is often disrupted in complex trauma, and because it powerfully influences how reactive the brain is.

In a well-known study, researchers found that after a night of sleep deprivation, the amygdala showed much stronger responses to negative images, and its connections with the prefrontal regions that help regulate emotion were weaker (Yoo, Gujar, Hu, Jolesz, & Walker, 2007). In plain terms, a tired brain is a more reactive brain.

For people with complex trauma, this means that sleep is not a luxury. It is a form of regulation. If you find that your symptoms are worse after bad nights, you are not imagining it. We return to sleep and routine in Chapter 8.

WHY WILLPOWER DOES NOT WORK

Many survivors blame themselves for not being able to "just stop" reacting. The idea that you should be able to override your body by willpower is understandable, and it does not match how the nervous system works.

The parts of the brain involved in threat detection act very quickly, faster than the parts involved in reflection and choice. When the alarm sounds, the thinking brain is often partly offline. You cannot argue the body out of a fear response any more than you can argue yourself out of a sneeze.

What does work is helping the body feel safe, through practices that speak to it directly: slow breathing, grounding through the senses,

orienting to the environment, gentle movement, warmth, and the presence of a calm person. Over time, these experiences teach the nervous system a new baseline.

THE BRAIN CAN CHANGE

Everything in this chapter might sound like a description of permanent damage. It is not.

The brain and nervous system remain plastic throughout life. Research on neuroplasticity shows that experiences, relationships, and practices can reshape neural pathways, even in adulthood (Davidson & McEwen, 2012). The same adaptability that allowed a child's system to adjust to danger allows an adult's system to adjust to safety.

This does not mean that healing is quick or effortless. It requires repetition, safety, and often professional support. But it does mean that the alarm, the numbness, and the fog are not fixed features of who you are. They are learned patterns, and what is learned can be revised.

HEALING PRACTICE: FINDING YOUR ALARM SIGNALS

This practice helps you notice the earliest signs that your nervous system is moving out of its window, without asking about the cause. You will need a notebook and about fifteen minutes.

Step 1: Take three slow breaths. Breathe in for four counts and out for six. Feel your feet on the floor.

Step 2: Recall a recent moment. Think of a recent time, of mild or moderate intensity, when your body went into alarm, shut down, or became overwhelmed. Do not choose your hardest memory. A small moment is enough.

Step 3: Describe it like a camera. Write one sentence about what was happening around you, such as *A door slammed. A colleague raised his voice.* Do not write about why.

Step 4: Locate the signals. Ask: *What did I notice in my body, first?* Write the earliest signs: *heart racing, hands cold, jaw tight, stomach dropping, going blank, ears ringing.*

Step 5: Name the direction. Ask: *Was I above my window (flooded) or below it (numb)?* Or did I swing between them? Write what you notice.

Step 6: Name the defense. Ask: *Which of the four, fight, flight, freeze, or fawn, did my body choose?* Write it down without judgment.

Step 7: Rate the intensity. On a scale of one to ten, where one is flat, five is steady, and ten is flooded, where were you at the peak?

Step 8: Write a kind sentence. Complete: *My body did this to keep me safe.*

Step 9: Repeat over a week. Notice patterns. Which signals appear first? In what situations?

REFLECTION PROMPTS

1. What are the earliest signals in your body that an alarm is starting?
2. Do you tend to go above your window (flooded), below it (numb), or both?
3. Which of the four defenses, fight, flight, freeze, or fawn, does your body choose most often?
4. How do you usually respond when your body reacts? What would it be like to respond with understanding?
5. What helps your body feel even a little safer?

WHAT TO REMEMBER

Complex trauma keeps the stress response switched on. The body learns to stay ready, and it reacts to the past as if it were the present.

The body has four main defenses: fight, flight, freeze, and fawn. For people who could not fight or flee, freeze and fawn are often primary.

The window of tolerance describes the zone in which you can feel and still think. After chronic trauma, it is often narrow. The aim of recovery is to widen it.

Trauma lives in the body. Willpower cannot override the alarm, but safety can teach the nervous system a new baseline.

The brain remains plastic. What was learned can be revised.

In Part II, we turn from understanding to recognizing: emotional flashbacks, shame, relationships, and dissociation.

JUNE'S THREAD

June did the practice over several evenings, at her desk, with the lamp on and the notebook beside her laptop.

On the first night, she chose the moment in the meeting. *A partner asked me a question. I lost time.* Under *signals*, she wrote, *ears go flat, hands look strange, voice far away.* Under *direction*, she wrote, *below the window. Gone.* Under *defense*, after a long pause, *freeze.*

She read the page back. For years she had thought of what happened in meetings as a failure of attention. A weakness. A thing she was bad at. Now, written down in black ink, it looked like something else: a pattern, with a start, a middle, and an end, with a recognizable shape.

At the bottom, she completed the sentence. *My body did this to keep me safe.* She said it aloud, in the quiet apartment, and tested the words as one might test a stair.

On the third night, she wrote about a different moment: a client had raised his voice on a call. This time, under *direction*, she wrote *above the window*, and under *defense*, *fawn.* She had apologized three times for something that was not her fault.

She saw, suddenly, that she had two patterns, not one, and that they were opposites. Her body went numb with some people and eager to

please with others. She did not know yet what determined which. But she knew that she could ask the question.

She closed the notebook. For the first time, the fog had a vocabulary. It was not much, and it was not a cure. But she was no longer simply inside it. She was beginning, in a small way, to observe it, and that was a place from which something could change.

PART II: RECOGNIZING THE SIGNS

CHAPTER 4
EMOTIONAL FLASHBACKS AND TRIGGERS

Martin Vale was standing at his own kitchen counter, buttering toast, when his neighbor's radio began to play.

It was nothing. A song from a long time ago, floating through the open window on a Sunday morning, thin and tinny and cheerful. A saxophone, a woman's voice. Martin did not particularly know it. He did not remember hearing it before.

But something in his body did. The knife slowed in his hand. A wash of cold moved up from his stomach to his throat. His shoulders hunched, and his breath went shallow and quiet, the way it did when he was concentrating on not being noticed. A single thought arrived, in a voice that was not quite his own: *I'm in trouble. I did something wrong.*

He stood very still. He knew, in the rational part of his mind, that he was a fifty-seven-year-old man in his own kitchen. He had a pension, a paid-off house, a quiet life. Nobody was in trouble. Nothing had happened.

And yet the wave of dread did not move. He felt small. He felt about nine years old. He felt a hot flush of shame rise in his face, with no reason, no object, and no end, and for several minutes he could not have said what year it was.

When the song ended and the neighbor changed the station, the feeling began to ebb, slowly, like a tide. Martin put down the knife. His hands were trembling. The toast was cold on the plate.

He sat at the table and pressed his palms against his thighs. *What was that?* he thought. *Nothing happened. Why do I feel like I've been caught?*

He did not know it yet, but he had just described, with great accuracy, an emotional flashback.

FLASHBACKS WITHOUT PICTURES

When most people hear the word *flashback*, they imagine a vivid movie of a past event, replayed in the mind: images, sounds, a sense of reliving. These intrusive experiences are a recognized feature of post-traumatic stress, and they can be frightening and disorienting.

But for many people with complex trauma, flashbacks look different. There may be no clear image, no scene, no story. Instead, the past returns as *feeling*: a sudden surge of fear, shame, despair, or helplessness, together with body sensations and a shift in how the world looks and what seems possible. The therapist Pete Walker, who has written extensively about complex PTSD, popularized the term *emotional flashback* for this kind of experience (Walker, 2013). It is not an official diagnostic term, but many survivors and clinicians find it a precise description.

During an emotional flashback, you may feel as though you are suddenly much younger, small, powerless, trapped, or in trouble. You may feel overwhelming shame or fear. You may feel sure that you are about to be abandoned, punished, or humiliated. You may become angry, tearful, silent, or compliant, depending on your defense. And all the while, the present situation may be perfectly safe.

The research on trauma memory helps explain why. Psychologist Chris Brewin and colleagues have described how traumatic memories can be stored in a form that is vivid and sensory but poorly integrated with context, the "when" and "where" that would normally tell us that the event is over (Brewin, Gregory, Lipton, & Burgess, 2010). The cognitive model of Anke Ehlers and David Clark similarly proposes that when trauma memories are poorly elaborated and linked to the present, reminders can trigger a sense of current threat (Ehlers & Clark, 2000). In plain terms, the body responds as if the past were happening now, because the memory has not been properly filed as "past."

HOW TRIGGERS WORK

A *trigger* is a cue, internal or external, that sets off a trauma response. Triggers are often sensory: a sound, a smell, a taste, a texture, a quality of light. They can also be relational: a tone of voice, a facial expression, a particular kind of silence, being criticized, being ignored, being touched unexpectedly. They can be situational: a place, a type of room, a time of day, a season, an anniversary. And they can be internal: a bodily sensation, a thought, an emotion.

Triggers work through association. If a particular sound or tone was linked, repeatedly, with danger, the nervous system learns the link. Later, the sound alone can prompt the alarm, with no conscious memory required. This is a basic form of learning that operates below awareness, and it is why triggers can seem so baffling. You may not know what set you off, because the connection was made long ago and has no words attached.

This is also why so many people with complex trauma feel confused by their own reactions. If you cannot trace the connection, you may conclude that you are overreacting, or that something is wrong with you. In fact, your nervous system is responding precisely to what it has learned.

WHAT AN EMOTIONAL FLASHBACK CAN FEEL LIKE

Emotional flashbacks differ from person to person, but certain features are common. You may recognize some of them.

- **A sudden shift in mood.** From calm to dread, shame, or despair within moments.
- **Feeling small or young.** A sense of being a child, powerless, or trapped.
- **Intense shame.** A flood of feeling that you are bad, wrong, or defective, with no specific cause.
- **Fear of abandonment or punishment.** A conviction that you are about to be rejected or in trouble.

- **A shrinking of the world.** Thoughts narrow: *It's hopeless. Nothing will ever change. I am always going to feel like this.*
- **Strong body sensations.** Tight chest, racing heart, cold or hot flushes, nausea, heaviness, a collapse in the limbs.
- **A defensive reaction.** Snapping, withdrawing, pleasing, freezing, or leaving.
- **A change in perception of others.** People seem threatening, cold, or critical, even if they are not.
- **Difficulty thinking clearly.** Your usual skills seem to vanish, and it is hard to find words or make decisions.

Such episodes can last minutes, hours, or, in some cases, days, though they often have a recognizable shape: they build, peak, and fade. Afterward, many people describe an "emotional hangover," a period of exhaustion, vulnerability, or heaviness, sometimes with shame about how they reacted.

TELLING PAST FROM PRESENT

The most useful skill for dealing with emotional flashbacks is also the simplest to state: learning to tell *then* from *now.* Because the body responds as if the past were present, one task of recovery is to give it information that the past is over.

You can begin by asking a few orienting questions, silently or aloud:

- *What year is it?*
- *How old am I now?*
- *Where am I, right now?*
- *Who is here with me? Who is not here?*
- *Am I actually in danger, in this moment?*
- *What would I notice if I were safe?*

You can also look around and name five things you can see, four you can touch, and three you can hear. This anchors your attention in the actual environment, and it tells the nervous system, with evidence, that the present is different.

It can help to say a short phrase: *This is a flashback. It feels like danger, and it is a memory. I am safe now.* Naming it matters. In a series of studies, Matthew Lieberman and colleagues found that putting feelings into words was associated with reduced activity in the amygdala and increased activity in areas of the prefrontal cortex involved in regulation (Lieberman et al., 2007). Saying "I am having an emotional flashback" can take some of the heat out of it.

A CAUTION: NOT EVERY ALARM IS A FLASHBACK

It is essential to say something plainly. Not every strong reaction is a flashback, and not every sense of danger is a false alarm.

Sometimes your body's alarm is accurate. If you are in a relationship or situation in which you are being threatened, controlled, humiliated, or harmed, your alarm may be telling you something true, and your safety comes first. Trauma survivors are sometimes told that their fear is "just a trigger," in ways that dismiss real danger. Please trust that your reactions deserve to be taken seriously.

A helpful question is: *Is there evidence of present danger, in addition to the feeling?* If the answer is yes, or you are unsure, reach out to someone you trust, to a crisis line, or to emergency services. Appendix H lists resources. Learning to tell past from present is a skill. Learning to take real danger seriously is part of it.

THE AFTERMATH AND THE SHAME ABOUT IT

After an emotional flashback, many people feel shame: about their reaction, about what they said or did, about being "too much." They may avoid the person involved, or apologize excessively, or go silent for days.

It helps to understand that this shame is often part of the flashback itself. A flood of toxic shame is one of its core features. The thoughts that arrive afterward, *I'm so pathetic, I'm impossible, no one can handle me,*

are often the same critical voices that were present in the original situation.

A kinder response is to treat the aftermath as you would treat a person who has been through something exhausting. Rest. Warmth. Water and food. A gentle word. A little time before you try to make decisions. If you hurt someone, a short, calm repair can come later, when you are steady: *I had a strong reaction. It wasn't about you. I'm sorry for how I responded.*

AVOIDING VERSUS COPING

Because triggers are painful, a natural response is to avoid them. Avoidance has its place: you do not have to expose yourself to reminders unnecessarily, and some avoidance is wise, especially early in recovery.

But when avoidance expands, it can shrink a life. People may stop going places, meeting people, or doing things they once enjoyed. The world gets smaller. Over time, avoidance can maintain the sense of threat, because the nervous system never has the chance to learn that a reminder is not a danger.

The alternative is not to force yourself into what frightens you. It is to build tools, which you will find in Part III, that allow you to be near reminders with more safety, gradually, and with support. This is also what trauma-focused therapies are designed to do, with the guidance of a trained clinician.

HEALING PRACTICE: THE TRIGGER MAP

This practice helps you notice and understand your triggers, without asking about the past. You will need a notebook and about twenty minutes. Choose a calm moment, and stop if you feel overwhelmed.

Step 1: Take three slow breaths. Breathe in for four counts and out for six. Feel your feet on the floor.

Step 2: Recall a recent reaction. Think of a moment in the last month in which a feeling came on suddenly and seemed larger than the situation. Choose a mild or moderate one.

Step 3: Describe the moment like a camera. Write what was happening around you: *A song played. My boss sighed. Someone slammed a cupboard.*

Step 4: Write what you noticed in your body. *Chest tight. Face hot. Stomach dropped.*

Step 5: Write the feeling and the thought. *Dread. "I'm in trouble." Shame. "I always ruin things."*

Step 6: Write the age. Ask: *How old did I feel?* Write the first number that comes. If it is unclear, write "young."

Step 7: Write the possible cue. Ask: *What in the moment might my body have recognized?* A sound, a tone, a look, a smell, a place, a time of day. Write guesses. They need not be certain.

Step 8: Write the "now" sentences. Write: *Right now, I am [age]. I am in [place]. I am safe, or: here is what is actually happening.*

Step 9: Write a kind sentence. Complete: *My body responded because it learned to.*

Step 10: Collect over a week. Add a new line each time a strong feeling arrives. Notice any patterns.

REFLECTION PROMPTS

1. Have you experienced feelings that came on suddenly, with no clear cause? What did they feel like?
2. How old do you tend to feel in these moments?
3. What cues, sounds, tones, places, or situations seem to set off strong reactions?
4. What do you say to yourself afterward? Whose voice does it sound like?

5. What would it mean to treat your reactions as memories, not as evidence about who you are?

WHAT TO REMEMBER

Complex trauma often produces emotional flashbacks: sudden surges of fear, shame, or helplessness, with no clear picture, in which the past feels present.

Triggers work through association. The nervous system learned a link, and it responds even when you cannot trace it.

Telling *then* from *now* is the key skill: orienting questions, naming the flashback, and looking around the real room help the body update.

Not every alarm is a flashback. If you are in present danger, your safety comes first.

Shame after a flashback is common and is often part of it. Respond with rest, kindness, and, when steady, a calm repair.

In the next chapter, we turn to the inner critic and the shame that so often accompanies complex trauma.

MARTIN'S THREAD

Martin tried the trigger map the following Sunday, at the kitchen table, with a pencil and the back of an envelope. It was the best he could manage.

A song played, he wrote. *Window open.* Under body: *cold in the stomach, shoulders up, shallow breath.* Under feeling: *dread. Shame.* Under thought: *I'm in trouble. I did something wrong.* Under age, he wrote *9* and then looked at it for a long time, because he had not known he was going to write it.

Possible cue: The song. A saxophone. The time of day. Sunday morning. He did not know why. He did not need to know why.

Under *now*, he wrote: *I am fifty-seven. I am in my kitchen. No one is angry with me. The song has finished.* He read it aloud. His voice was dry. He read it again.

At the bottom, he completed the sentence. *My body responded because it learned to.*

He sat with his hands flat on the table and noticed, to his surprise, that his shoulders had come down.

The next time he heard the song, a few weeks later, drifting from the same open window, he felt the cold start in his stomach. He put down the toast. He placed both feet on the floor and said quietly, "That's a flashback. I'm fifty-seven. I'm in my kitchen." The wave rose, and it was large. But he stood in it, and it crested, and then, slowly, it began to fall. When it was over, he sat down and drank a glass of water. He felt tired and strangely proud. He had not been rescued. But for the first time in his life, he had stayed.

CHAPTER 5
THE INNER CRITIC, SHAME, AND A WOUNDED SENSE OF SELF

It was three in the morning, and Nadia Brandt had just ended a call that had gone perfectly well.

She was at her dispatch console, in the hush of the night shift, with a cold cup of coffee at her elbow and the green glow of the screens on her hands. A woman had phoned about her husband, who had collapsed in the kitchen. Nadia had kept her voice level, walked her through chest compressions, and stayed on the line until the ambulance arrived. The man had survived. A supervisor, passing behind her chair, had said quietly, "Good work."

And Nadia sat with her hands in her lap and listened to the voice in her head.

You should have asked about the medication sooner. You hesitated. You sounded nervous. Anyone else would have been faster. You got lucky. They're going to find out one day that you're not as good as they think.

It was a familiar voice, low and dry and reasonable. It had been commenting on her performance since she was small. It sounded, in some way that she had never quite pinned down, like someone who had been disappointed in her for a very long time.

She knew, from the outside, that the call had gone well. The data was clear. The man was alive. Yet the feeling in her chest was not relief. It was a thick, familiar heaviness, the sense that she had narrowly avoided exposure, and that the exposure was only a matter of time.

What am I so ashamed of? she wondered, sitting in the glow of the screens. It was an odd question to ask after a call that had saved a life. But it was the right one. The shame was not about the call. It had been there long before, waiting for something to attach to.

A VOICE WITH A HISTORY

Many survivors of complex trauma live with a harsh inner voice. It comments, judges, predicts disaster, and holds up impossible standards. It may say: *You're pathetic. You're too much. You'll never be good enough. It's your fault. Nobody could love you if they knew.*

For some, it is a murmur in the background. For others, it is a relentless prosecutor. Whatever its volume, it can make ordinary life exhausting, because it turns every success into a near miss and every mistake into proof of a fundamental defect.

Where does it come from? In most cases, it is learned. Children who grow up in an environment of criticism, contempt, humiliation, or blame absorb those messages. Over time, the outer voice becomes an inner one, so completely that it feels like the child's own thinking. If the adults in your life said or implied that you were bad, a burden, a disappointment, or a problem, you may carry their words as your own commentary.

It is worth listening closely to your inner critic. Often, you will notice that it does not sound like your natural voice. It may use someone else's phrases, someone else's tone, someone else's sighs. It may sound like a person you know very well.

THE CRITIC'S STRATEGY

It may seem strange to say that the inner critic is trying to help. But, in a certain way, it often is.

The critic operates on a protective theory. In a household where mistakes were punished, humiliation was frequent, or love was unpredictable, a child could develop a strategy: *If I criticize myself first and hardest, I will anticipate the attack. If I am perfect, I will avoid it altogether. If I stay hyper-alert to my flaws, nothing will catch me by surprise.*

This strategy makes sense for a child with little power. It creates the illusion of control. If the danger comes from being wrong or bad, then perhaps being flawless will keep you safe.

The trouble is that the strategy outlives its usefulness. In adulthood, it no longer protects. It simply hurts. It leaves you chronically anxious, exhausted by standards that cannot be met, and unable to take in good news.

THE LOGIC OF SELF-BLAME

A related pattern is self-blame, the conviction that what happened was your fault. It is one of the most common and painful features of complex trauma.

The psychologist Ronnie Janoff-Bulman has written about this in the context of victimization. She distinguished between *characterological* self-blame, which attributes the harm to enduring flaws in oneself ("I am the kind of person this happens to"), and *behavioral* self-blame, which attributes it to something one did ("I should have behaved differently") (Janoff-Bulman, 1979). She observed that behavioral self-blame can offer a sense of control: if it was something I did, I can avoid it next time. Characterological self-blame, by contrast, tends to bring a deeper sense of worthlessness.

For a child, self-blame can serve a profound purpose. A child who is mistreated by a parent faces a terrible choice: the parent is dangerous, or I am bad. If the parent is dangerous, the child is helpless. If the child is bad, there is hope, because being good might fix it. The mind often chooses the second option, because it preserves the attachment and a sense of agency.

This is one reason that survivors often say, with real conviction, *It was my fault.* It is not the result of faulty reasoning. It is the remnant of a child's attempt to make sense of an impossible situation. Understanding this does not make the feeling vanish, but it can soften the verdict. You were not wrong then. You were doing something clever and desperate.

TOXIC SHAME AND GUILT

At the root of the critic's voice lies shame. And it helps to know that shame is different from guilt.

The psychologists June Tangney and Ronda Dearing, who have studied these emotions for decades, describe the distinction this way. *Guilt* says: *I did something wrong.* It focuses on behavior, and it tends to motivate apology and repair. *Shame* says: *I am wrong.* It focuses on the self, and it tends to motivate hiding, defensiveness, or withdrawal (Tangney & Dearing, 2002).

Both feelings are normal. Guilt is useful. It signals that we have acted against our values and prompts us to put things right. Shame, especially when it is chronic and unprovoked, is corrosive. It tells you that you are fundamentally defective, and it makes you want to disappear.

People with complex trauma often carry what is sometimes called *toxic shame*: a pervasive, global sense of being bad, flawed, unlovable, or contaminated, which does not depend on anything they have done. It can be there before anything goes wrong. It can attach itself to anything: a small mistake, a compliment, a kindness, a mirror, a mood.

The experience of shame often has a bodily signature: a sinking in the stomach, hunched shoulders, a lowered gaze, heat in the face, a wish to be invisible. You may notice that your body folds inward when shame arrives. Noticing this is useful, because the body's posture is part of the feeling, and changing it, even slightly, can start to change the experience.

"SOMETHING IS WRONG WITH ME"

The World Health Organization's description of complex PTSD includes a persistently negative self-concept, a belief that one is diminished, defeated, or worthless, accompanied by deep feelings of shame, guilt, or failure related to the trauma (World Health Organization, 2019). Research has found this to be one of the features

that distinguishes complex PTSD from PTSD (Cloitre, Garvert, Brewin, Bryant, & Maercker, 2013).

If you live with this belief, it can feel like a fact, as solid as the floor. *I am broken. I am too much. I am a burden. I am bad.* It can color every interaction. You may expect people to see through you. You may assume that kindness is pity, or a trick. You may find it hard to accept praise or care.

It helps to see that these beliefs are, once again, conclusions drawn by a child or a captive: *If I was treated this way, there must be something wrong with me.* They are not conclusions about reality. They are conclusions about a situation in which you had no better explanation.

The most important thing to know is that these beliefs can change. They are not the truth about you. They are the shape that harm left in your mind, and they respond to new experience, to compassion, and to time.

PERFECTIONISM AND PEOPLE-PLEASING AS PROTECTION

Two common ways of living with shame are perfectionism and people-pleasing. They look quite different, and they have the same root.

Perfectionism says: *If I am flawless, no one can criticize me. If I do everything right, I will be safe.* It drives a person to work hard, to check and recheck, to hold impossible standards, and to feel that nothing is ever enough.

People-pleasing says: *If I make everyone happy, no one will be angry with me. If I anticipate their needs, I will not be hurt.* It drives a person to say yes, to hide their own needs, to monitor others' moods, and to apologize constantly.

Both are forms of the fawn and flight responses we met in Chapter 3. They are protective, and they are exhausting. They also carry a particular cost: they keep you from being known. The perfect or

pleasing self is a mask. Behind it, the person who is afraid of being found out remains unseen and uncomforted.

THE COST OF CARRYING THE CRITIC

Living with a harsh inner voice and chronic shame has costs.

Exhaustion. Being constantly on guard against your own failure is draining.

Difficulty receiving good things. Praise, affection, and success may feel suspicious or undeserved.

Avoidance. Shame makes people hide: from opportunities, from relationships, from being seen.

Isolation. If you believe that you are unlovable, you may keep others at a distance, which confirms the belief.

Difficulty with rest. Rest can feel like laziness, and laziness like danger.

Vulnerability to depression and anxiety. Chronic self-criticism is associated with distress.

None of these is a character flaw. Each is a predictable consequence of living with a voice that never lets up.

ANSWERING THE CRITIC

It is tempting to try to fight the critic, to argue it down, silence it, or replace it with positive affirmations. These approaches often backfire. A voice that has been present for decades does not yield to a single sentence, and forcing positivity can provoke an inner argument.

A more effective path is compassion. The psychologist Kristin Neff defines self-compassion as treating yourself with the kindness you would offer a good friend, and describes three parts: self-kindness rather than self-judgment, a sense of common humanity rather than isolation, and mindful awareness rather than over-identification with painful feelings (Neff, 2003). A randomized trial of an eight-week

Mindful Self-Compassion program found increases in self-compassion, mindfulness, and well-being, and reductions in depression, anxiety, and stress (Neff & Germer, 2013).

You may fear that self-compassion will make you complacent. The research suggests otherwise. Juliana Breines and Serena Chen found that people encouraged to take a self-compassionate view of a failure were more motivated to improve than those who were not (Breines & Chen, 2012). Harshness tends to produce fear. Kindness creates the safety in which people can look at their mistakes and learn.

Another useful strategy is distance. Research by Ethan Kross and colleagues found that using your own name, or the third person, when reflecting on a stressful experience can reduce emotional reactivity (Kross et al., 2014). "Nadia, you did well tonight, and you're exhausted" can be easier to hear than "I did well."

For many people with complex trauma, self-compassion can initially feel uncomfortable, even frightening. Kindness may feel unfamiliar, or may stir grief for the kindness that was missing. If this happens, go slowly. Begin with neutral, factual phrases rather than warm ones. And remember that you do not have to do this work alone: a therapist can help.

HEALING PRACTICE: ANSWERING THE CRITIC

This practice has two parts: a short break for use in the moment, and a longer writing exercise. You will need a notebook for part two. Choose a calm moment, and stop if you feel overwhelmed.

Part One: The Compassion Break

Step 1: Notice. When the critic speaks, pause and say silently, *This is the critic, and this is a moment of struggle.*

Step 2: Remember you are not alone. Say, *Many people who have been through hard things carry a voice like this.*

Step 3: Offer kindness. Place a hand on your chest or arm if that feels comfortable. Say a kind phrase, such as *I'm here with you*, *I'm doing the best I can*, or *What do I need right now?*

Part Two: The Written Reply

Step 1: Write down the critic. Write one thing it says to you often, exactly as it sounds.

Step 2: Find its origin. Next to it, write whose voice it resembles, and when you first heard something like it. You do not need to describe events.

Step 3: Thank it. Write a sentence to the critic: *Thank you for trying to protect me. I know you were afraid.*

Step 4: Write what a good friend would say. Imagine a friend telling you the same thing about themselves. Write what you would say to them, specifically and warmly.

Step 5: Rewrite the sentence. Turn the critic's statement into one that has both accountability and kindness. For example: *"You always mess up" becomes "You made a mistake, and you're learning."*

Step 6: Choose a care phrase. Write a short phrase for hard moments, such as *I'm here. It's not your fault. We can take this slowly.* Practice saying it aloud, in your own voice.

Step 7: Read it aloud. Notice how it feels. If it feels false, soften it until it feels bearable.

REFLECTION PROMPTS

1. What does your inner critic say most often? Whose voice does it sound like?
2. How does your body respond when shame arrives? What helps it ease?
3. In what ways have perfectionism or people-pleasing protected you? What have they cost you?

4. What would it mean to see self-blame as a child's attempt to make sense of something impossible?
5. What would you say to a friend who carried the same voice?

WHAT TO REMEMBER

The inner critic is usually a learned voice. It often began as someone else's words and has a protective logic: perfect yourself before anyone else can attack.

Self-blame can be a child's way of preserving hope and attachment. It is not a flaw in your reasoning.

Shame says *I am wrong*; guilt says *I did something wrong*. Toxic shame is chronic and global, and it is a common feature of complex trauma.

Perfectionism and people-pleasing are protections that keep you from being known.

Self-compassion is more effective than fighting the critic. It supports motivation, not complacency, and it can be learned.

In the next chapter, we look at relationships after trauma: how longing for closeness and fear of it can coexist.

NADIA'S THREAD

Nadia wrote down the voice on her next night off, at her kitchen table, with the radio low and the bag of oranges on the counter.

You got lucky. Anyone else would have been faster. They'll find out one day. She wrote it exactly as it sounded, in the flat, reasonable tone, and she felt her stomach clench as she wrote it.

Under *whose voice*, she sat for several minutes. She did not describe any scene. She wrote only: *Someone who was never satisfied.* It was true, and it was enough.

She wrote the thank-you, and felt foolish, and wrote it anyway. *Thank you for trying to keep me safe. I know you thought that if I was perfect, no one could hurt me.*

She wrote what a friend would say. She imagined her partner at the console, Jess, saying such a thing about herself. *You kept your voice calm. You saved a man's life. Of course you're tired. You are good at this.* It was astonishingly easy to write about Jess. It took a long time to write it about herself.

She rewrote the sentence at the bottom of the page. *I did a good job tonight, and I'm learning to believe it.*

She read it aloud, once, to the empty kitchen. Her voice shook on the word *believe.*

At work the next week, after a call went well, the voice began, low and dry. She put her palm flat on her desk, and took a slow breath. *There's the critic,* she thought. *Thank you. I've got this.* The voice did not disappear. But it was a little quieter than before, and for a few minutes, in the green light of the screens, she let herself notice that she was good at something, and that nobody was going to find her out.

CHAPTER 6
RELATIONSHIPS AFTER TRAUMA

Marta had been seeing Elias for seven months when she told him, on a quiet Friday evening, that she wanted to meet his brother.

It was a perfectly reasonable request. They were sitting on her sofa with a half-finished bottle of wine, and she had said it lightly, curled against him, her feet tucked under her. "I'd like to meet your family. I'd like to know where you come from."

Elias felt his whole body go still. The wine in his glass seemed to grow very far away. A cold clarity settled over him, the kind that he associated with a stair creaking in the night. *She wants to look inside. She wants to see. She'll find out.*

"Maybe sometime," he said. His voice sounded even and reasonable. "It's complicated."

She looked at him. She did not push, which was one of the things he loved about her. But he saw something cross her face, a flicker of hurt, quickly folded away, and a long familiar guilt surged in him. He had seen that look on other faces, in other rooms, and he had always responded in the same way: he had found a reason to pull back.

That night he lay awake in her bed, listening to her breathe. He wanted to stay. He wanted to leave. He wanted to wake her and tell her everything, and he wanted never to say another word. The two wishes pressed against each other until his chest ached.

What is wrong with me? he thought. *She's kind. She's honest. She's exactly who I wanted.* And a second voice, quieter, and old: *That's exactly why it's dangerous.*

RELATIONSHIPS ARE WHERE IT SHOWS

Of all the places that complex trauma makes itself felt, relationships may be the most painful. This is not an accident. Trauma that

happened between people tends to leave its mark on how a person approaches people.

If the individuals who were meant to protect you were also those who hurt you, or if closeness meant danger, your nervous system learned something that was perfectly accurate at the time: *People are not safe. Closeness is risky. Be careful.* It then carried that lesson into every relationship that followed, including those with people who are safe.

This chapter looks at how that lesson shows up: in wanting closeness and fearing it, in hypervigilance and mistrust, in re-enacting old dynamics, and in patterns of isolation, over-giving, and control. It is written with compassion, because these patterns are not signs that you cannot love. They are signs that you learned, very early, to protect yourself.

WANTING CLOSENESS AND FEARING IT

For many survivors, the central difficulty is a pull in two directions. A deep part of them longs for connection, warmth, and safety. Another part is certain that connection will hurt.

This is the pattern that attachment researchers have described in people whose caregivers were both a source of comfort and a source of fear. Mary Main and Erik Hesse proposed that a caregiver who is frightening, or who is frightened and frightening in turn, places a child in an impossible bind: the child needs to approach the caregiver for safety and to flee them for safety, at once (Main & Hesse, 1990). The resulting pattern in adulthood is often described as *fearful-avoidant* or *disorganized* attachment: wanting closeness, fearing it, and alternating between pursuit and withdrawal.

You may recognize this in yourself. You may find yourself moving toward someone, and then, as they approach, feeling a surge of panic and pulling away. You may idealize a person and then, at the first disappointment, feel they are a threat. You may feel safe with someone one day and suspicious the next. These swings are exhausting, for you

and for the people who love you. They are also understandable. They are the sound of two old lessons arguing: *Come close* and *Run.*

HYPERVIGILANCE AND MISTRUST

A nervous system that has lived with danger learns to scan. This vigilance, a constant watching for signs of threat, is one of the core features of post-traumatic stress, and it takes a particular form in relationships.

You may find yourself reading other people closely: the tone of a voice, the flicker of an expression, the shift of a mood. You may be remarkably good at it. You may detect displeasure before the other person is aware of it. This is a skill born of necessity, and it is also tiring. It means that part of your attention is always occupied with monitoring.

It also means that ambiguous signals tend to be read as threats. A partner who is quiet may seem angry. A colleague who is brief may seem to be dismissing you. A friend who is late may seem to be abandoning you. The mind, trained to expect harm, fills gaps with danger.

Mistrust is the natural companion of vigilance. If trust was betrayed, whether by a caregiver, a partner, or an institution, the mind learns not to extend it easily. You may find that you test people, withhold information, avoid depending on anyone, or wait for the other shoe to drop. This is not paranoia. It is learned caution, and it was probably wise in the situation where it formed. The task is to learn the difference between those who warrant caution and those who do not.

RE-ENACTING OLD DYNAMICS

One of the most puzzling features of complex trauma is that survivors sometimes find themselves in relationships that resemble the original harm. The psychiatrist Bessel van der Kolk has written about

the tendency of some trauma survivors to repeat aspects of their past, an idea sometimes called *re-enactment* (van der Kolk, 1989).

It is crucial to understand this without blame. Re-enactment is not a sign that survivors want to be hurt. There are several more compassionate explanations.

Familiarity feels like home. The nervous system is drawn to what it knows. A dynamic that resembles the early one, such as criticism, control, intensity, or emotional unavailability, can feel familiar in a way that safety does not.

Old roles come back. If you learned to be the caretaker, the peacemaker, or the one who tolerates, you may step into that role automatically.

The wish to master it. There may be an unconscious hope that this time, the outcome will be different, that the person who resembles the harmful one will finally give you what was missing.

Fewer models of safety. If you have rarely seen healthy relationships, you may have difficulty recognizing one, or feel that one is somehow boring or suspicious.

None of this means that you are doomed to repeat the past. It means that the relationships that feel most compelling may not be the ones that are best for you, and that learning to recognize safety, which can feel flat at first, is a skill worth developing.

PATTERNS OF ISOLATION, OVER-GIVING, AND CONTROL

Complex trauma can lead to several characteristic ways of managing relationships, each of which has its logic.

Isolation. Keeping people at a distance is a reliable way of avoiding hurt. If you do not let anyone close, no one can betray you. But isolation also leaves you alone with what you carry.

Over-giving. Some survivors become the person who always helps, gives, and puts others first, a version of the fawn response. It earns approval and reduces the risk of conflict. It also leaves little room for your own needs, and can lead to resentment and burnout.

Control. If helplessness was the core of the trauma, control can feel like safety. You may find yourself needing to manage plans, others' behavior, or the environment, and feeling anxious when you cannot. It can strain relationships, and it comes from fear.

Testing. Pushing people away to see if they will stay, or creating small crises to check loyalty, can feel like a way to find out whether someone is truly safe. It often has the opposite result.

Difficulty with boundaries. Some people have very porous boundaries and cannot say no. Others have walls instead of boundaries and cannot let anyone in. Some swing between the two.

Each of these is an attempt to feel safe. None is a character flaw.

CLOSENESS, TOUCH, AND THE BODY

For many people with complex trauma, physical closeness is complicated. Touch can be soothing and threatening at once. Intimacy may bring up numbness, panic, or a sense of leaving the body. Some people crave contact and feel overwhelmed by it. Some avoid it altogether.

These reactions are common and valid. If physical closeness is difficult, it can help to talk about it with a partner you trust, to go slowly, to establish clear signals for pausing, and to prioritize your own comfort. Pacing is not rejection. It is a way of making safety visible.

Research on social support suggests that safe human contact can reduce the brain's response to threat (Coan, Schaefer, & Davidson, 2006). Over time, experiences of being touched kindly and consensually can help the nervous system learn that closeness can be

safe. But this learning cannot be forced. It happens at the pace your body allows.

LEARNING TO RECOGNIZE SAFE PEOPLE

One of the central skills in recovery is learning to recognize who is safe. For people whose early experience taught them otherwise, this may require retraining.

Some questions to consider:

- **Consistency.** Does this person do what they say? Are they the same person over time?
- **Respect for limits.** When I say no, or ask for time, do they accept it?
- **Responsiveness.** When I share something hard, do they listen, or do they dismiss, change the subject, or attack?
- **Repair.** After a disagreement, do they return, acknowledge their part, and reconnect?
- **Honesty.** Can I tell the truth without being punished?
- **Mutuality.** Does care flow in both directions?
- **Safety.** Do I feel physically and emotionally safe? Do I feel more like myself around them, or less?

If a relationship involves control, intimidation, humiliation, or violence, it is not a matter of attachment patterns. It is a matter of safety. Please reach out for support, and see Appendix H for resources.

It can also help to remember that safe relationships may feel unfamiliar at first. If you are used to intensity, calm may feel boring or suspicious. Give your nervous system time. A relationship that feels steady and kind is not lacking. It may be exactly what your body is learning to trust.

FOR THOSE WHO LOVE A SURVIVOR

If you are reading this because someone you love has complex trauma, there are a few things that may help.

Their reactions are not about you. A flinch, a retreat, a sudden coldness is more likely to be about the past than the present.

Consistency matters more than intensity. Small, reliable gestures, such as showing up when you said you would, build trust over time.

Pacing is not rejection. Needing time or space is a way of staying safe, not of leaving you.

You cannot fix them. You can be a steady presence, and you can take care of yourself.

Learn together. A couples or family therapist who understands trauma can be a great support.

HEALING PRACTICE: THE RELATIONSHIP PATTERN MAP

This practice helps you see how your history may be showing up in your relationships, without asking about past events. You will need a notebook and about thirty minutes. Check in with your body before you begin.

Step 1: Choose three relationships. These can be romantic, friendships, family, or work. Choose ones that matter to you.

Step 2: Describe a recurring difficulty in each. One sentence each: *When we get close, I pull away. I say yes when I mean no. I wait for them to leave.*

Step 3: Look across the three. What is similar? Is there a role you play in all? A fear that appears each time? A move you make, such as pleasing, withdrawing, controlling, or testing?

Step 4: Name the protection. Complete: *This pattern protects me from...* Examples: *being hurt, being abandoned, being controlled.*

Step 5: Name the cost. Complete: *This pattern costs me...* Examples: *closeness, rest, being known.*

Step 6: Write about one safe person. Write one sentence about someone who feels safe, or safer. What do they do that helps?

Step 7: Choose one small experiment. For example: *Tell a safe person one true feeling. Say "I need a moment" instead of withdrawing. Ask for something small. Stay five minutes longer.* Write it down.

Step 8: Write a kind sentence. Complete: *My patterns in relationships make sense, and I can change them slowly.*

REFLECTION PROMPTS

1. Where do you notice the pull between wanting closeness and fearing it? What does each side say?
2. How does hypervigilance show up in your relationships? What does it cost you?
3. Which patterns, isolation, over-giving, control, testing, or difficulties with boundaries, feel most familiar?
4. What qualities do you notice in people who feel safe to you? Which do you tend to overlook?
5. What is one small step toward safer closeness that you could take this week?

WHAT TO REMEMBER

Trauma that happened between people tends to affect how you approach people. Closeness may feel both necessary and dangerous.

Hypervigilance and mistrust are learned caution. They keep part of your attention always occupied, and they can lead you to read ambiguity as threat.

Re-enactment is not a wish to be hurt. Familiarity, old roles, and fewer models of safety all contribute.

Isolation, over-giving, control, testing, and boundary difficulties are attempts at safety, not flaws.

Learning to recognize safe people, and to let safety feel unfamiliar for a while, is a core skill of recovery.

In the next chapter, we turn to dissociation, numbness, and the feeling of being unreal, and to the protective intelligence behind them.

ELIAS'S THREAD

Elias did the pattern map on a Sunday, sitting on the tailgate of his truck outside a lumberyard, with a clipboard on his knee.

For Marta, he wrote: *When she asks about my family, I go cold and change the subject.* For his brother: *Hardly call. Always "busy."* For a friend at the shop: *Never tell him anything real.* He looked at the three sentences and saw it plainly: a wall, built in three different colors.

This pattern protects me from: he wrote, *being seen. Being found out.* He paused for a long time, then added, in smaller letters: *being hurt by someone who has seen me.*

This pattern costs me: Marta. The only person I've wanted this close to.

For the safe person, he wrote *Marta* again. *She doesn't push. She waits.* He read it over, and an odd feeling rose in his throat.

His small experiment was a single sentence, which he practiced in the truck for a week. That Friday, sitting on her sofa, with the wine glasses on the table, he said it. "When you ask about my family, I get afraid. It's not about you. I'm working on it. I'd like to tell you more, a little at a time."

Marta put her hand on his arm. "A little at a time is fine," she said. "I'm not going anywhere."

His heart was beating hard. He did not look at her. But after a minute he found that his hand had turned over, under hers, and that he was holding it. They sat that way, quietly, for a long while, while the light faded in the window and, for the first time in forty years, nobody in the room needed to be anywhere else.

CHAPTER 7
DISSOCIATION, NUMBNESS, AND FEELING UNREAL

June Okonkwo was halfway through a sentence at the office kitchenette when she realized that she was no longer certain she had a body.

She was standing at the counter with a mug in her hand. Someone had said something to her, a cheerful remark about the weekend, and she had replied, correctly, with a smile. But her hand on the mug felt as if it belonged to a mannequin. The fluorescent lights seemed flat, like a photograph. Her colleague's face was close, and slightly unreal, as if she were looking at a very detailed painting of it.

I'm here, she told herself. *This is the kitchenette. It's Thursday.* The thoughts were accurate, and they did nothing. It was like reading a label on a bottle she could not pick up.

She remained there for a while, perhaps ten seconds, perhaps three minutes, she could not have said which. Then, slowly, her hand began to feel warm. The edges of the room sharpened. Someone was calling her name from the corridor.

"Coming," she said, and her voice sounded far off and normal.

She walked back to her desk with careful steps and sat down, and the familiar quiet fear came. *Something is wrong with me. People can tell. I'm going to lose my job. I'm going to lose my mind.*

That evening she pulled out the notebook that she had begun to keep and wrote at the top of a page: *Feeling unreal.* Beneath it, after a long time, she wrote: *Does this have a name?*

It does. And knowing its name was the beginning of understanding that she was not losing her mind. She was using a very old, very skillful way of leaving a place that had once been impossible to stay in.

WHAT DISSOCIATION IS

Dissociation is a disconnection from some part of experience: from your body, your feelings, your surroundings, your memories, or your sense of who you are. It exists on a spectrum, and everyone experiences some of it. Getting lost in a book, driving home on autopilot, or daydreaming through a meeting are mild forms.

In complex trauma, dissociation can be more pronounced and more frequent. It tends to take several forms, which often overlap.

Depersonalization is the sense of being detached from yourself: watching yourself from outside, feeling like an observer of your own life, or feeling that your body, thoughts, or actions are not quite yours.

Derealization is the sense that the world is unreal: foggy, flat, dreamlike, strangely distant, as if seen through glass.

Emotional numbness is a muting or absence of feeling, even in situations that would ordinarily stir emotion.

Gaps in memory or lost time. Finding that minutes or longer have passed without clear memory, or not remembering parts of conversations or events.

Feeling "spaced out" or far away. A drifting, floating sense of being not fully present.

If these experiences resonate, you are not alone. They are among the most common and least discussed aspects of living with trauma, and they are often profoundly frightening when no one has told you what they are.

WHEN THE MIND LEAVES THE ROOM

Why does the mind do this? The most useful way to understand dissociation is as a defense.

When a situation is overwhelming, and fight or flight are not possible, the nervous system has one more option: to go away. For a child who cannot escape a frightening home, for an adult who cannot

leave a dangerous situation, the mind can leave while the body stays. Attention drifts. Feelings go quiet. The experience is pushed to some distance, where it cannot overwhelm.

This is one version of what we called *freeze* in Chapter 3. It is not weakness or inattention. It is a survival strategy of remarkable ingenuity. For a person in a situation that cannot be escaped physically, escape in the mind may be the only one available.

Judith Herman, writing about people under prolonged captivity and control, described how they develop a capacity for altered states of consciousness, a kind of detachment that makes the unbearable bearable (Herman, 1992). The Canadian psychiatrist Ruth Lanius and colleagues studied brain activity in people with post-traumatic stress who responded to reminders with emotional numbing and detachment rather than with hyperarousal. They found patterns suggesting an over-modulation of emotion, in which regions of the brain that dampen emotional responses were more active, and proposed that this *dissociative subtype* of PTSD reflects a distinct way of responding to trauma (Lanius et al., 2010). The most recent edition of the *Diagnostic and Statistical Manual* includes a dissociative subtype of PTSD (American Psychiatric Association, 2013).

The point is not to memorize a classification. It is to see that dissociation is a recognized, studied response, and that your experience is not strange or shameful.

WHAT IT CAN FEEL LIKE

People describe dissociation in many ways. Some of the most common descriptions include:

- *Like being behind glass.*
- *Like watching a movie of my own life.*
- *Like a fog is in my head.*
- *As if I am floating above myself.*
- *As if my body is not mine.*

- *Like I'm there, but not there.*
- *Time slips away, and I lose chunks of it.*
- *I feel nothing, as if the volume had been turned off.*
- *The world looks flat, or far away, or strangely lit.*
- *I'm talking, but it feels like someone else is speaking.*

You may also notice physical signs: a blank stare, slowed movement, a quiet voice, a loss of feeling in the limbs, or difficulty responding when someone speaks to you.

Dissociation often happens when you are reminded of the past, even if you do not consciously know it. It can also occur at times of stress, tiredness, or conflict, or at moments of closeness. It may come on suddenly, or as a gradual fading. It usually passes, though the time it takes varies.

NUMBNESS AND FOG ARE NOT FAILURES

It is common for people with a history of dissociation to feel ashamed of it, or afraid of what it says about them. A few reassurances may help.

It is not laziness or lack of effort. It is an automatic response, not a choice.

It is not a sign that you are going crazy. It is a well-documented human response to overwhelm.

It is not permanent. The mind goes away, and it can learn that it is safe enough to stay.

It has a purpose. Dissociation protected you when nothing else could. It may have been the reason you could survive.

It can be worked with. With time, support, and practice, most people find that dissociation lessens as safety grows.

At the same time, dissociation has costs. It can make it hard to concentrate, to remember, to feel close to others, to enjoy things, and to notice your own needs. It can also make you vulnerable, if you drift

when you need to be alert. So it is both a protector and a limitation, and recovery involves honoring the first while gently reducing the second.

WHEN DISSOCIATION IS SEVERE

For some people, dissociation is mild and occasional. For others, it is severe: frequent loss of time, a sense of different parts of the self with different feelings or memories, finding evidence of actions you do not remember. These experiences can be associated with dissociative disorders, which are recognized and treatable conditions, and which may require specialist care.

Some therapists describe the way trauma can shape the self into different states or parts, an idea explored in the theory of *structural dissociation* (van der Hart, Nijenhuis, & Steele, 2006) and in approaches such as Internal Family Systems, which describes the mind as made up of parts, each with its own role and perspective (Schwartz, 1995). Not everyone experiences their inner world in this way, and no one is required to. If you do, you are not unusual, and you are not alone.

If you recognize that you often lose significant time, if parts of your life are missing from memory, or if you feel that you have distinct states that take over, please consider speaking with a clinician who is trained in dissociation. This is not a matter that needs to be handled alone, and effective help exists.

STAYING SAFE WHEN YOU DRIFT

Because dissociation can reduce awareness of your surroundings, a few practical precautions are worth considering.

- **When driving,** if you feel yourself drifting, pull over safely and use a grounding tool before continuing. If this happens regularly, speak with a professional about it.
- **When using machinery or tools,** pause if you begin to feel unreal.

- **When crossing roads or in busy places,** slow down and keep your attention on your environment.
- **When in conversations that matter,** let people know, if you feel safe doing so, that you sometimes drift. "I might go quiet. If I do, please say my name."
- **Keep a plan for returning.** Know which grounding tools work for you (see below and Chapter 9), and keep them within reach.

COMING BACK TO NOW

The central skill for working with dissociation is *grounding*: bringing attention back to the present moment through the body and senses. Grounding does not remove the cause of dissociation, but it can shorten episodes and reduce their frequency.

Some tools that many people find helpful:

Use your senses. Name five things you can see, four you can touch, three you can hear, two you can smell, one you can taste. Describe them out loud if you can. The act of naming engages the thinking brain and the senses at once.

Touch something with texture. A rough stone, a piece of fabric, the grain of a table, a textured cushion. Describe how it feels.

Smell something distinct. A citrus peel, an essential oil, coffee, mint, a spice. Strong, pleasant scents can pull attention back quickly.

Move your body. Stand up, stretch, walk, press your feet into the floor, press your palms together, roll your shoulders. Gentle movement reminds the body that it exists.

Feel warmth. A warm mug, a warm shower, a blanket, warm water on your hands.

Orient. Look around the room slowly, and say the date, the day, where you are, and how old you are. Remind yourself: *This is now. I am here.*

Speak. Say your name aloud. Describe what you can see. Reading aloud or humming can also help.

Make a sound or a beat. Tap your fingers rhythmically on your legs, or drum gently.

Contact. If it is safe, a call to someone steady, or sitting near a trusted person or pet.

Not every tool works for every person, and some may even increase discomfort. Treat this as an experiment. Notice what brings you back, and keep a short list.

It also helps to practice grounding when you are not dissociating, so that the tools are familiar when you need them.

HEALING PRACTICE: COMING BACK TO NOW

This practice builds a personal grounding routine. It takes about fifteen minutes. You will need a notebook, and a few objects: something with texture, something with a scent, and something warm. Appendix A offers more tools.

Step 1: Gather your objects. Choose something with an interesting texture, something with a pleasant scent, and something warm to hold.

Step 2: Take three slow breaths. Breathe in for four counts and out for six.

Step 3: Try the texture. Hold the object, and describe it aloud: *rough, smooth, cool, ridged, soft.* Notice what happens in your body.

Step 4: Try the scent. Smell the object. Describe it: *sharp, warm, sweet, earthy.* Notice any change.

Step 5: Try the warmth. Hold the warm object. Notice the sensation moving through your hands.

Step 6: Try orienting. Look around slowly. Say aloud: *Today is [day]. It is [date]. I am in [place]. I am [age]. I am safe right now.*

Step 7: Rate each tool. In your notebook, write each tool and rate how much it helped, from zero to ten. Notice which work best.

Step 8: Write your top three. Choose the three that helped most, and write them on a card or in your phone. This is your grounding kit.

Step 9: Practice daily. For a week, practice one tool each day, for two minutes, when you feel calm.

REFLECTION PROMPTS

1. When have you felt detached, foggy, numb, or unreal? What was happening around you?
2. How do you feel about these experiences? What do you say to yourself afterward?
3. What would it mean to treat dissociation as a protection rather than a failure?
4. Which grounding tools help you most? Which do you find uncomfortable?
5. Who could you tell, if you chose to, that you sometimes drift?

WHAT TO REMEMBER

Dissociation is a disconnection from body, feelings, surroundings, or memory. It includes depersonalization, derealization, numbness, and lost time.

It is a defense, a form of freeze, that allowed you to endure what could not be escaped. It is not weakness, laziness, or madness.

Dissociation has costs as well as a protective purpose. Recovery involves honoring the first and gently reducing the second.

Severe dissociation is recognized and treatable. If you lose significant time or experience distinct parts of yourself, a trained clinician can help.

Grounding through the senses, movement, warmth, orientation, and speech can bring you back. Practice when you are calm, so the tools are ready.

In Part III, we turn to stabilization: building safety in your life and body so that healing can proceed.

JUNE'S THREAD

June did the practice on a Sunday afternoon, at her table, with a smooth gray stone, an orange peel, and a mug of warm tea in front of her.

The stone was cool and heavy and slightly gritty on one side. She described it aloud, feeling self-conscious in her empty apartment. *Smooth. Cool. There's a ridge here.* When she said *ridge*, her fingertip tingled, and she felt a faint, distinct sense of her own hand.

The orange peel was bright and sharp and wet. She held it to her nose and breathed in, and the smell was so vivid and so ordinary that for a moment her eyes pricked with tears. She had been slightly floating all week, and the smell of an orange pulled her down like a hand on her shoulder.

She rated them in her notebook: *Stone: 6. Orange: 9. Warmth: 7. Orienting: 5.* The orange won easily.

She wrote her grounding kit on an index card: *Orange peel. Warm mug. Say the date.* She put the card in her bag, along with a small zip bag of dried orange peel, which she felt slightly ridiculous about.

On Thursday, in a meeting, she felt the first thin distance in her ears. The partner's voice flattened. Her hands began to look like someone else's. She slid her hand into her bag, found the little bag, and held it under her nose, as if scratching her face. Orange. Sharp, sweet, bright. She pressed her feet into the floor.

Today is Thursday, she thought. *I'm twenty-nine. I'm in the conference room. I'm safe.*

The room slid, and sharpened, and she was there. It had taken perhaps forty seconds. She answered the question. She had not been gone.

At home that evening, she sat at the table and held the orange peel in both hands. She thought: *I came back. I came back on my own.* And she cried a little, with relief, without any sense of being unreal at all.

PART III: STABILIZATION AND SAFETY

CHAPTER 8
SAFETY AND STABILIZATION FIRST

Martin Vale arrived early for his first appointment, and sat in his car in the car park for twenty minutes, with his hands on his knees and his heart going hard.

He had been given the name by his doctor, on a slip of paper that he had carried in his wallet for three weeks, folded in four. *Dr. Hartley. Trauma-informed.* He had read the second phrase many times without being entirely sure what it meant. At last, on a damp Wednesday, he had made the call, in a voice so quiet that the receptionist had asked him to repeat his name.

Now he looked at the low gray building through the rain on the windshield and thought, *I could drive home. Nobody would know.* The thought was tempting, and a familiar weight settled over his shoulders: the sense of something large and old that should not be disturbed.

He took a slow breath. In for four. Out for six. He put his feet flat on the floor mat. He had been practicing, a little, since the pamphlet, and he noticed that his hands steadied a fraction.

Inside, Dr. Hartley turned out to be a calm woman in her fifties, with gray hair and a gentle, businesslike manner. She did not ask him a single question about his past. Instead she said, "Before we talk about anything difficult, I'd like to know about what's keeping you safe and steady right now. Sleep, support, anything that helps you cope. We'll go at whatever pace you choose, and you can stop at any time."

Martin stared at her. He had braced himself for an interrogation. He had rehearsed the sentences he would have to say. It had not crossed his mind that the first task might be to make sure he was comfortable.

"I thought," he said slowly, "that you would want me to tell you what happened."

"Not yet," she said. "We'll get there, if and when you're ready. First I'd like to help you build a good foundation. It makes everything else easier."

Martin felt something tight in his chest begin, very slightly, to loosen. It was the first time in his life that anyone had told him that he did not have to hurry.

WHY SAFETY COMES FIRST

If you have read this far, you have spent two parts on understanding and recognizing. You may be eager to move on to the work of healing: to process the past, to resolve it, to be done. That impulse is natural. It is also worth pausing on, because the order matters.

Everyone who has worked with complex trauma, from the earliest researchers to the clinicians of today, has arrived at a similar conclusion: *safety and stabilization come first.* Judith Herman described recovery as unfolding in stages, beginning with the establishment of safety, followed by remembering and mourning, and finally reconnection (Herman, 1992). Many clinicians and treatment guidelines have since followed this idea. A survey of expert clinicians who treat complex PTSD found broad agreement that treatment should often begin with a phase focused on safety, emotion regulation, and building supports before trauma memories are directly processed (Cloitre et al., 2011).

There is also evidence that this approach works. In a randomized controlled trial of women with post-traumatic stress related to childhood abuse, a treatment that began with a phase of skills training in emotion regulation and interpersonal skills, followed by a phase of working with trauma memories, produced strong improvements, and the skills phase appeared to help (Cloitre et al., 2010). The details of

treatment are for you and a clinician to decide. The principle is that capacity comes before content.

There are several reasons for this order.

Processing the past requires steadiness in the present. If your body is flooded, shut down, or unsafe in daily life, working with painful material can overwhelm you.

Safety is itself healing. For a nervous system that learned that the world is dangerous, repeated experiences of safety are transformative.

Skills make everything easier. Once you can calm your body, ground yourself, and ask for help, difficult work becomes more manageable.

You have a right to a good foundation. No one should be asked to dig into the hardest places without tools and support.

If you have been told, or have told yourself, that you must "face it all" immediately, please know that this is not required, and is often not wise.

WHAT STABILIZATION MEANS

Stabilization is a broad word. In practice, it means building a life and a body in which you can function with reasonable safety and steadiness. It typically includes several elements:

- **Safety in your environment and relationships.** Reducing exposure to harm and danger.
- **Basic self-care.** Sleep, food, movement, routine.
- **Emotional regulation.** Tools for calming and grounding.
- **Reducing harmful coping.** Moving, gradually and with support, away from behaviors that hurt you.
- **Building support.** People and resources you can rely on.
- **Knowing your signals and having a plan.** Awareness of warning signs, and steps to take when things get hard.

Each of these is a project. You do not need to complete them all. Even small movement in any of them can make a difference.

SAFETY IN YOUR LIFE

The first question of stabilization is the simplest and the most important: *Are you safe?*

This includes physical safety. If you are currently in a relationship or situation in which you are being harmed, threatened, or controlled, your safety is the first priority. Leaving an unsafe situation can be difficult, and sometimes dangerous. Please reach out to a domestic violence hotline, a trusted person, or emergency services. Specialists can help you plan safely. Appendix H lists resources.

It also includes emotional and practical safety:

- **Relationships.** Are there people in your life who consistently frighten, humiliate, or control you? What would it mean to reduce contact, set limits, or seek support?
- **Home.** Does your living space feel as safe as it can? Small changes, such as good lighting, a lock you trust, a comfortable corner, can help.
- **Money and practical matters.** Financial insecurity can keep people in unsafe situations. Seeking advice and support is not weakness.
- **Digital life.** Social media, messages, and news can be triggering. You can set limits on what comes into your life.
- **Work.** Are there changes that would make your working life safer or more sustainable?

You cannot change everything at once. Even a single step toward greater safety matters.

SLEEP, FOOD, MOVEMENT, AND ROUTINE

The body is the foundation of regulation, and the basics are not trivial. They are the physical ground on which emotional skills depend.

Sleep. As discussed in Chapter 3, sleep loss makes the brain more reactive (Yoo et al., 2007). Many people with complex trauma have disturbed sleep: trouble falling asleep, waking in the night, nightmares. Helpful steps include regular sleep and wake times, a calm wind-down routine, a dark and quiet room, limiting screens and caffeine late in the day, and a safe-feeling bed. If nightmares or insomnia are severe, tell a doctor or therapist, as effective treatments exist.

Food and water. Regular meals and enough fluids help keep the body steady. Long gaps without eating, high caffeine, and dehydration can worsen anxiety.

Movement. Gentle, regular physical activity supports regulation. Walking, stretching, swimming, or gardening can all help. For some people, exercise can also bring up bodily sensations that feel frightening. If so, begin gently, and consider trauma-sensitive approaches. A randomized trial of trauma-sensitive yoga for women with chronic, treatment-resistant PTSD found reductions in symptoms (van der Kolk et al., 2014).

Routine. Predictable routines tell the nervous system that the day has a shape. A regular morning, midday, and evening can be calming in themselves.

Time outdoors and in light. Daylight, fresh air, and nature help many people.

These steps are not a cure. They are the foundation that makes the rest possible.

REDUCING HARM

When feelings are overwhelming, people find ways to cope. Some ways are helpful, and some, over time, cause harm. These can include the use of alcohol or drugs, overeating or undereating, overwork, risky behavior, or hurting oneself.

If you cope in ways that hurt you, there is no shame in it. These behaviors are attempts to manage pain, and they often work in the short term. They are also very common among survivors of complex trauma.

It is worth gently asking: *What is this doing for me? What does it cost?* And, importantly: *What else could meet the same need?* The tools in this book, the support of friends, and especially the help of a professional can provide alternatives. Changing these patterns usually takes time and support, and it is best not attempted alone.

If you are hurting yourself, or thinking about ending your life, please reach out now. Contact emergency services or a crisis line. In the United States, you can call or text 988. In other countries, findahelpline.com can help you locate a service. Appendix D provides a template for a personal safety plan, and you can share it with a therapist or someone you trust. You do not have to be in crisis to use it.

BUILDING SUPPORT

The research is consistent on one point: support matters. A large meta-analysis of risk factors for post-traumatic stress in adults found that low social support was among the strongest predictors of who develops lasting symptoms (Ozer, Best, Lipsey, & Weiss, 2003). Put positively, connection is protective.

Support can take many forms:

Professional help. A trauma-informed therapist, a doctor, a counselor. This is often the most important support of all.

Trusted people. A friend, relative, mentor, or neighbor who listens without judgment.

Groups. Peer support groups and therapy groups can reduce isolation and shame.

Community. Faith communities, creative groups, volunteer work, or cultural organizations.

Practical help. Someone to help with errands, meals, transport, or paperwork can make a difference when energy is low.

If trusting people is hard, begin small. A short conversation with a neighbor. A message to a friend. A visit to a library. Support does not have to begin with disclosure. It can begin with presence.

WORKING WITH A THERAPIST

Because complex trauma is a challenging condition, working with a qualified therapist is strongly recommended. When looking for one, it can help to know a few things.

Look for trauma-informed care. The Substance Abuse and Mental Health Services Administration describes a trauma-informed approach as one that realizes the widespread impact of trauma, recognizes its signs, responds by integrating that knowledge into practice, and seeks to avoid re-traumatization, with principles of safety, trust, choice, collaboration, and empowerment (SAMHSA, 2014).

Ask about experience. Does the therapist have training and experience with complex trauma? What approaches do they use? How do they pace the work?

Notice how it feels. The relationship between you and your therapist matters as much as the method. Research on psychotherapy suggests that the quality of the therapeutic relationship is among the most consistent predictors of outcome (Norcross & Lambert, 2018). You should feel respected, heard, and in control of the pace.

It is acceptable to try more than one. If the first therapist is not a good fit, you can look for another. This is how the process is meant to work.

Be wary of anyone who pushes you faster than you can go. Good trauma therapy does not require you to retell your story before you are ready.

BUILDING A SAFETY PLAN

One of the most practical tools for stabilization is a *personal safety plan*: a written set of steps that you can follow when things become very hard. Safety planning is widely used by clinicians. Researchers Barbara Stanley and Gregory Brown have described a brief intervention in which a person identifies warning signs, internal coping strategies, people and places for distraction and support, professionals to contact, and ways to make the environment safer (Stanley & Brown, 2012).

A safety plan is not a sign that you expect a crisis. It is a form of preparation, like a fire drill. It is easiest to write when you are calm, and it can be life-saving when you are not. Appendix D offers a template, and the practice below walks you through it.

HEALING PRACTICE: YOUR PERSONAL SAFETY PLAN

This practice helps you write a plan for hard moments. You will need a notebook, or you can use the template in Appendix D. If possible, share the finished plan with a therapist, doctor, or trusted person. Choose a calm time, and stop if you feel overwhelmed.

Step 1: Name your warning signs. Write the earliest signals that things are becoming hard: *can't sleep, withdrawing, feeling numb, thoughts racing, dread, feeling hopeless.*

Step 2: List things you can do alone. Write three to five tools from this book that help you settle: *slow breathing, grounding with my orange peel, a walk, a warm shower, music.*

Step 3: List people and places for distraction. Write names of people you can be around, and places you can go, that help you feel steadier, even if you do not talk about the problem: *a café, the library, a friend's house.*

Step 4: List people you can ask for help. Write names and phone numbers of people you can tell that you are struggling.

Step 5: List professionals and crisis resources. Write the contact for your therapist or doctor, and a crisis line: *988 in the United States, or your local number.* Include emergency services.

Step 6: Make your environment safer. Write any steps to reduce access to things that could be harmful in a crisis, and to make your space feel more secure. Ask a trusted person or a professional to help if you want.

Step 7: Write a reason. At the bottom, write one or two reasons for living, or things that matter to you: *my cat, my sister, the garden, curiosity about what happens next.*

Step 8: Keep it where you can find it. Put a copy in your phone, your wallet, or by your bed. Share it with someone you trust.

Step 9: Review it. Update it every few weeks or after a hard period.

REFLECTION PROMPTS

1. What does safety mean to you right now? In what ways do you feel safe, and in what ways not?
2. Which of the basics, sleep, food, movement, routine, most needs attention?
3. What do you do to cope when feelings are overwhelming? What does it give you, and what does it cost?
4. Who or what supports you? Who could you let in a little more?
5. What would it mean to take stabilization seriously, as the foundation for everything else?

WHAT TO REMEMBER

Safety and stabilization come first. Recovery from complex trauma tends to unfold in stages, and building capacity before processing the past is widely supported by clinicians and research.

Stabilization includes safety in your life, basic self-care, emotional regulation, reducing harm, building support, and having a plan.

Sleep, food, movement, and routine are the physical ground for regulation. They are not trivial.

Support is protective. A trauma-informed therapist, trusted people, and community all help.

A personal safety plan is a form of preparation. If you are in crisis, please reach out to emergency services or a crisis line.

In the next chapter, we turn to the body, and to the practical tools of calming and grounding.

MARTIN'S THREAD

Martin wrote his safety plan at his kitchen table, in pencil, at Dr. Hartley's suggestion. It took him three evenings.

Warning signs, he wrote. *Not sleeping. Stop answering the phone. Feeling that nothing matters. Hearing the old voice.* He read the list back and found that his hand was a little unsteady. It was strange to see the signs written down. He had never thought of them as signs. He had thought of them as weather.

Things I can do alone: Breathing, four and six. Walk to the end of the road and back. Listen to the radio. Make a pot of tea. People and places: The library. Tom, next door, who never asks questions. The bench by the canal. People to ask: My sister Lena. Dr. Hartley. He wrote the phone numbers carefully, and added 988, and felt slightly ashamed, and then did not.

At the bottom, under *Reasons*, he sat for a long time. He had not written such a thing in his life. At last, in small letters, he wrote: *My sister's kids. The garden. Wanting to know how this turns out.*

He folded a copy into his wallet, behind the slip of paper with Dr. Hartley's name. He told his sister about it that Sunday, on the phone, in a few awkward sentences. She was quiet. Then she said, in a voice that sounded thick, "Martin. Thank you for telling me. I would want to know."

That night, for the first time in many years, he slept for six hours without waking. He did not think the plan had done it, exactly. But he thought that knowing it was there, folded in his wallet, like a small lantern in a cupboard, had done something that he did not fully understand. It had told the oldest part of him, the part that was always on watch, that someone else was on watch now, too.

CHAPTER 9
REGULATING THE BODY

At 4:40 on a Tuesday morning, Nadia Brandt stood on her balcony with a blanket around her shoulders and a mug of tea between her hands, and noticed that her heartbeat was slowing down.

It was not a dramatic thing. There was no flash of insight, no sense of revelation. It was simply that, a few minutes earlier, she had come off a bad call, one of those that linger, and her body had gone into the old familiar spin: chest tight, hands cold, thoughts racing in tight circles. She had walked out of the dispatch center into the dark, down the stairs, and into her car, and she had driven home with her jaw clenched and her mind full of static.

Standing on the balcony, she had done what she had been practicing for weeks. She had pressed her feet into the cold concrete, and then, shifting, onto the doormat, which was softer. She had held the warm mug in both hands, feeling the heat move into her palms. She had named things that she could see: *a lamp across the street, a bicycle chained to a railing, the edge of a cloud, my own breath.* She had breathed in slowly, and out more slowly.

And then, somewhere between the fourth and fifth breath, it had happened. The tight spiral in her chest had loosened. Her hands had warmed. A thin, gray light had begun to show over the roofs, and the whole city had seemed, for the first time that night, like a place she was actually in.

She stood very still, careful not to disturb it. *I did that,* she thought. *My body did that. It came down.*

It was the first time in her adult life that she had felt her own nervous system respond to something she had done for it. She did not have the words for the feeling. It was something like gratitude, and

something like the dizzy relief of discovering that a door you had assumed was locked had never been locked at all.

WHY WE WORK WITH THE BODY

Throughout this book, we have seen that complex trauma lives in the body: in a nervous system that stays alert, in sensations that surge or vanish, in reactions that run ahead of thought. It follows that healing must involve the body too.

Many survivors have spent years trying to think their way out of trauma responses. They have analyzed, rationalized, told themselves not to be silly. When this does not work, they conclude that they are failing. In fact, the approach is mismatched to the problem. As we saw in Chapter 3, the parts of the brain that detect threat operate faster than the parts that reason. Words and logic often arrive too late.

What reaches the alarm system is *experience*: the felt sense of safety in the body. That is why the tools in this chapter focus on the body and senses. They do not require you to believe anything. They invite you to try something, and to notice what happens.

A FEW PRINCIPLES BEFORE YOU BEGIN

Experiment. Treat each tool as an experiment, not a test. If something helps, keep it. If not, put it aside. There is no wrong result.

Start small. One or two minutes is enough. Short, regular practice works better than long, occasional effort.

Practice when calm. Skills are far easier to reach in a crisis if they are familiar. Try them when you are in the middle of your window, not only when you are in distress.

Notice what is too much. Some practices, such as focusing on the breath or on body sensations, can be activating for people with trauma. Mindfulness teacher David Treleaven has written about adapting practices so that they are safe and do not overwhelm (Treleaven, 2018).

If a practice makes you feel worse, stop, open your eyes, look around, and choose a different one.

Choose what feels safe. You are the authority on your body. If a tool feels wrong, you do not have to use it.

Be patient. A nervous system that has spent years on alert takes time to learn another way.

GROUNDING THROUGH THE SENSES

Grounding means bringing your attention to the present moment through the senses. It is one of the simplest and most widely used tools in trauma recovery, and it works because it provides the brain with evidence of *now*.

See. Look around the room slowly and name what you see. *A blue mug. A crack in the ceiling. A tree outside the window.* Be specific, naming colors, shapes, and details.

Hear. Listen for three sounds: near, far, and in between. *The refrigerator hum. A car outside. My own breath.*

Touch. Feel the texture of something: a fabric, a stone, the arm of a chair, your own sleeve. Notice temperature, weight, and surface.

Smell. Take a breath of something distinct: a citrus peel, coffee, a herb, a candle, soap, or a favorite scent.

Taste. Sip something warm, or taste a mint, a slice of fruit, or a piece of chocolate, slowly, and describe the flavor.

A common sequence is the "5-4-3-2-1" exercise: name five things you can see, four you can touch, three you can hear, two you can smell, and one you can taste. The numbers do not matter. The point is to let your attention rest on the actual room, one sense at a time.

BREATH

Breathing is one of the few body processes that is both automatic and voluntary, which makes it a useful handle on the nervous system.

Slow breathing, particularly with a longer exhale than inhale, is associated with increased heart rate variability and reductions in stress and anxiety (Zaccaro et al., 2018).

A simple pattern: breathe in through the nose for four counts, and out through the mouth for six. Repeat five or six times. If counting is distracting, simply make the exhale a little longer than the inhale. You might imagine breathing out through a straw, or sighing.

A caution: for some people with trauma, attention to the breath can be unpleasant, bringing up a sense of suffocation or panic. If this is true for you, skip it, or practice with your eyes open while looking at something steady, or pair breathing with movement. You can also choose grounding through the senses instead. Breath is a tool, not a requirement.

ORIENTING

When the nervous system senses danger, attention narrows. *Orienting* is a way of reversing that, by letting your eyes and head move slowly around the environment, taking in what is there.

Sit or stand and turn your head slowly to the left, then to the right. Let your eyes rest on whatever they find. Notice colors, shapes, corners, exits. Notice that no threat is present. You can add words: *I am in my kitchen. It is Tuesday. I am safe right now.*

This simple practice tells the brain that the environment has been checked. Many people find that their shoulders drop and their breathing softens after a minute or two of slow orienting.

MOVEMENT

Because trauma responses prepare the body for action, they can leave a great deal of energy with nowhere to go. Movement can help release it.

Walking. A short, steady walk, noticing your feet and the rhythm of your steps, is one of the best regulators there is.

Stretching or shaking. Gently stretch your arms and legs, roll your shoulders, shake out your hands, sway from side to side.

Pressing. Press your palms together, push gently against a wall, or press your feet into the floor. This kind of pressure can feel steadying.

Rhythm. Tapping your legs, drumming gently on a table, rocking, or humming along with music can calm the system.

For people who tend toward shutdown, movement can also help bring energy back. For people who tend toward flooding, it can discharge it. Choose whatever suits the moment.

WARMTH, TOUCH, AND SOUND

Warmth. A warm drink, a heating pad, a blanket, a warm shower, warm water over the hands. Warmth is a deeply soothing signal to the body.

Self-touch. Placing a hand on your chest, wrapping your arms around yourself, or stroking your own arm can be comforting. If you find it uncomfortable, try a different kind of contact, such as holding a pillow or a soft object.

Safe contact with others. Sitting near a trusted person, holding a hand, a hug you have invited, or the weight of a pet can help. A study found that holding a trusted person's hand reduced the brain's response to threat (Coan, Schaefer, & Davidson, 2006). This is not possible or comfortable for everyone, and no one should force it.

Sound. Calming music, nature sounds, or the sound of a trusted voice can help. Humming or singing quietly also engages the body's own calming mechanisms.

NAMING

As discussed in Chapter 4, putting feelings into words appears to reduce their intensity. In a series of studies, Matthew Lieberman and colleagues found that labeling emotions was associated with decreased

activity in the amygdala and increased activity in regulatory regions of the prefrontal cortex (Lieberman et al., 2007).

Silently saying *This is fear* or *This is a flashback* or *This is grief* can create a little room. It is not a cure, and it is not instant. But it can shift you, even slightly, from being swept away to observing.

RESOURCING

Trauma therapists often help people develop *resources*: internal and external supports that bring a sense of safety. You can build your own.

A safe place. Imagine a place, real or invented, where you feel calm and protected: a beach, a forest, a room with a window, a grandmother's kitchen. Fill in the details: what you see, hear, smell, feel. Practice visiting it for a minute or two each day. If imagining a place feels uncomfortable, choose a real, physical place instead.

A safe person. Think of someone who makes you feel steadier, even a little. Recall a moment of being cared for. Notice what happens in your body.

A safe object. A smooth stone, a scarf, a photograph, a ring. Something you can touch and associate with comfort.

A safe phrase. A sentence that steadies you: *I am safe right now. This will pass. I am here.*

A safe routine. A short ritual that marks safety: a warm drink at the same time each evening, a short walk after work.

WIDENING THE WINDOW OVER TIME

The window of tolerance, discussed in Chapter 3, is not fixed. With practice, supportive relationships, enough sleep, and often therapy, it widens. Things that once pushed you out of it may begin to feel more manageable.

Research on neuroplasticity suggests that repeated experiences can reshape neural pathways throughout life (Davidson & McEwen, 2012).

This does not mean that any single practice is a cure. It does suggest that the nervous system is capable of change, and that small, regular experiences of safety accumulate.

Progress is rarely smooth. You may find that a tool that worked well stops working, or that you slide back during stress. This is normal. Treat setbacks as information, and return to the basics.

WHEN THE TOOLS DO NOT WORK

Sometimes, in the middle of a strong reaction, none of the tools seem to help. This is common, and it does not mean that you are failing. A few thoughts:

Lower your expectations. The aim in a strong reaction is not to feel calm. It is to stay a little safer and to let the wave pass.

Try something different. If one tool does not help, try another. Switch from breath to movement, or from movement to sound.

Reach out. If you can, contact a safe person. Simply hearing a calm voice can help.

Wait it out safely. Some waves just need time. Stay in a safe place, with your phone and your safety plan, and let it pass.

Seek help. If strong reactions are frequent, overwhelming, or interfering with your life, please speak with a trauma-informed professional. They can help you find tools that suit you.

If you are in crisis, contact emergency services or a crisis line right away.

HEALING PRACTICE: BUILD YOUR CALM TOOLKIT

This practice helps you create a personal toolkit of regulation skills. It takes about twenty minutes. You will need a notebook, and a few items to try (a textured object, a scent, a warm drink). Appendix A offers more ideas.

Step 1: Take three slow breaths. Settle into your seat.

Step 2: Try each category. Over several days, try one tool from each group:

Senses: the 5-4-3-2-1 exercise, a scent, a texture.

Breath: four counts in, six counts out, or a long sigh.

Orienting: looking slowly around the room and saying the date.

Movement: a short walk, a stretch, pressing your palms together.

Warmth and touch: a warm drink, a blanket, a hand on your chest.

Sound: music, humming, or a calming voice.

Step 3: Rate each tool. After trying each, write a number from zero to ten for how much it helped, and a note about how it felt.

Step 4: Choose your top five. Pick the five that helped most, and write them on a card.

Step 5: Add a safe place, person, object, and phrase. Write one of each.

Step 6: Practice daily. Choose one tool each day to practice for two minutes when you are calm.

Step 7: Plan for hard moments. Write your top three in order: *First I will..., then I will..., then I will...*

Step 8: Review weekly. Notice what is changing, and adjust.

REFLECTION PROMPTS

1. Which tools from this chapter helped you most? Which felt uncomfortable or unhelpful?
2. What happens in your body when you ground yourself? What do you notice?
3. What is your safe place, person, object, or phrase?
4. What gets in the way of practicing when you are calm?
5. What would it mean to trust that your body can learn safety?

WHAT TO REMEMBER

Because trauma lives in the body, healing involves the body. The alarm system responds to experience, not argument.

Treat tools as experiments. Start small, practice when calm, and notice what is too much. Choose what feels safe.

Grounding, breath, orienting, movement, warmth, touch, sound, and naming all help the body settle. Resourcing builds an inner and outer sense of safety.

The window of tolerance widens with practice and support. Setbacks are information, not failure.

If tools do not work, try something else, reach out, or seek help. If you are in crisis, contact emergency services or a crisis line.

In the next chapter, we turn to triggers and emotional flashbacks, and to building a plan for the moments when they arrive.

NADIA'S THREAD

Nadia built her toolkit over two weeks, writing the results on the back of a dispatch schedule.

Orange peel: 8. Warm mug: 7. 5-4-3-2-1: 6. Breath, four and six: 5 (a bit dizzy). Pressing palms: 6. Walking: 9. Humming: 4 (felt silly). The walk won. She was not entirely surprised. She had spent most of her adult life on a dispatch chair, and her body, it seemed, hungered for movement.

Her top five went on an index card, which she taped inside her locker at work. *Walk. Orange. Warm mug. Say the date. Hand on chest.* Under it she added a safe phrase, written very small: *I am here. This is a call I can survive.*

On a Thursday night, during a hard shift, a child's voice came through the headset, high and frightened. Nadia kept her own voice level, as she always did. She walked the girl's mother through the steps, and the ambulance arrived. It ended well.

Afterward, in the break room, she felt the old spin start in her chest. She opened her locker and read the card. She walked, slowly, down the hall and back, three times, feeling her feet. She held a mug of warm tea and named three things she could see. She put a hand on her chest. *I am here,* she said silently. *This is a call I survived.*

Her heart eased from an eight to a five. She drank the tea.

When she told her therapist about it the next week, the woman smiled. "You got through that without needing to go home," she said.

"Yes," Nadia said. She sat for a moment with her hands in her lap. "I think my body is learning that it can come down." She paused. "I always thought it couldn't."

"It can," said her therapist. "It's been waiting for you to show it how."

CHAPTER 10
WORKING WITH TRIGGERS AND EMOTIONAL FLASHBACKS

On a Saturday afternoon in November, Elias Warren was standing in a hardware store holding two different drawer pulls when a man two aisles over raised his voice at a clerk.

It was not a violent exchange. The man was irritated about a missing part. His voice was sharp and carrying, and the clerk, a young woman, was responding with patient apologies. Nothing was in danger. Nobody was in danger. A few shoppers glanced up and looked away.

Elias felt it arrive like cold water down his spine. His shoulders drew up. His breath shortened. His hand tightened on the drawer pulls, hard enough to hurt. A voice that was not quite his own began to speak: *Be quiet. Be small. Don't draw attention. You're going to be blamed.*

He knew what this was. Six weeks earlier, he would not have. Now he stood very still in the aisle, with his heart pounding, and thought, with the narrow clarity of a person who had been practicing: *Flashback. That's a flashback.*

Name it, he told himself. *Ground it.*

He put the drawer pulls on the shelf, carefully, because his hands were shaking. He pressed his feet into the floor. He looked at the shelf in front of him, at the rows of brass and steel and ceramic, and began to name them. *Brass knob. Steel pull. A white one with blue flowers.* He heard the voices from the other aisle, far away now, thinning.

Remind, he told himself. *It's Saturday. I'm forty-six. I'm in a hardware store. That man is not angry at me. Nobody here is going to hurt me.*

The cold in his spine did not vanish at once. But it began to drain. He took a breath, in for four, out for six, and another.

Soothe. He reached into his coat pocket and found the smooth stone that Marta had given him, and held it. "You're okay," he said under his breath, to the part of him that was nine. "I've got you."

Two minutes later, he was at the register, paying for the drawer pulls, and his hands were almost steady. In the truck, he sat for a while, with the stone in his palm. He thought, with a kind of wonder: *I was in it. And I knew I was in it. And I came back.*

WHY A PLAN HELPS

In Chapter 4, we saw what emotional flashbacks are and how triggers work. In Chapter 9, we built a toolkit for the body. This chapter brings them together into something practical: a way of responding to flashbacks when they arrive, and of preparing for the triggers that you can predict.

Flashbacks are, by their nature, disorienting. When you are in one, your thinking is impaired, your sense of time and age is distorted, and it is hard to remember what to do. This is exactly why a plan, practiced in advance, is so valuable. You are not trying to think your way through. You are following steps that you have rehearsed, as one might follow a fire drill.

SPOTTING A FLASHBACK

The first step is to *notice* that you are in one. This can be the hardest part, because inside a flashback the feelings seem completely real and the present seems irrelevant. A few signs can help you spot one.

- **The feeling is out of proportion.** It is much bigger or faster than the situation seems to call for.
- **A sudden shift.** Your mood or body changes quickly: dread, shame, despair, panic, numbness.
- **You feel young or small.** Or trapped, powerless, in trouble.
- **The thoughts are familiar.** *It's hopeless. I'm bad. They're going to leave. I'm going to be punished.*

- **The world shrinks.** You feel that nothing will ever change.
- **You fall into a defense.** You freeze, fawn, fight, or flee.
- **The feeling has an old flavor.** It seems to belong to another time, even if you cannot say which.

Learning to recognize these signs, and to say, even silently, *This might be a flashback,* is itself a major step. The moment you name it, you have taken a step out of it.

FOUR STEPS: NAME, GROUND, REMIND, SOOTHE

Many survivors find that a simple sequence helps. Here is one version. It is not the only one. You can adapt it to suit yourself.

1. Name it. Say to yourself, silently or aloud: *This is a flashback. This is the past, returning as a feeling.* Naming has been shown to reduce emotional intensity (Lieberman et al., 2007). It also reminds you that what you are feeling is a response, not a fact.

2. Ground it. Bring your body to the present. Press your feet into the floor. Name five things you can see. Feel a texture. Smell something distinct. Take a longer exhale. Use your toolkit from Chapter 9.

3. Remind yourself. Give your mind evidence of *now. Today is [day]. I am [age]. I am in [place]. I am safe right now. This feeling is a memory.* You can also remind yourself of what is different now: *I can leave. I have people. I am not a child. I am not trapped.*

4. Soothe. Offer yourself comfort, as you would to a frightened child or a friend. Place a hand on your chest. Say a kind phrase: *It's okay. I'm here. You're safe now. This will pass.* Hold something warm. Rest.

The steps are not a way of eliminating the flashback. They are a way of keeping yourself company while it passes. Many people find that, with practice, flashbacks become shorter, less intense, and less frightening.

TALKING TO THE YOUNGER SELF

Many people find it helpful, in the middle of a flashback, to speak to the part of themselves that feels young. This idea appears in several forms of therapy. Richard Schwartz's Internal Family Systems model, for instance, describes young, vulnerable parts of the self that carry early feelings, and emphasizes approaching them with curiosity and compassion (Schwartz, 1995).

You do not have to believe in "parts" for this to be useful. It can simply be a way of treating your own feelings with care. For instance:

I know you're scared. I'm here. I'm [age] now, and I can take care of us. It's not happening now.

It makes sense that you feel this way. That was hard. You're safe today.

You don't have to handle this alone. I'm with you.

Research on self-compassion supports the value of responding to pain with kindness rather than criticism (Neff, 2003). Using your own name, or speaking in the second or third person, may also help by providing a little distance (Kross et al., 2014). *Elias, you're having a flashback. You're okay.*

If the idea of speaking to a younger self feels uncomfortable, that is fine. Use whatever language fits. The aim is a gentle, steadying voice.

WHAT NOT TO DO DURING A FLASHBACK

A few cautions can help you avoid making things harder.

Avoid making big decisions. In a flashback, your perception is distorted. Wait until you are steady before deciding to end a relationship, quit a job, or send a message.

Avoid sending messages or confronting people. If you can, wait until the wave has passed. Words said from inside a flashback often reflect the past more than the present.

Avoid numbing with alcohol or other substances. They may offer short-term relief, but they tend to prolong the cycle and make regulation harder.

Avoid arguing with the feeling. The feeling is a memory. You do not have to prove that it is irrational. Simply ground, remind, and soothe.

Avoid harsh self-criticism. Flashbacks are not a failure. They are a sign that your body is remembering. Respond with kindness.

Avoid isolating completely. If you can, let a safe person know that you are having a hard time.

WHEN SOMEONE IS WITH YOU

Flashbacks often occur around other people. This can be embarrassing, and it can be frightening for them. If you feel safe doing so, it can help to prepare some words in advance.

I'm having a strong reaction. It's not about you. I need a few minutes.

I'm feeling overwhelmed. Could you stay with me, quietly?

Can you help me notice where I am? Could you tell me the date and that I'm safe?

You can also give a safe person some guidance for the future: *If I seem far away or panicky, it helps if you speak softly, tell me where I am, and don't touch me unless I say it's okay.*

For those who support a survivor: speaking calmly, offering orientation (*It's Saturday. You're in the kitchen. You're safe.*), avoiding sudden movements or loud voices, asking before touching, and not taking it personally can all make a difference.

PREPARING FOR PREDICTABLE TRIGGERS

Many triggers cannot be predicted. Some can. Preparing for these can reduce their impact.

Anniversaries and dates. Certain times of year, such as holidays, birthdays, or anniversaries, can bring reactions. Plan gentle activities, extra rest, and support.

Places and settings. If a place is difficult, consider whether you need to go. If you do, plan how long you will stay, who will be with you, and how you will leave.

People. Contact with certain people may be triggering. You can limit it, structure it, or prepare for it.

Sensory cues. Particular smells, sounds, or lights may be triggering. Where you can, reduce them. Where you cannot, keep grounding tools nearby.

Situations. Medical appointments, crowded places, conflict, or being criticized can be hard. Think ahead about what might help.

Internal triggers. Tiredness, hunger, illness, and stress lower your threshold. Taking care of the basics makes triggers less powerful.

When a trigger is likely, you might make a mini-plan: *What do I expect? What will I do first? Who can I call afterward? What will I do to take care of myself?*

THE AFTERMATH

After a flashback, many people feel exhausted, shaky, or sad. They may also feel shame. It is helpful to treat this period as a time of recovery.

- **Rest.** Sleep, lie down, or do something quiet.
- **Warmth and fluids.** A warm drink, a meal, a blanket.
- **Gentle movement.** A slow walk can help.
- **Kindness.** Speak to yourself as you would to someone who has been through something hard.
- **Contact.** If you can, tell a safe person.
- **Reflection, later.** When you are steady, add to your trigger map. What was the cue? What helped? What would you do differently?

Each flashback, handled with awareness, adds to your skill. It is not a failure when one happens. It is practice.

HEALING PRACTICE: THE FLASHBACK PLAN

This practice builds a personal plan for flashbacks. It takes about thirty minutes. You will need a notebook, and your Trigger Map from Chapter 4 and Calm Toolkit from Chapter 9 if you have made them. Choose a calm time. Appendix B offers a one-page guide you can copy.

Step 1: List your signs. Write the early signals that tell you a flashback may be starting: *cold in the stomach, shoulders up, thoughts of "I'm in trouble," going quiet.*

Step 2: Write your name-it sentence. For example: *This is a flashback. It's a memory, and it feels like now.*

Step 3: Choose your grounding steps. Write the first three tools you will use, in order: *feet on floor, name five things, hold my stone.*

Step 4: Write your remind-me sentences. Write the facts that help you: *Today is... I am... I am in... I am safe right now. I can leave if I need to.*

Step 5: Write your soothing phrases. Write two or three things you will say to yourself: *It's okay. I'm here. You're safe now.*

Step 6: List your people. Write who you could contact for support, and what you might say.

Step 7: Plan your aftercare. Write what you will do afterward: *rest, warm drink, a walk, call a friend.*

Step 8: Identify two predictable triggers. Write two triggers that you can foresee, and a mini-plan for each.

Step 9: Keep it handy. Put it in your phone or wallet, and share it with a therapist or trusted person.

Step 10: Review monthly. Update it as you learn what works.

REFLECTION PROMPTS

1. What are the earliest signs that a flashback is beginning for you?
2. Which of the four steps, name, ground, remind, soothe, comes most easily? Which is hardest?
3. What do you say to yourself afterward? What would you like to say?
4. Which triggers can you predict? What might help you prepare?
5. Who could you tell about your plan?

WHAT TO REMEMBER

A plan helps because flashbacks impair thinking. Practiced steps work like a fire drill.

Spotting a flashback is the first step: feelings out of proportion, a sudden shift, a younger feeling, a shrinking world.

Four steps can help: name it, ground it, remind yourself of now, and soothe yourself.

Avoid big decisions, confrontations, numbing, and harsh self-criticism during a flashback. Rest and kindness afterward are part of the process.

Preparing for predictable triggers reduces their impact. Each flashback handled with awareness builds skill.

In Part IV, we turn to healing and mourning, beginning with the question of whether and how to tell the story.

ELIAS'S THREAD

Elias wrote his flashback plan on the back of a lumber receipt and then, feeling that this was not sufficiently dignified, copied it into a small notebook that he kept in his shirt pocket.

Signs: Cold down my spine. Shoulders up. Voice in my head says "be small." Name it: "This is a flashback. It's old." Ground: Feet. Five things. The

stone. Remind: I'm forty-six. It's today. I can leave. I'm not a kid. Soothe: "I've got you."

Under *predictable triggers*, he wrote *Loud voices. Raised voices in a closed room.* And, after thinking, *Family gatherings. Christmas.* Beside Christmas he wrote the mini-plan. *Drive myself. Stay two hours. Walk outside every hour. Call Marta at lunchtime.*

On Christmas Eve, in his brother's crowded kitchen, he felt the cold begin. A cousin had raised his voice at a card game. A laugh went too loud. Elias felt the familiar pull toward the ceiling, the need to be small. He put his hand on the stone in his pocket. *Flashback,* he thought. *Old.* He stepped through the back door into the cold yard and stood on the frozen grass, looking at the stars and the lit windows.

Forty-six, he thought. *Today. I can leave. I'm not a kid.*

The wave rose and crested, and after a few minutes it began to fall. He did not feel triumphant. He felt tired. But he walked back into the kitchen, and when his brother looked up and said, "You okay?" Elias said, "Yeah. Needed some air."

Later, in the truck, he called Marta. "It was hard," he said. "I used the plan." She was quiet for a moment, and then she said, in her low, steady voice, "I'm so proud of you." He sat with the engine off and the phone against his ear, in the dark, and let himself believe it, one sentence at a time.

PART IV: HEALING AND MOURNING

CHAPTER 11
TELLING THE STORY, SAFELY

June Okonkwo had been in therapy for four months before her therapist, Dr. Lindqvist, raised the subject.

They were sitting in the soft light of the office, with the rain streaking the window. June held a smooth stone in her left hand, one of her grounding objects, and her feet were flat on the carpet. Over the months, she had built up quite a repertoire. She could name the earliest sign of fog. She could bring herself back in under a minute. She had begun to sleep through some nights.

"I want to check in about something," Dr. Lindqvist said, "and I want you to know that there is no pressure at all. You've done a lot of stabilizing work, and you've built some real skills. At some point, if you want to, we can begin to look at the story: what happened, and how it has shaped you. There's no rush, and you can say no, or not yet, or never."

June felt her stomach tighten. The old alarm stirred: the sense of a locked room, a drawer that must not be opened. She held the stone.

"What would it involve?" she asked, in a small voice.

"Very slowly," said Dr. Lindqvist. "We would never start by diving in. We would go in small steps, with grounding in between, and we would check in constantly. You would be in charge of the pace, and we could stop at any time. Many people find that it's less overwhelming than they feared, because of the groundwork they've done. But it's your decision."

June sat quietly for a long moment. Outside, a bus passed with a long hiss. She noticed that her breathing had not gone shallow. She noticed, also, a faint, unfamiliar feeling that took a while to identify. It

was not exactly readiness. It was the sense that, for the first time, she could imagine being ready at some point, and that this was different from being forced.

"Not yet," she said at last. "But maybe. Maybe in a while."

"That's a perfectly good answer," said Dr. Lindqvist.

June nodded. She felt, absurdly, like crying. No one had ever let her say *not yet.*

DO YOU HAVE TO TELL THE STORY?

The short answer is no.

Many people assume that recovery from trauma requires telling the whole story, in detail, to someone. It is an understandable assumption, and it can create real dread. It is also not quite accurate. Some people choose to work with their trauma memories directly, usually with a therapist, and find it helpful. Others recover substantially through stabilization, skills, relationships, and meaning-making, without ever describing their experiences in detail. Both are legitimate.

What matters is that the decision is *yours.* You should not be pressured to tell your story to a therapist, a friend, a family member, or anyone else. You are the authority on when, whether, and how.

This chapter explains what "telling the story" can mean, why it can help, how to do it safely, and how to recognize when to go slowly or not at all. If you do not wish to engage with this at the moment, you can skip to Chapter 12 and return later.

WHY TELLING THE STORY CAN HELP

When something overwhelming happens, the mind often cannot process it fully. The memory may be stored in fragments: images, sensations, feelings, without a clear narrative or sense of time. As we saw in Chapter 4, such memories can feel as if they are still happening,

because they have not been filed as part of the past (Brewin, Gregory, Lipton, & Burgess, 2010; Ehlers & Clark, 2000).

Working with the memory, in a safe setting and at a manageable pace, can help the mind to place it in context: *This happened. It is over. I survived. It was not my fault.* This integration can reduce the power of reminders, and it can lessen the shame and confusion that surround the experience.

Research on expressive writing offers a related finding. In a series of studies, James Pennebaker found that people who wrote about emotionally significant experiences for a few days showed improvements in several measures of well-being compared with those who wrote about neutral topics (Pennebaker, 1997). Later work suggests that the benefits appear greatest when people build a coherent account that includes insight and meaning, rather than simply re-experiencing distress (Pennebaker & Seagal, 1999).

It is important to say, however, that these findings come largely from studies of people without severe trauma, and that for people with complex trauma, unguided writing about the worst events can sometimes be overwhelming. This is one reason that safety and skills come first, and that professional guidance is so valuable.

WHAT TRAUMA THERAPIES OFFER

Several therapies have strong evidence for treating post-traumatic stress, and they all involve, in different ways, working with memories and their meaning. Major clinical guidelines, including those of the American Psychological Association, the Department of Veterans Affairs and Department of Defense, and the International Society for Traumatic Stress Studies, recommend trauma-focused psychotherapies as first-line treatments for PTSD (American Psychological Association, 2017; International Society for Traumatic Stress Studies, 2018; Department of Veterans Affairs & Department of Defense, 2023).

Some of the best-known approaches include:

Cognitive Processing Therapy (CPT) helps people examine the beliefs they have developed about the trauma, such as self-blame, and to reconsider them (Resick, Monson, & Chard, 2017).

Prolonged Exposure (PE) helps people gradually approach trauma memories and reminders they have been avoiding, so that fear decreases (Foa, Hembree, & Rothbaum, 2007).

Eye Movement Desensitization and Reprocessing (EMDR) involves recalling aspects of the memory while following bilateral stimulation, such as eye movements, with the aim of reprocessing it (Shapiro, 2018).

Trauma-focused cognitive behavioral therapy combines skills with gradual work on trauma memories, and it is widely used with young people.

For complex trauma specifically, many clinicians favor a *phase-based* approach, in which skills in emotion regulation and relationships are built first, followed by work on trauma memories, followed by reintegration (Cloitre et al., 2011). In a randomized trial, a treatment of this kind for women with childhood abuse-related post-traumatic stress, combining skills training with narrative work, produced significant improvements (Cloitre et al., 2010).

You do not need to know the details to begin. What is helpful is knowing that effective treatments exist, that they can be adapted for complex trauma, and that you can ask a prospective therapist what they offer and how they pace the work.

PACING, TITRATION, AND CHOICE

Whichever path you choose, the principles of safe trauma work are consistent.

You set the pace. Good trauma therapy does not push. It invites, checks in, and follows your lead.

Titration. Approaching difficult material in very small doses, returning to safety between each dose, keeps the work manageable. A few minutes may be enough.

Grounding in between. Before, during, and after any trauma work, use your grounding tools. Keep one foot in the present.

Stay inside the window. If you notice flooding or shutdown, stop and use your calm plan. Working outside the window is not productive, and it can be harmful.

You can say no. At any point, you can stop, change the subject, or decide not to proceed. A good therapist will honor this.

You do not have to say everything. Even in trauma therapy, many people work with only part of a memory, or with the feelings around it, rather than recounting every detail.

Aftercare. Plan something gentle for afterward: rest, warmth, a walk, a friend.

WRITING WITHOUT RELIVING

Writing can be a gentle way to begin to make sense of experience, if it is done carefully. A few principles help make it safe.

Write about the present and the meaning, not the details. You can write about what you notice now, what you learned, how you coped, and what you want, without describing events.

Use distance. Write in the third person, or as a letter to a friend, or use general terms. Distance makes the material more manageable.

Keep it short. Ten to fifteen minutes is enough. Set a timer.

Ground before and after. Take a few slow breaths before you begin. When you finish, read something neutral, look around the room, and do something comforting.

Do not write alone if you are fragile. If you are in a difficult period, consider writing only with a therapist's guidance.

Stop if it overwhelms you. There is no merit in pushing through. You can return another day.

You do not have to keep it. Some people find it helpful to write and then tear up or delete. Others keep writing for themselves. Both are fine.

TELLING SOMEONE YOU TRUST

You may also wish to tell someone in your life something about your experience. This can be a powerful, connecting act. It can also feel risky. A few thoughts may help.

Choose carefully. Pick someone who has shown themselves to be steady, kind, and discreet. You do not need to tell everyone, and you do not need to tell everything.

Decide what you want to share. You might say as little as: *I grew up in a home that wasn't safe, and it still affects me.* Details are optional.

Say what you need. *I don't need advice. I would like you to listen. Please don't tell anyone else. Please don't ask for details.*

Choose a good time. Not when either of you is rushed or distracted.

Expect a range of reactions. Some people will respond with warmth. Some will be awkward. Some may not know what to say. A few may respond poorly. If so, it says something about them, not about you.

Plan aftercare. Telling can bring a "vulnerability hangover," with shame or exposure. Be gentle with yourself afterward.

NOT TELLING IS ALSO OKAY

It is worth saying again that not telling is a legitimate choice. Some people never wish to describe their experiences, and they still heal. They build safety, develop skills, form relationships, find meaning, and live well. The story, in that case, remains theirs and private.

If you choose this, you might still work on how the experience has shaped you, how you feel about yourself now, and what you want your life to be, without ever narrating the events.

SIGNS YOU MIGHT BE READY, AND SIGNS TO SLOW DOWN

There is no formula, but some signs can help.

You might be ready if:

- You have a good set of grounding and calming skills that you use regularly.
- You have a reasonably stable daily life, with sleep and routine.
- You have at least one safe relationship, and ideally a therapist.
- You feel curious, or a sense that the story wants to be understood.
- You can imagine going slowly and stopping when needed.

You might want to slow down if:

- You are in a crisis, or in an unsafe situation.
- Your sleep and daily life are very unstable.
- You are using substances heavily to cope.
- You have frequent, severe flashbacks or dissociation that you cannot manage.
- You feel pressure from someone else rather than from yourself.
- You have no support in place.

Readiness is not a single moment. It can come and go. You are allowed to change your mind.

HEALING PRACTICE: THE STORY IN THREE SENTENCES

This practice offers a very gentle way of beginning to put your experience into words, without detail. It takes about fifteen minutes. You will need a notebook. Ground yourself before you start, and do not continue if you feel overwhelmed.

Step 1: Take three slow breaths. Feel your feet on the floor. Hold a grounding object if you have one.

Step 2: Write sentence one: what, in general terms. Complete: *I grew up (or lived) in a situation where...* Use general words only: *where I was not safe, where I was afraid, where I was not taken care of, where I was controlled.* Do not describe events.

Step 3: Write sentence two: what I needed. Complete: *What I needed was...* Examples: *protection, comfort, to be believed, someone to notice, a way out.*

Step 4: Write sentence three: what I carry and what I know now. Complete: *I carry..., and I know now that...* Examples: *I carry fear, and I know now that it was not my fault. I carry shame, and I know now that I was a child.*

Step 5: Read the three sentences aloud. Slowly, in your own voice. Notice your body.

Step 6: Ground and care. Name five things in the room. Hold something warm. Say a kind sentence to yourself.

Step 7: Decide what to do with it. You may keep it private, share it with a therapist, or tear it up. All are fine.

Step 8: Notice. Write one sentence about how you feel now.

REFLECTION PROMPTS

1. How do you feel about the idea of telling your story? What does your body say?
2. What would you need in place to feel safe enough to work with it?
3. Is there a way of approaching your experience, through writing, therapy, or conversation, that feels manageable?
4. What would it mean to know that not telling is also a legitimate path?
5. What are you ready for now, and what can wait?

WHAT TO REMEMBER

You do not have to tell your story to recover. Whether and how to do so is your choice.

Working with trauma memories can help the mind to place them in the past. Evidence-based therapies exist, and complex trauma is often treated in phases, with skills first.

Pacing matters: titration, grounding, staying in the window, and the freedom to stop.

Writing can help if it focuses on the present and the meaning, uses distance, stays short, and is grounded. Telling a trusted person can be healing when you choose carefully.

Readiness comes and goes. Not telling is also a valid path.

In the next chapter, we turn to grief: mourning what was lost.

JUNE'S THREAD

Six weeks after that session, on a gray Wednesday, June wrote her three sentences at the kitchen table, with the stone in her left hand and the orange peel in a small bowl beside her.

I grew up in a situation where I was not safe. She looked at it. It was very plain, and it was true, and she had never put it on paper before. Her stomach did a slow, careful turn. She breathed out, longer than in.

What I needed was someone to notice and someone to protect me. Her eyes stung. She wrote the sentence carefully, in her tidy paralegal's handwriting.

I carry a lot of fear and a kind of fog, and I know now that it was not my fault. I was a child.

She put the pen down. She read the three sentences aloud, once, slowly. Her voice caught on *child.* She breathed. She named five things she could see: *the stone, the bowl, a spoon, a cloud, the corner of my hand.* She held the warm mug and said, quietly, "You did well."

She did not feel dramatic relief. She felt tired, and slightly raw, and strangely clean, as though a window had been opened a crack in a stuffy room. She had not told anyone the details. She did not need to. She had told herself the shape of it, and that was a beginning.

At her next session, she placed the notebook on the table, open to the page. "I wrote this," she said. "I don't want to say more yet."

Dr. Lindqvist read the three sentences. She was quiet for a moment. "Thank you for trusting me with this," she said. "That is a significant thing to have written. How was it to write it?"

"Terrifying," June said. She smiled, a small, shaky smile. "And a little bit like coming up for air."

CHAPTER 12
GRIEF AND MOURNING

It happened on a bright Saturday in May, in Martin's garden, and it happened because of a trowel.

He had gone out after breakfast to plant a row of marigolds along the fence, as he did every spring, and he had found, in the shed, an old hand trowel with a worn green handle that he did not recall owning. He turned it over in his palm, puzzled. Then it came to him, abruptly: it was his mother's. She had used it in her own small garden when he was a boy, long before the troubles of that house had hardened into something that could not be mended. He had taken it with him, years later, without thinking.

He stood in the sunlit shed, holding it, and felt something give way.

It was not a flood. It was slow, a long, deep opening, like an old door swinging on a stiff hinge. He sat down on an upturned crate, with the trowel in his lap, and found that he was weeping, with the plain exhausted grief of a man who has not wept in thirty years.

He was not entirely sure what he was weeping for. For his mother, partly, who had tried, in her way, and had not been able to protect anyone. For the boy who had stood in a kitchen waiting for footsteps. For the years in between, when he had been so careful, so quiet, so entirely absent from his own life. For the man he might have been, if the house had been a different house.

He wept for perhaps ten minutes. Then, as if a tide had turned, it began to ebb. The sun was warm on his shoulders. A bee was working in the lavender by the door. Martin sat, hollowed out and strangely light, and said aloud, to nobody, "That's what it was. It was grief."

He had thought, all his life, that it was something else.

GRIEF IS PART OF HEALING

In the earlier parts of this book, we spoke about what trauma does: how it shapes the body, the mind, and relationships. We spoke about how to feel safer and steadier. This chapter turns to something that many survivors do not expect: grief.

It may seem strange to speak of grief when no one has died. But grief is a response to *loss*, and complex trauma involves a great deal of it. As you become safer, and as the numbness lessens, grief often arrives. It can be one of the most important, and most tender, phases of recovery. It is not a sign that you are getting worse. It is a sign that you are becoming able to feel what you could not feel before.

This chapter is about what you may be grieving, what grief can look like, and how to move through it safely.

WHAT YOU MAY HAVE LOST

The losses of complex trauma are many, and they are often unacknowledged. You may be mourning:

- **Safety.** The experience of living in a world, or a home, that felt secure.
- **Childhood.** The carefree years that were shortened or taken.
- **The parent or caregiver you needed.** And the relationship that could have been.
- **Trust.** The ability to count on people, and the innocence that goes with it.
- **Relationships.** Friendships, partnerships, and family bonds that were damaged, lost, or never formed.
- **Time.** The years spent surviving, numb, or in fear.
- **Opportunities.** Education, work, or experiences that were derailed.
- **Health.** Physical or mental health that has been affected.
- **A sense of self.** The person you might have been.
- **Hope, or the ability to imagine a good future.**

You may also grieve for others: for people who were harmed alongside you, for siblings, for a parent who was himself a victim, for a community. And you may grieve, in complicated ways, for the person who hurt you, for what they could have been, for the love you wanted, for a relationship that was both essential and harmful.

All of this is real loss. You do not need to rank it, or justify it.

AMBIGUOUS AND UNWITNESSED LOSS

Two ideas from the psychology of grief are especially relevant here.

The family therapist Pauline Boss developed the concept of *ambiguous loss*, which describes loss without clarity or closure: a person who is physically present but psychologically absent, or physically absent with an uncertain end (Boss, 1999). Many survivors of complex trauma have experienced this in a profound form: a parent who was present and unsafe, or present and unreachable.

The grief researcher Kenneth Doka coined the term *disenfranchised grief* for grief that is not openly acknowledged, socially validated, or publicly mourned (Doka, 1989). Mourning a childhood that was not safe is often of this kind. There are no funerals for it. People may say, "That was a long time ago," or "At least you survived," or "You should be over it."

These ideas offer permission. They say that your grief is real, even if no one else sees it, and that a loss does not need witnesses in order to count.

WHAT GRIEF CAN LOOK LIKE

Grief does not follow a neat script. John Bowlby, who studied attachment and loss, described several phases of the response to loss, including numbness, yearning, disorganization and despair, and reorganization, and emphasized that they are not a fixed sequence (Bowlby, 1980). For the losses of complex trauma, grief may take many forms.

Sadness. A deep, heavy ache, sometimes with tears and sometimes without.

Anger. Rage at what happened, at the people who harmed or failed to protect, or at the injustice of it. Anger is often an important part of grief. It signals that a limit was crossed and that something mattered. It can be frightening, particularly if anger was dangerous in your history. It helps to remember that feeling anger is not the same as acting on it.

Longing. A yearning for the safety, the parent, the home, or the childhood that might have been.

Guilt. A feeling that grieving is disloyal, or that you should have done something differently.

Relief. Sometimes, when grief is allowed, something clenched relaxes. Many people are surprised by a sense of lightness.

Numbness. A pause or absence. Numbness can be protective. It may mean that you need rest before feeling more.

Confusion and ambivalence. Feelings may shift quickly, and they may be mixed: love and anger, relief and sadness, gratitude and resentment. This is especially common when the person who hurt you was also someone you needed.

Physical symptoms. Tiredness, heaviness, tightness in the chest or throat, changes in sleep and appetite.

Let grief come in its own way. It is not a task to complete. It is a process to allow.

GRIEF AND SAFETY

Grief is a tender area, and it works best within the window of tolerance. If you are not stable, or if you are flooded or numb, it is wise to stabilize first. The tools of Part III are your foundation.

Some principles for grieving safely:

- **Pace yourself.** Short periods of grieving, followed by rest or something comforting, are better than long, overwhelming ones.
- **Use your grounding tools.** Before and after any grief practice, check in with your body.
- **Keep company.** If you can, let a trusted person or your therapist know what you are doing.
- **Plan something gentle afterward.** A walk, a warm drink, a favorite show, time with a pet.
- **Stop if needed.** If you feel overwhelmed, numb, or unsafe, stop and come back another day.
- **Seek help for heavy grief.** If grief feels unmanageable, or if you have thoughts of harming yourself, contact a mental health professional or a crisis line right away. In the United States, you can call or text 988.

If your history includes severe abuse or violence, please consider working through this chapter with a trauma-informed therapist.

LETTING GRIEF MOVE

Grief is a bodily experience as well as an emotional one. It often moves like a wave. It rises, peaks, and falls. When it is not resisted, it tends to pass, and it tends to return, usually less intensely.

Some ways to support the movement of grief include:

- **Slow breathing,** with a longer exhale.
- **A hand over the place** in your body where the feeling lives.
- **Allowing tears,** without needing a reason.
- **Gentle movement:** walking, stretching, swaying.
- **Making sounds,** such as sighing, humming, or quiet crying.
- **Warmth:** a bath, a blanket, a warm drink.
- **Being outside,** in light and air.

If you find that you cannot cry, or that your grief takes other forms, such as irritability, fatigue, or restlessness, that is also normal.

MOURNING THE PERSON WHO HARMED YOU

One of the most complicated aspects of grief in complex trauma is that the person who caused harm may also be someone you loved or needed. A parent who was frightening may also have been, at times, tender. A partner who controlled you may also have been your whole world. You may feel love, hatred, longing, and disgust, sometimes in the same hour.

This is not contradiction. It is the truth of a relationship that was both attachment and harm. You are allowed to feel all of it. You are allowed to grieve what was good, what could have been, and what was never possible, without excusing what was done.

Equally, you are not required to forgive, to reconcile, or to maintain contact. Forgiveness, if it comes, is a personal and private process, and it does not have to happen. Peace does not require it.

RITUALS OF ACKNOWLEDGMENT

Because this kind of grief is rarely witnessed, it can help to create your own rituals. A ritual says, in some form, *This mattered. I am allowed to feel it.*

- **A letter,** to your younger self, or to someone you lost, that you do not send.
- **Planting something.** A tree, a bush, a pot of flowers, in memory of what was lost or in hope of what will grow.
- **Lighting a candle,** on a day that matters.
- **A walk to a meaningful place.**
- **Creating something:** a drawing, a piece of music, a poem.
- **A conversation,** with a therapist or a trusted friend, in which you name what you are mourning.
- **A marking of time:** choosing a day each year to acknowledge the losses.

There is no right ritual. Choose what feels natural and bearable.

GRIEF AND THE SELF YOU MIGHT HAVE BEEN

Perhaps the hardest grief of all is for the self you might have been: the lighter, freer, more confident person who might have existed if the world had been safe. It can be painful to imagine.

It may help to notice that this grief also points toward something: a sense of what you value, what you wanted, and what you still want. The longing for a life that feels safe, a self that feels free, and relationships that feel kind is not only loss. It is also direction. As you grieve, you may find that you can begin to build, in the present, some of what you mourn.

HEALING PRACTICE: A LETTER TO THE CHILD YOU WERE

This practice invites you to write a letter from your adult self to the child you were, offering what was missing. It does not require you to describe events. Set aside thirty minutes in a quiet, private place. Keep a glass of water nearby, and your grounding tools. If you have a photograph of yourself as a child and it is not distressing, put it where you can see it. If it is, skip it.

Step 1: Choose an age. Pick an age at which you remember needing comfort or protection. It need not be the hardest time.

Step 2: Check your window. Take three slow breaths. Notice your body. If you feel steady, begin. If not, try another day.

Step 3: Begin the letter. Write, "Dear [your name] at [age]," and describe what you see: where they are, what they look like, what they are carrying. Use only what is comfortable.

Step 4: Tell them what you understand now. Write what you wish they had been told: *"It was not your fault." "You were a child." "You did your best to survive." "What happened to you was wrong."*

Step 5: Offer what was missing. Write what you wish someone had given: *"You deserved protection." "You deserved comfort." "I believe you." "I'm here now."*

Step 6: Make a promise. Write one small, realistic promise: *"I will listen to you." "I will keep us safe." "I will not leave you."*

Step 7: Close gently. End with words of care, and sign your name. Read it aloud, slowly, if you feel able.

Step 8: Care for yourself afterward. Ground yourself, drink water, and do something gentle. If strong feelings remain, use your safety plan, or reach out to someone safe.

REFLECTION PROMPTS

1. What are you mourning? Which items on the list in this chapter feel most true?
2. Which forms of grief, sadness, anger, longing, guilt, relief, or numbness, are present for you right now?
3. How do you feel about grieving for someone who harmed you, or who was both safe and unsafe?
4. What would it feel like to offer compassion to the child you were?
5. What ritual or small act could give your grief a place to rest?

WHAT TO REMEMBER

Grief is a normal and important part of recovery from complex trauma. It is a sign that you are becoming able to feel.

Losses include safety, childhood, trust, relationships, time, health, and the self you might have been. They are real even if unwitnessed.

Grief takes many forms and moves like a wave. It may be mixed with love, anger, relief, or numbness, especially when the person who harmed you was also someone you needed.

Pace yourself, use grounding, and keep company. Seek professional help if grief is overwhelming.

Rituals, letters, and gentle company give grief a place to land. You are not required to forgive or reconcile.

In the next chapter, we turn to healing shame and rebuilding the self.

MARTIN'S THREAD

Martin wrote his letter on a Sunday, under the apple tree in his garden, with a thermos of tea and his mother's trowel on the grass beside him.

Dear Martin at nine, he began. His hand trembled slightly, and he stopped and breathed. He looked at the leaves moving against the sky, and named five things he could see.

I see you at the kitchen table. You are very quiet, and you are listening hard. You are trying to be as small as you can.

He wrote slowly. *I want you to know that none of it was your fault. You were a child. You did what you could. You were so careful, and you were so brave, and you should never have had to be either.*

I believe you. I am so sorry that nobody told you this. I am telling you now.

He sat for a while with the pen above the page. Then, in smaller letters, he wrote: *I will not leave you again. I am going to look after us.*

He read it aloud once, to the apple tree. His voice shook, and then, a moment later, it did not. A breeze moved through the leaves. He drank some tea and held the cup in both hands and looked at the garden: the marigolds he had planted, the dusty green lavender, the bright, ordinary, living light.

He did not feel fixed. He felt like a man who had set down something he had been carrying for fifty years and was standing, for a moment, with empty arms, not knowing what to do with them. He picked up the trowel. He turned it over in his hand, and he knelt, a little stiffly, on the grass, and began to dig a hole for a new plant.

CHAPTER 13
HEALING SHAME AND REBUILDING THE SELF

On her day off, Nadia Brandt did something that she could not remember ever having done before. She stood in front of a mirror for two full minutes and did not look away.

It was a plain bathroom mirror, slightly spotted, over a white sink. She had suggested it to herself on the way home from therapy, in a half-joking spirit, and had then spent twenty minutes standing in the hall, not doing it. At last she had walked in, turned on the light, and made herself look.

The first thing she noticed was the impulse to leave. It came as a quick, hot push: *Don't. This is a bad idea. Look at yourself, you're ridiculous.* She felt her shoulders curl forward, the old shame posture, chin down, gaze sliding sideways. She noticed that she was already looking at the faucet.

Okay, she thought. *There's the shame. I know you.*

She put her hand on her chest and took a slow breath. She straightened her shoulders, very slightly, and lifted her eyes. The woman in the mirror was thirty-three, with tired eyes, dark hair pulled back, a faint line between her brows. She looked, Nadia thought, like someone who had been carrying a heavy bag for a long time.

That's a person, she thought. It was a strange, simple thought. *That's someone who has been through something hard and kept going.*

She stayed. The shame surged, and she let it. A tear ran down her cheek and she did not wipe it away. She heard herself say, in a low, awkward voice, "You've done a lot. You're allowed to be here."

It was not a miracle. But when she turned off the light, she was aware of something she did not have a name for, a faint, new sense that the woman in the mirror was someone to whom she might, one day, be kind.

WHAT SHAME DOES

Shame is perhaps the most persistent legacy of complex trauma. Where fear tells you that you are in danger, shame tells you that you are *wrong*. It says: *Something is fundamentally broken in you. You are bad, defective, too much, not enough. If people knew, they would turn away.*

As we saw in Chapter 5, shame differs from guilt: guilt concerns what you did, shame concerns who you are (Tangney & Dearing, 2002). Chronic shame is especially common after trauma that occurred in relationships, where a child or a captive may have concluded that the harm was deserved. It can lead to hiding, perfectionism, people-pleasing, isolation, and a profound difficulty in receiving kindness.

Because shame thrives in secrecy and isolation, it tends to be healed in the opposite conditions: in being seen, accepted, and treated with kindness. That is the heart of this chapter. It offers ways of building a different relationship with yourself, one that gradually makes room for dignity and care.

SELF-COMPASSION, IN PRACTICE

Self-compassion is the most extensively studied antidote to shame. As the psychologist Kristin Neff describes it, it has three parts: treating yourself with kindness rather than judgment, recognizing that suffering is part of the shared human experience, and holding painful feelings in mindful awareness rather than being swept away by them (Neff, 2003). A randomized trial of an eight-week Mindful Self-Compassion program found that participants showed increases in self-compassion, mindfulness, and well-being, and reductions in depression, anxiety, and stress (Neff & Germer, 2013).

For people with complex trauma, self-compassion can be tricky. Kindness toward oneself may feel foreign, undeserved, or even unsafe. Warmth can stir grief for the warmth that was missing. If you notice this, go slowly. Begin with neutral language rather than warm: *This is*

hard. I'm doing what I can. And if you feel overwhelmed, return to the tools of Part III.

Some small ways of practicing:

- **Speak to yourself as you would to a friend.** *You've been through a lot. It makes sense that you're tired.*
- **Use your name.** Research suggests that speaking to yourself in the second or third person can create helpful distance (Kross et al., 2014).
- **Place a hand on your heart or arm,** if it feels comfortable.
- **Remind yourself of common humanity.** *Other people who have been through hard things feel this too.*
- **Treat your body kindly.** Warmth, rest, nourishment, gentle movement.
- **Notice effort.** Acknowledge what you did, not only what you did not do.

You may worry that self-compassion will make you soft or complacent. Research suggests the opposite. In a series of studies, Juliana Breines and Serena Chen found that people who took a self-compassionate view of a failure were more motivated to improve than those who did not (Breines & Chen, 2012). Kindness creates the safety in which people can learn.

BECOMING YOUR OWN SECURE BASE

In earlier chapters, we saw that a secure base is a reliable presence from which a person can move out into the world and to which they can return (Bowlby, 1988). Many survivors of complex trauma did not have one. Part of healing is learning to offer yourself some of what a secure base provides: steadiness, attention, comfort, encouragement, and limits.

This is sometimes called *reparenting*. It does not mean pretending to be a child, blaming your parents, or doing everything alone. It means

learning to treat yourself the way a caring adult would treat a child in their care.

In practice, it looks like small, repeated acts:

Noticing. Asking yourself, several times a day, *How am I? What do I need?*

Responding. Meeting needs when you can: rest, food, company, quiet, help.

Keeping promises. Doing the small things you said you would do, such as going to bed on time or taking a walk. Reliability builds trust, including trust in yourself.

Setting limits with warmth. Saying no to what depletes you, and yes to what restores you.

Celebrating. Noticing what you do well, and saying so.

Making space for play and pleasure. Music, laughter, hobbies, time in nature, anything that restores you.

Research on *earned security* suggests that people who begin with difficult early relationships can come to relate in a secure way, especially with the help of supportive relationships and a coherent understanding of their own history (Roisman, Padron, Sroufe, & Egeland, 2002). Becoming your own secure base is part of that process. It does not replace relationships with others. It makes it possible to receive from them.

PARTS, PROTECTORS, AND THE INNER FAMILY

Many people with complex trauma notice that their inner life seems to contain different voices, moods, or states. There may be a part that is frightened and young, a part that is angry, a part that is relentlessly critical, a part that wants to disappear, a part that wants to please. They may argue, or take turns.

Some therapists find it useful to think of this as an *inner family*, or a set of *parts*. In Internal Family Systems therapy, developed by Richard

Schwartz, the mind is understood as made up of parts, each with its own perspective and role, including young, wounded parts and protective parts that try to keep the person safe, sometimes in ways that cause difficulty (Schwartz, 1995). The idea that trauma can leave a person with different self-states is also explored in the theory of structural dissociation (van der Hart, Nijenhuis, & Steele, 2006).

Not everyone experiences their inner world in this way, and you do not have to. It is a metaphor, not a literal description. But if it fits, it offers a useful perspective: that the parts of you that seem difficult, the critic, the avoider, the rager, are not enemies. They are protectors that learned their roles at a time of danger. They can be approached with curiosity, thanked for their service, and invited, gradually, to relax.

A simple practice is to ask a difficult part, silently, *What are you afraid would happen if you stopped?* The answer is often moving. The critic fears that you will be hurt if you are not perfect. The avoider fears that you will be overwhelmed. The pleaser fears that you will be abandoned. Understanding the fear is often the first step toward softening the behavior.

If your inner world feels chaotic, or if you experience strong dissociation or loss of time, please work with a therapist trained in these approaches.

IDENTITY BEYOND SURVIVAL

For many survivors, so much of life has been organized around survival that other aspects of identity have gone undeveloped. You may find that you are very clear about what you must avoid, and less clear about what you want. You may know how to anticipate other people's needs, and have little sense of your own preferences. You may feel that you *are* the trauma, that nothing else is left.

This is understandable, and it is not true. Underneath the survival strategies, there is a person with values, interests, humor, tastes, and

longings. Rebuilding the self involves rediscovering, or discovering for the first time, who that person is.

It can help to distinguish between *rules* and *values.* Rules are what you learned you must do to stay safe: *Be good. Don't make trouble. Never show weakness.* Values are what matter to you, freely chosen: kindness, honesty, creativity, curiosity, justice, connection, beauty. Acceptance and Commitment Therapy, developed by Steven Hayes and colleagues, places particular emphasis on identifying personal values and taking steps toward them, even in the presence of difficult feelings (Hayes, Strosahl, & Wilson, 1999).

Some questions to explore:

- *What do I enjoy, even a little?*
- *What am I curious about?*
- *When do I feel most like myself?*
- *What do I admire in others, and why?*
- *What would I do if I were not afraid?*
- *What do I want my life to stand for?*

Rediscovering identity is a slow process. It is made of small experiments: trying a class, a walk, a recipe, a conversation. Each is a piece of information. Over time, a self begins to appear, not defined by what happened, but by what you love and choose.

SHAME AND THE BODY

Shame is felt in the body, and so is its healing. When shame arrives, you may notice that your posture changes: your shoulders curl, your chin drops, your gaze lowers, your body tries to make itself smaller. These are protective postures.

One small way of working with shame is through the body. When you notice the shame posture, you can gently change it. Straighten your back slightly. Lift your chin. Take a breath that fills your chest. Let your eyes rest on something in the room. This is not about forcing

confidence. It is about sending the nervous system a signal: *I am not in danger. I am allowed to be here.*

Another way is through contact. A warm hand on your chest. A hug from someone safe. The weight of a pet. As we saw in Chapter 6, safe touch can reduce the brain's response to threat (Coan, Schaefer, & Davidson, 2006).

SHAME HEALS IN CONNECTION

Perhaps the most powerful antidote to shame is to be seen and accepted by another person. Shame says: *If anyone knew, they would leave.* When you let someone know a piece of what you carry, and they stay, something shifts.

You do not have to tell everything. You can begin very small: *I feel ashamed about this. I'm afraid of being too much. I'm not sure why I feel this way.* A therapist, a trusted friend, or a support group can be a safe place to practice. Many people find that hearing others describe similar feelings, and being met with understanding, loosens shame more than any amount of self-talk.

WHEN IT FEELS LIKE TOO MUCH

Working with shame and self-compassion can bring up strong reactions, such as grief, anger, or a flood of self-criticism. This is common. It does not mean you are doing it wrong. A few thoughts:

- **Go slowly.** Use short practices, and stop when you need to.
- **Return to grounding.** Use your tools from Part III.
- **Soften the language.** If *I am worthy* is too much, try *I am learning that I might be.*
- **Seek support.** A therapist can help you through the hardest parts.
- **Be patient.** Shame that took decades to form will not dissolve overnight.

HEALING PRACTICE: THE COMPASSIONATE REPLY

This practice helps you answer a shame message with compassion, and begin to build a sense of identity beyond survival. It takes about thirty minutes. You will need a notebook. Check in with your body, and stop if you feel overwhelmed.

Step 1: Take three slow breaths. Feel your feet on the floor.

Step 2: Name a shame message from this week. Write one sentence that your shame said: *"I'm too much." "I ruin things." "I'm a burden."* Write it exactly as it sounds.

Step 3: Notice the body. Write what you feel in your body when you read it, and how your posture changes.

Step 4: Imagine a younger you. Picture, in whatever way is comfortable, a child who believed this sentence. Write what that child needs to hear. Keep it simple and kind.

Step 5: Write the reply. As a wise, caring adult, write a short reply to the shame message. Begin with: *I hear that you feel...* and continue with what is true: *I hear that you feel like a burden. That belief was taught to you. It isn't true. You are a person who deserves care.*

Step 6: Write three things about who you are beyond survival. Examples: *I am curious about birds. I make people laugh. I love the smell of rain.* They can be small.

Step 7: Choose one values action. Write one small thing you can do this week that expresses something you love or value: *Visit the park. Cook a meal. Call a friend. Draw for ten minutes.* Do it.

Step 8: Care for yourself. Place a hand on your chest and say a kind sentence. Ground yourself, and do something gentle.

REFLECTION PROMPTS

1. What does your shame say? What does your body do when it speaks?

2. What would it mean to treat the parts of you that seem difficult as protectors rather than enemies?
3. What do you enjoy, value, or love, even a little? How might you spend more time with it?
4. Who might you let see a little of what you carry?
5. What would it mean to be your own secure base?

WHAT TO REMEMBER

Shame tells you that you are wrong. It is a common legacy of complex trauma, and it heals in connection, kindness, and being seen.

Self-compassion has three parts: kindness, common humanity, and mindfulness. It supports motivation. It may feel unfamiliar, so go slowly.

Becoming your own secure base means noticing, responding, keeping promises, setting limits, celebrating, and making space for pleasure.

Difficult parts of you are often protectors. They can be approached with curiosity and thanked for their service.

Identity beyond survival is built from values, interests, and small experiments. You are more than what happened to you.

In Part V, we turn toward reconnection and living: relationships, boundaries, meaning, and long-term wellbeing.

NADIA'S THREAD

Nadia did the practice on a Sunday evening, at her kitchen table, with the oranges in a bowl and the radio on low.

The shame message was easy. *You're too much. People get tired of you.* She wrote it down and felt her stomach drop. She noticed her shoulders curling, and straightened them, an inch, with a small shock of effort.

She pictured a girl of perhaps ten, sitting with her knees drawn up. She wrote, *What she needs to hear is that she's not too much. That nobody should have made her feel that way.* She stopped for a while. Then she wrote the reply, in a plain, steady hand. *I hear that you feel like too much. That belief was put there. It isn't true. You are someone who deserves company.*

For *Who I am beyond survival*, she sat for a long time. At first she could not think of anything. Then, slowly, she wrote: *I love early mornings. I like the sound of rain. I'm good at keeping calm for others. I'm curious about why people do what they do. I like oranges.* She laughed at the last one, a short, wet laugh. It was true.

Her values action was small: *Go to the river and sit on the bench for an hour, with no phone.* She did it on Tuesday, in the thin morning light. A man walked a dog. Two ducks argued. She sat with her hands in her lap, breathing.

I am a person, she thought, *who sits by rivers.*

It was such a simple thought. It had nothing to do with the past. For the length of one slow breath, she was not a survivor, or a dispatcher, or a problem to be solved. She was only someone, sitting in the early light, at ease.

PART V: RECONNECTION AND LIVING WELL

CHAPTER 14
RELATIONSHIPS, BOUNDARIES, AND TRUST

Elias Warren's brother arrived at the workshop on a Saturday morning with two cups of coffee and the expression of a man preparing to be turned away.

They had not spoken properly in years. There had been Christmas gatherings, and funerals, and the occasional brisk phone call about their mother's care. But the conversations had been like two men passing in a corridor: courteous, brief, and aimed at nothing. Elias had not asked him to come. His brother had called the night before, and said, in an uncertain voice, "Marta said you might be willing to talk."

Elias set down the plane he was holding. He felt the familiar tightening, the narrowing of the world. *Safe or unsafe?* he asked himself, as he had learned to. He looked at his brother's face, creased and tired and hopeful. He noticed that the man's hands were not quite steady around the cups. He noticed that nothing in his own body said *danger*. It only said: *careful.*

"Come in," he said. "I've got about an hour."

They sat on two overturned crates among the sawdust and the smell of cedar. For ten minutes they talked about trivial things. Then Elias, who had rehearsed one sentence in the truck, said it. "I'd like to try to talk with you. About some of it. Not all at once. And if it gets to be too much, I might ask us to stop and come back to it another day."

His brother looked at him. His eyes were wet. "Okay," he said. "That's okay. I'd like that. I've wanted to for a long time. I just didn't know how."

"Neither did I," said Elias. His voice was rough. "I'm learning."

They did not talk about the past that morning. They talked about their mother's garden, and a boat their father had built, and the fact that both of them had stopped eating Sunday dinners at the age of nineteen. At the end, Elias said, "I need to stop now. This was good. Can we do it again in two weeks?"

His brother nodded slowly. At the door, he hesitated. Then he put his hand, awkwardly, on Elias's shoulder, and Elias, who had spent his whole life arranging not to be touched, let it stay.

THE HARDEST AND MOST REWARDING PART

If safety and grief are the inner work of recovery, relationships are its outer frontier. They are also where many survivors feel the most hope and the most fear. This chapter is about building relationships that are safe enough to be nourishing: how to choose people, how to set boundaries, how to speak honestly, how to repair, and what to do when someone cannot change.

As we saw in Chapter 6, complex trauma often leaves people with a pull between longing for connection and fear of it. The good news is that relationships, though they were the source of harm, can also be the source of healing. Research on trauma consistently finds that social support is one of the strongest protective factors, and its absence one of the strongest risks (Ozer, Best, Lipsey, & Weiss, 2003). Safe connection is not a luxury. It is part of how the nervous system learns that the world can be trusted.

CHOOSING SAFE PEOPLE

The first skill is learning to recognize who is safe. For people whose early experience taught them otherwise, this can take practice.

Some qualities to look for:

- **Consistency.** Do their words and actions match? Are they the same person over time?

- **Respect for your limits.** When you say no, or ask for time, do they accept it?
- **Responsiveness.** When you share something difficult, do they listen, or do they minimize, change the subject, or attack?
- **Honesty.** Can you tell the truth without being punished?
- **Repair.** After a conflict, do they return, take responsibility, and reconnect?
- **Mutuality.** Does care flow in both directions?
- **Freedom.** Do you feel free to say no, to have other friends, to be yourself?
- **Safety.** Do you feel physically and emotionally secure? Do you feel more like yourself with them, or less?

Notice also what your body says, with the understanding that it may not always be a perfect guide. Your nervous system may sound the alarm around safe people, because closeness is unfamiliar, and may feel calm around people who are not safe, because they feel familiar. This is why it helps to look at behavior over time, not only at feeling.

Red flags include a person who is controlling, who isolates you from others, who humiliates or belittles you, who blames you for their behavior, who ignores your limits, who is unpredictable in ways that frighten you, or who threatens or harms. If you are in a relationship like this, your safety comes first. Please reach out for support. Appendix H lists resources.

STARTING SMALL

Trust is built in small steps. For survivors, taking small steps is not timidity. It is wisdom. You can approach relationships as a series of experiments:

1. **Share something small.** A minor preference, a small worry, a piece of your day.
2. **Notice the response.** Did the person listen? Respect it? Treat it kindly?

3. **Notice your body.** Did it relax a little, or tighten?
4. **Adjust.** If the response was kind, you might share a little more next time. If it was careless, you can slow down.
5. **Repeat.** Over weeks and months, a pattern emerges.

This approach lets you gather evidence about who is safe, without having to decide in a single moment whether to trust someone fully. It also lets you notice when someone pushes you to go faster than you can, which is itself useful information.

BOUNDARIES AS PROTECTION AND CONNECTION

A boundary is a statement about what you will do to take care of yourself. It is not a wall, and it is not a demand that someone else change. "Please stop shouting" is a request. "If voices are raised, I will leave the room" is a boundary. The first depends on the other person. The second depends only on you.

For many survivors, boundaries are difficult. If saying no was unsafe, or if compliance kept you safe, setting a limit can trigger fear, guilt, or a feeling of wrongdoing. Boundaries may be porous, so that you give too much and resent it. Or they may be walls, so that nobody gets in. Learning to set clear, flexible boundaries is a way of saying: *I can be close to you and still be myself.*

The writer and therapist Nedra Glover Tawwab, who has written widely about boundaries, emphasizes that they are about self-respect and clear communication, and that they vary with the person and relationship (Tawwab, 2021).

A good boundary has four parts. It is clear, specific, states what *you* will do, and is delivered with as much calm as you can manage.

1. **Name the situation.** *When conversations turn to criticism...*
2. **State the boundary.** *...I will end the conversation.*
3. **Add care, if true.** *I want us to have a good relationship.*
4. **Follow through.** If it happens, do what you said, calmly.

Examples:

- *"I can talk for twenty minutes now. After that I need to go."*
- *"I'm not going to discuss that. Let's talk about something else."*
- *"I need some time to think. I'll get back to you tomorrow."*
- *"I understand you disagree. My decision stays the same."*

You do not need to justify, over-explain, or argue. A boundary is not a debate.

Expect some resistance. When one person changes a pattern, others often push back to restore the old balance. Staying calm, consistent, and kind is usually more effective than arguing.

DIFFICULT CONVERSATIONS AND REPAIR

Some conversations are hard: those about old hurts, about patterns, about what you need. Before beginning, two questions help.

Is this the right conversation? Not every hard conversation needs to happen, and some are not safe. It is entirely legitimate to decide that a conversation is not worth having, or not safe to have.

What do I hope for? Be clear about your purpose, and about what outcome you could accept. If your peace depends on the other person's reaction, you have given them a great deal of power.

A simple structure, drawn from common approaches to communication, is: describe what happened, share how you feel, say what you need, and make a specific request (Rosenberg, 2003). For example: *When plans change at the last minute, I feel anxious and unsettled. I need some notice. Could you tell me by noon if something changes?*

Before the conversation, regulate. Use your calm toolkit. Choose a good time. Start gently. Allow breaks. If either of you becomes flooded, pause and return later.

Repair is the skill of returning after a rupture. In studies of couples, John Gottman found that what distinguished stable relationships was not the absence of conflict but the presence of repair attempts: small

gestures that reduce tension and help partners reconnect (Gottman, 1998). Repair can be simple: *I got defensive. I'm sorry. Can I try again? I need a break, and I'll come back in twenty minutes. Thank you for being patient with me.*

For people who grew up without repair, this may feel awkward. It is a skill, and it grows with practice.

WHEN FAMILY CANNOT CHANGE

Sometimes, despite your clarity and care, the people who harmed you, or failed to protect you, cannot or will not change. They may deny, minimize, or become angry. This is among the hardest realities of recovery.

People can only give what they have the capacity to give. Some are unable to acknowledge harm, even to themselves. This does not mean that you were wrong to speak, or that your experience is not real. It means you have learned something about the limits of the relationship.

Acceptance is not approval. To accept someone's limits is not to agree with what happened, or to stop caring. It is to see them clearly, and to stop waiting for a different response.

You can choose your level of contact. Relationships exist on a spectrum, from close to limited to none. You might shorten visits, meet in public, keep to certain topics, communicate in writing, or choose not to have contact. The right level depends on safety, respect, and what you can give without losing yourself.

Distance can be necessary. If contact is unsafe, your safety comes first. You do not owe anyone access to you. Limiting or ending contact is a significant decision, and it is wise to make it with support from a therapist or trusted person, as it can bring grief and guilt alongside relief.

Grief often follows. When someone cannot meet you, you may grieve the relationship you hoped for. This is real, and it deserves patience.

You can build elsewhere. Many survivors build the connection they need with friends, mentors, partners, and communities. These relationships do not replace where you come from, but they can offer experiences of safety and belonging.

COMMUNITY AND BELONGING

Healing does not happen only in one-to-one relationships. Belonging to a community can be profoundly restorative: a support group, a faith community, a creative circle, a volunteer team, a cultural organization, a class.

For those whose trauma was tied to their community or culture, reconnecting with traditions, histories, and collective care can be a source of strength, as scholars of historical trauma have emphasized (Brave Heart & DeBruyn, 1998). For those who feel isolated, a group of people who understand can reduce shame, and it can offer a sense of being less alone.

If groups feel overwhelming, begin with something small and low-pressure, with a commitment you can keep, and the freedom to leave. Many people find that the first few meetings are the hardest.

HEALING PRACTICE: ONE BOUNDARY, ONE CONVERSATION

This practice helps you prepare for one boundary or one hard conversation. You will need a notebook. Choose something manageable.

Step 1: Choose. Pick one relationship and one issue. Start with something moderate rather than the hardest thing in your life.

Step 2: Check safety. Ask: *Is this person likely to respond with respect? Is it safe to raise this?* If you are unsure, consider talking it through with a therapist first.

Step 3: Clarify your purpose. Write: *What do I hope for? What outcome could I accept, even if it is not the one I want?*

Step 4: Write your boundary or message. Use the structures in this chapter. Write one boundary sentence, or a short message with description, feeling, need, and request.

Step 5: Anticipate the response. Write the three most likely reactions, and how you would respond calmly to each.

Step 6: Plan your regulation. Write what you will do if you start to flood or shut down: a breath, a pause, a sentence like "I need a few minutes."

Step 7: Rehearse. Say the words aloud, alone or with a trusted friend, until they feel steady.

Step 8: Plan your aftercare. Decide what you will do afterward: a walk, a call, a quiet evening. Expect to feel unsettled.

Step 9: Do it, or decide not to. Both are legitimate. If you do, notice what you did well, regardless of the outcome.

REFLECTION PROMPTS

1. What qualities do you notice in people who feel safe? Which do you tend to overlook?
2. Where do you most need a clearer boundary? What stops you?
3. What happened in your family when someone set a limit or said something difficult? How does that affect you now?
4. What would it mean to accept someone's limits without giving up on your own needs?
5. Where might you find community or belonging, even in a small way?

WHAT TO REMEMBER

Safe relationships are protective for trauma survivors. They are also where many fears live.

Choose safe people by watching behavior over time: consistency, respect for limits, responsiveness, honesty, repair, mutuality, and freedom. Red flags include control, isolation, and humiliation.

Build trust in small steps, as a series of experiments.

A boundary describes what you will do to take care of yourself. It is a form of self-respect and honest connection.

Repair after rupture matters more than perfection. When family cannot change, you can accept their limits, choose your contact, grieve, and build community elsewhere.

In the next chapter, we turn to meaning, growth, and everyday life.

ELIAS'S THREAD

Elias and his brother met every two weeks through the spring. The conversations were short at first: an hour on the crates, with coffee, in the smell of sawdust. They talked about the boat their father had built, about their mother's garden, about the odd fact that neither of them had ever learned to cook.

In June, in the middle of a long silence, his brother said quietly, "I know it was worse for you than for me. I was older. I got out earlier. I'm sorry I didn't do something."

Elias felt his chest tighten and his shoulders rise. He stayed in the room. He put his feet on the floor and took a breath, in four, out six. "Thank you for saying that," he said. His voice was thick. "I don't need you to fix it. I needed to hear it."

"I should have said it a long time ago."

"Yes," Elias said. "But you're saying it now."

They sat for a while, not talking. A truck went by outside, and a gull cried. Elias noticed that his hands, which he had folded between his knees, were open.

That evening, he told Marta about it, over dinner, in a handful of slow sentences. She did not say very much. She reached across the table and covered his hand. And he did what was, for him, a radical thing. He turned his hand over under hers, and held on, and said, "I think I might be ready to meet your mother, too."

She laughed, a little wetly. "She'll love you," Marta said. "She's already decided to."

CHAPTER 15
MEANING, GROWTH, AND EVERYDAY LIFE

On a Sunday in late summer, June Okonkwo did something that she would have found inconceivable a year earlier. She spent four hours doing nothing in particular, and enjoyed it.

She had woken without an alarm. She made coffee and carried it out to the small shared garden behind her building, where somebody had planted tomatoes and nobody had been quite sure whose they were. She sat on a bench with the mug warming her hands. The air smelled of cut grass and warm earth. A bee investigated a marigold.

At first, she waited for the old restlessness, the compulsion to be useful, the voice that said *You should be doing something.* It came, faintly. She noticed it, and she let it pass, as she had practiced. Then, around the second cup of coffee, something odd happened. She realized that she was not scanning. She was not checking her phone. She was simply watching a bee, with an interest that was entirely her own.

She walked, later, to the corner café, and sat by the window with a book, and read for two hours, with real attention. She noticed, with a quiet jolt, that the words had weight, and that she was *in* the story. She had not been able to do that in years. The fog, which had been her constant companion, was thin that day, a gauze rather than a wall.

At four o'clock, she walked home by the long way, past the river, and stopped on the bridge to look at the water. The light on it was gold and ordinary. She felt a wave of something that she was slow to name. It was not joy, exactly. It was closer to ease.

This is what it's for, she thought. *All the grounding, and the grief, and the plans. It's for this. It's for a Sunday afternoon in which nothing happens and I am here for it.*

She stood on the bridge until the light began to change, and she did not hurry.

BEYOND SURVIVAL

Much of this book has been about stabilization, understanding, and mourning. Those are the heart of recovery. But recovery is not only the reduction of symptoms. It is also the building of a life that is worth living: one with pleasure, purpose, connection, and a sense of meaning.

This chapter turns to that horizon. It is not a requirement, and no one is obliged to feel any particular way about what they have been through. But for many survivors, as safety grows, an unexpected question arises: *Now that I am not just surviving, what do I want my life to be?*

PLEASURE, PLAY, AND REST

For people who have lived in survival mode, pleasure and rest can feel foreign, even unsafe. Relaxing may feel like lowering your guard. Enjoyment may feel undeserved, or suspicious. Many survivors describe a flicker of dread when something good happens: *Something bad will follow.*

It helps to understand that this is not a flaw. It is the learned expectation of a nervous system that has, in the past, found that safety was followed by danger. Gradually, through repeated experience, it can learn otherwise.

Rest is not laziness. It is the time in which the body and mind repair. If rest is hard, begin small: ten minutes of doing nothing, without a screen or a task. Notice what arises. Often a wave of restlessness or guilt comes first, and then, if you stay, it eases.

Play is activity done for its own sake. It might be music, drawing, dancing, gardening, cooking, games, building something, wandering with no destination. Play is not frivolous. It signals safety to the nervous system, and it restores a sense of aliveness.

Pleasure is the simple enjoyment of sensory experience: a warm bath, good food, music you love, sun on your face, the smell of rain.

Savoring small pleasures, noticing them fully for a few breaths, can gradually expand your capacity to feel good.

Nature helps many people. Time outdoors, among plants, water, and light, is calming for most nervous systems.

If pleasure triggers anxiety, go gently. Start with very small experiences, and notice that you can feel good for a moment and nothing terrible happens. Each time, you teach your system something new.

WORK, PURPOSE, AND CONTRIBUTION

Work and purpose can play a large part in a good life. For some survivors, work has been a refuge, a place where competence provided a sense of worth. For others, it has been a strain, with trauma symptoms interfering with concentration, relationships, or energy.

As you recover, you may wish to take another look at how you work. Some questions:

- *Does my work fit my values and strengths?*
- *Is my pace sustainable, or am I using work to avoid feeling?*
- *Are there changes, such as setting boundaries, asking for accommodations, or choosing a different path, that would support my wellbeing?*
- *Is there something I have always wanted to do?*

Purpose does not have to be grand. It can be raising a child, tending a garden, caring for an animal, creating something, learning, helping a neighbor, volunteering. Research on resilience has long emphasized that a sense of purpose, a meaningful role, and a connection to something larger than oneself are among the factors that help people recover from adversity (Masten, 2001).

POSTTRAUMATIC GROWTH WITHOUT PRESSURE

Some people who have been through trauma describe unexpected changes that they experience as positive: a deeper appreciation of life,

closer relationships, a sense of personal strength, new possibilities, spiritual or existential change. The psychologists Richard Tedeschi and Lawrence Calhoun called this *posttraumatic growth* and have studied it extensively (Tedeschi & Calhoun, 2004).

It is important to be very clear about what this does and does not mean. Posttraumatic growth does *not* mean that the trauma was good, or that suffering is necessary, or that survivors should be grateful for what happened. It does *not* mean that people who do not experience growth have failed. Many people recover without it, and many experience growth alongside lasting pain. Growth, when it occurs, tends to arise from the struggle to make sense of what happened, not from the trauma itself, and it coexists with distress.

For many survivors, the idea of growth can feel like pressure, another demand to be a "good" survivor. If this is true for you, put it aside. You are not obliged to find meaning in what was done to you. Meaning, if it comes, comes in its own time, and it is yours to define.

If you do notice changes in yourself that feel like strength, such as more compassion for others, more clarity about what matters, a greater sense of your own resilience, you can acknowledge them without feeling they erase what was lost. Both can be true: *I wish it had not happened*, and *I have become someone I respect*.

HELPING OTHERS WITHOUT LOSING YOURSELF

Many survivors feel a pull to help others who have suffered: as friends, mentors, volunteers, advocates, professionals. This can be a source of meaning and connection, and a way of transforming pain into something that helps.

It can also be risky. Survivors may take on too much, neglect their own needs, or be triggered by others' stories. A few guidelines can help.

Take care of yourself first. Stabilization comes before service. You cannot support others from an empty tank.

Set limits. Decide how much time and energy you can give, and stick to it.

Know your triggers. Be aware of which situations or stories activate you, and have your tools ready.

Don't carry what is not yours. You can listen with compassion without taking on someone else's pain as your own.

Share from healing, not from the wound. Your story is yours to tell when and how you choose, and not as a performance or an obligation.

Seek supervision or support, especially if you are working in a helping profession.

Many people find that helping others is most sustaining when it is chosen freely, in moderation, and as one of many parts of a full life.

BUILDING A LIFE THAT FEELS LIKE YOURS

The ultimate aim of recovery is not to become a different person. It is to become more fully yourself: someone whose life is shaped by choices and values, not primarily by fear.

Some small ways of building such a life:

Notice what you like. Pay attention to what draws you: music, colors, foods, places, people, activities. Follow your curiosity.

Create a rhythm. A daily and weekly routine that includes rest, movement, connection, and something you enjoy.

Make your space yours. Arrange your home in ways that feel safe, comfortable, and expressive.

Say yes to small experiences. A class, a walk, a coffee, a new book.

Keep a record of the good. At the end of the day, write one thing that went well, or that you enjoyed. This trains attention toward what is working.

Build your support network. Keep investing in the relationships that nourish you.

Imagine a future. For many survivors, the future has been hard to picture. You can begin with small questions: *What would I like to be doing in a year? What would I like my mornings to feel like?*

You do not have to know where this is going. You only have to take the next small step, in a direction that feels like yours.

HEALING PRACTICE: THE LIFE COMPASS

This practice helps you clarify what matters to you, and take small steps toward it. It takes about thirty minutes. You will need a notebook.

Step 1: Take three slow breaths. Settle into your seat.

Step 2: Draw a compass. Draw a circle with four directions: *Connection, Rest and Play, Purpose, Growth.*

Step 3: Fill each direction. For each, write what you would like more of in your life. *Connection:* a friend I can call. *Rest and Play:* time in the garden. *Purpose:* helping at the animal shelter. *Growth:* learning to paint.

Step 4: Choose a value. From the lists, choose three values that matter to you: *kindness, honesty, creativity, curiosity, freedom, courage, connection, beauty, learning, justice.*

Step 5: Choose one direction to start. Pick the direction in which a small step feels most possible.

Step 6: Choose one small step. Write something you can do this week that moves you toward it: *Call a friend. Visit the shelter's website. Buy a sketchbook.*

Step 7: Do it. Notice what happens in your body and mind.

Step 8: Record the good. Each evening for a week, write one thing that went well or that you enjoyed.

Step 9: Review. At the end of the week, notice what you learned. Adjust your compass.

REFLECTION PROMPTS

1. When was the last time you felt at ease? What was happening?
2. What do you do for pleasure, play, and rest? What would you like to do more?
3. What gives you a sense of purpose, or what might?
4. How do you feel about the idea of growth after trauma? What would it mean to put pressure aside?
5. What is one small step toward a life that feels like yours?

WHAT TO REMEMBER

Recovery is not only the reduction of symptoms. It is also the building of a life with pleasure, purpose, connection, and meaning.

Rest, play, and pleasure may feel unsafe at first. They are part of how the nervous system learns that safety can be trusted.

Purpose and contribution support resilience. They do not have to be grand.

Posttraumatic growth does not mean that trauma was good or that you must find meaning. It is optional, and it can coexist with pain.

Helping others is most sustaining when it is chosen, moderate, and supported by self-care.

In the final chapter, we turn to staying well: setbacks, long-term care, and your early-warning plan.

JUNE'S THREAD

June kept her compass pinned above her desk, with four words in her careful handwriting and a small drawing of a bee beside it, because she liked it.

Under *Connection*, she had written *a friend I can call.* She had taken the first step in September, after a long internal debate, by sending a message to a colleague named Ife, who ate lunch alone and read

poetry. *Would you like to get coffee?* It had taken her an hour to write. Ife had replied in two minutes. *I'd love to.*

Under *Rest and Play*, she had written *garden.* She had asked the building's manager whether she could have a corner of the shared plot, and had been given a rectangle of dry soil and a trowel. She planted marigolds, mostly because they were forgiving.

Under *Purpose*, she had put *help people understand contracts.* She volunteered two evenings a month at a community legal clinic, helping tenants read their leases. On her first night, a woman had gripped her hand and said, "I thought nobody would explain it to me like I was a person." June had held her breath, and felt, under the fluorescent lights, a strange, grave pleasure.

Under *Growth*, she had written *learn to paint.* She had bought a set of cheap watercolors and a pad of paper. Her first painting was a lopsided orange. She taped it to the refrigerator and looked at it every morning.

She still lost time, now and then. The fog still came. But it came less often, and it no longer frightened her in the same way. She had a kit. She had a plan. She had a garden, and a friend who read poetry, and a small crooked orange on the fridge.

This is a life, she thought one evening, standing in the kitchen with the light going. *It's not the one I thought I'd get. But it's mine, and I'm in it.*

CHAPTER 16
STAYING WELL: SETBACKS AND LONG-TERM CARE

In October, on the anniversary of a date that he had never spoken about, Martin Vale woke at four in the morning, certain that he had gone backward.

He lay in the dark with his heart thumping. The old dread was there, a gray pressure behind the ribs, a sense of something large and unnamed pressing toward him. He had not slept well for three nights. He had snapped at his neighbor, and forgotten an appointment. The previous evening he had caught himself standing in the kitchen with a tin of soup in his hand, not remembering why.

It's all coming back, said the old voice, low and certain. *All that work, and it's all gone. You haven't changed at all.*

He lay still. His mouth was dry. For a few minutes, he did not move, because he was afraid that if he did, the fear would follow.

Then, slowly, as though from a great distance, he remembered something Dr. Hartley had said. *Setbacks are not the same as going backward. They are part of the path.* He remembered the card in his wallet, behind the slip of paper. He remembered the word *anniversary,* and realized, with a small, cold click of understanding, what day it was.

He did not feel better at once. But he sat up, put his feet on the floor, and breathed, in for four, out for six. He turned on the light. He said aloud, in the quiet bedroom, "It's October. It's the anniversary. This is expected. It's not forever."

He made a cup of tea. He took out his safety plan, and read it through, and then he called his sister. It was five in the morning, and she answered on the second ring. "I'm having a hard week," he said. "I

wanted you to know." There was a pause, and then she said, "I'm glad you called. Do you want me to come over?"

He did not need her to. But, sitting in his kitchen in the early dark, with the tea warm in his hands, he realized that he would have liked it. "Maybe on the weekend," he said.

When he hung up, the dread was still there. But it was smaller, and it was no longer alone.

RECOVERY IS NOT A STRAIGHT LINE

By now, you have come a long way. You have learned what complex trauma is, recognized its signs, built tools for safety and calm, worked with triggers, begun to grieve, and started to rebuild a sense of self and a life. Perhaps things have improved. Perhaps they have not improved as much as you hoped.

This chapter is about the long road: what to expect over time, how to understand setbacks, how to prepare for hard times, and how to stay well. It is the least dramatic chapter in this book, and it may be the most important, because recovery is rarely a single arc. It is more like a spiral, in which you revisit old themes at new depths, each time with more skill and more compassion.

WHY SETBACKS HAPPEN

A setback is a return of symptoms, a period in which you feel as though you are slipping back: more flashbacks, more fog, more shame, more fear. It can be discouraging, even devastating. It can bring the thought: *It didn't work. I'm back where I started.*

It helps to understand that setbacks are expected. There are many reasons they occur.

Stress. When life becomes demanding, the nervous system's threshold for alarm drops. Illness, loss, a job change, a move, conflict, or financial strain can all bring symptoms back.

Reminders. Anniversaries, holidays, seasons, places, and people can reactivate old responses.

Exhaustion. When you are tired, hungry, or unwell, you have fewer resources.

Life transitions. Changes, even good ones, such as a new relationship or a promotion, can stir the old system.

Progress itself. As you become safer, deeper material can surface. Sometimes people feel worse before they feel better, because feelings that were numbed are returning.

New triggers. Sometimes a new situation touches something old.

None of these means that you have failed. It means that your nervous system is responding to stress as it was trained to, and that the work of recovery is long.

A SETBACK IS NOT THE SAME AS GOING BACKWARD

The most helpful reframe is to distinguish a setback from a reversal.

When you are in a setback, it feels as though everything has been lost. In fact, what you have learned remains. The skills, the understanding, the supportive relationships, the changes in your sense of self, are still there. What has happened is that the system is temporarily overwhelmed, and the tools are harder to reach.

Often, when a setback passes, people find that they recover more quickly than before, and that they handle it with more skill. In that sense, a setback can be a test that you pass with new tools, and an opportunity to refine your plan.

The researcher George Bonanno, who has studied how people respond to loss and trauma, has emphasized that recovery trajectories vary widely, and that many people show resilience even after periods of significant distress (Bonanno, 2004). Variation is normal. There is no single path.

ANNIVERSARIES AND PREDICTABLE TIMES

Some setbacks can be predicted. Many survivors notice that certain times of year, dates, or occasions bring difficulty: anniversaries, birthdays, holidays, seasons, even certain kinds of light or weather. Sometimes the body remembers before the mind does.

If you notice that you often struggle at a particular time of year, you can prepare.

- **Mark the date.** Put it on your calendar, so that it does not catch you by surprise.
- **Plan gentleness.** Reduce commitments, build in rest, and schedule something comforting.
- **Arrange support.** Tell a trusted person, and consider scheduling an extra session with your therapist.
- **Keep your routine.** Sleep, food, and movement matter more than ever.
- **Expect some reaction.** If you feel a wave, remind yourself: *This is the anniversary. It is expected.*
- **Plan a ritual,** if it helps: a walk, a candle, a quiet evening, a letter.

Naming the cause often reduces fear. *It's October* is a far gentler sentence than *I'm falling apart.*

YOUR EARLY-WARNING PLAN

One of the most useful tools for long-term care is an *early-warning plan*: a list of the signs that you are heading into difficulty, together with the steps you will take. It builds on the safety plan from Chapter 8.

Early signs might include:

- Trouble sleeping.
- Withdrawing from people.
- More frequent flashbacks, fog, or numbness.
- A louder inner critic.
- Irritability or anger.

- Neglecting basic care.
- Using more alcohol or other coping behaviors.
- Feeling hopeless, or feeling that nothing matters.
- A growing sense of dread without cause.

When you notice early signs, take early action. This might mean:

- **Returning to basics:** sleep, food, movement, routine.
- **Increasing your use of tools:** more grounding, more rest, more calm practices.
- **Reducing demands:** saying no to extra commitments.
- **Reaching out:** contacting a friend, a support group, or your therapist.
- **Reviewing your safety plan.**
- **Being kind to yourself:** treating the difficult period as a time of recovery, not failure.

Acting early often prevents a small difficulty from becoming a crisis. It is the equivalent of taking an umbrella when the sky darkens, rather than waiting to be soaked.

WHEN TO SEEK HELP AGAIN

It is wise to know when to ask for more support. You may want to contact a therapist, doctor, or other professional if:

- Symptoms have worsened for more than a couple of weeks.
- You are unable to function in daily life.
- You are having frequent, severe flashbacks or dissociation.
- You are using substances heavily to cope.
- Your sleep has deteriorated significantly.
- You are isolating completely.
- You feel hopeless, or you are thinking about harming yourself or ending your life.

If you are in crisis, or in danger, please contact emergency services or a crisis line immediately. In the United States, you can call or text

988. In other countries, findahelpline.com can help you find a service. Appendix H lists further resources.

Seeking help again is not a sign of failure. For many people, periodic support, such as a check-in, a series of sessions, or a course of treatment, is a normal part of long-term wellbeing. Think of it as maintenance, not repair.

HABITS THAT KEEP YOU WELL

Over the long run, certain habits tend to support wellbeing.

Regular sleep and routine. The body loves predictability.

Movement. Regular, gentle, enjoyable activity.

Connection. Time with people who are safe and kind.

Rest and play. Regular time that is not productive.

Practicing your tools, even when you feel well. Skills stay sharp with use.

Checking in. A weekly or monthly review of how you are doing, perhaps with the tracker in Appendix L.

Limiting known stressors. Where you can, reduce exposure to people, media, or situations that wear you down.

Therapy or support, as needed, whether ongoing or periodic.

Meaningful activity. Things that give you purpose and joy.

Compassion. The way you speak to yourself in hard times matters.

None of these has to be perfect. They are not a test. They are a set of supports.

LIVING WITH WHAT REMAINS

For many people, recovery from complex trauma does not mean that every symptom disappears. Some sensitivities may remain: a

tendency to startle, a susceptibility to certain triggers, a need for more rest than others. This is not failure. It is part of the shape of a life.

What often changes is your relationship to these things. They become familiar, manageable, and less frightening. You know what they are, you have tools, you have people, and you do not blame yourself. They become one part of your life, not the whole of it.

Recovery, in this sense, is not a return to a state before trauma. It is the building of a life in which you are no longer governed by it.

HEALING PRACTICE: THE STAYING-WELL PLAN

This practice helps you create a plan for long-term care. It takes about thirty minutes. You will need a notebook, and your safety plan from Chapter 8. Choose a calm time.

Step 1: Take three slow breaths. Settle your body.

Step 2: List your predictable triggers and dates. Write anniversaries, seasons, holidays, or situations that tend to be difficult. Add them to your calendar.

Step 3: List your early-warning signs. Write the signs, in body, mood, behavior, and thoughts, that tell you things are getting harder.

Step 4: Write your first-response steps. For each early sign, write one action you will take: *If I can't sleep for three nights, I will... If I notice I'm withdrawing, I will...*

Step 5: List your daily supports. Write the habits that keep you well: *sleep schedule, walk, calling a friend, grounding practice.*

Step 6: List your people. Write who you will contact, and what you will say, if you need help. Include professionals.

Step 7: Write your help thresholds. Complete: *I will contact a professional if...* Be specific.

Step 8: Write a reminder to yourself. For a hard day: *A setback is not going backward. I have done hard things. I am not alone.*

Step 9: Share it. Give a copy to a therapist or a trusted person, if you can.

Step 10: Review it every three months. Update it as you learn.

REFLECTION PROMPTS

1. What have been your experiences of setbacks? What did you say to yourself?
2. Are there times of year, dates, or situations that are predictably hard? How could you prepare?
3. What are your early-warning signs? What helps when you notice them?
4. What does it mean to you to think of recovery as a spiral rather than a line?
5. What are the habits and people that keep you well?

WHAT TO REMEMBER

Setbacks are expected. They are caused by stress, reminders, exhaustion, transitions, and the surfacing of deeper material.

A setback is not the same as going backward. What you have learned remains, and it often returns quickly.

Anniversaries and predictable triggers can be prepared for. Naming the cause reduces fear.

An early-warning plan helps you act early. Seeking help again is maintenance, not failure. If you are in crisis, contact emergency services or a crisis line.

Recovery does not always mean every symptom disappears. It means that you are no longer governed by them.

In the conclusion, we return to the four people you have followed through this book, a year later.

MARTIN'S THREAD

By Saturday, the worst of the week had passed. Martin's sister arrived at ten, with a loaf of bread and a bag of oranges, and they sat in the kitchen with tea and talked about nothing for an hour.

"I thought I had lost it all," Martin said at last. "All the progress. I thought the old stuff had won."

"Had it?" his sister asked.

He considered the question. He thought about the gray dawn, the cold dread, and what he had done in it: the breathing, the plan, the phone call. "No," he said slowly. "I think I handled it better than I ever have. It was just hard."

"That sounds like progress to me," she said.

"It doesn't feel like it."

"I know." She reached across the table and put her hand over his. It was a plain, brown, capable hand, the hand of someone who had raised three children and buried a husband. "It usually doesn't. But it is."

Afterward, when she had gone, Martin took out the Staying-Well Plan that he had written with Dr. Hartley. Under *Predictable dates*, he had written *October 14.* He added a line in pencil. *It's expected. I am safe. It passes.* Then he closed the notebook, and stood at the window and looked at the garden, where the last marigolds were fading to rust.

He had come to think of recovery as a season, and not as a destination: something that turned, and returned, and deepened. There would be other Octobers. He would meet them as he had met this one, with a cup of tea, a plan, and someone to call. And between them, he would plant things, and watch them grow.

CONCLUSION



YOU SURVIVED, AND YOU ARE ALLOWED TO LIVE

A year after the afternoon in the supermarket, Nadia Brandt stood in the same cereal aisle and watched a toddler drop a jar of pasta sauce.

It hit the tiles with a flat, wet crash. Red spattered across the floor. A mother gasped and apologized, and a staff member hurried over with a mop.

Nadia felt her heart jump. She felt the old cold surge, the narrowing of the room. And then, very quietly, she heard herself say, in her own head, *That's a startle. That's an old alarm.*

She pressed her feet into the floor. She named three things she could see: *a yellow box, a silver cart, a small child's red shoe.* She took a breath in for four and out for six. The wave rose, and crested, and began to fall. It took less than a minute.

She put her oatmeal in the basket and walked to the checkout. At the register, the cashier said, "How's your day going?" and Nadia, to her own surprise, answered the question honestly. "It's good," she said. "A little jumpy. But good."

In the car, she sat for a moment with her hands on the wheel. They were steady. She smiled, a small, private smile, and started the engine.

THE CHARACTERS, ONE YEAR LATER

Nadia is still an emergency dispatcher, and she still sometimes goes home with her chest tight. But she has a locker card, a river bench, and a bag of oranges that she replaces every week. She sees her therapist

twice a month. A few months ago, she told Jess, her dispatch partner, a few plain sentences about her past, and Jess did not flinch. She said, "Thank you for telling me. I'm glad you're here." Nadia sat for a long time that night on her balcony and let that sentence settle.

Elias and Marta are living together. He is still a man of few words, but they are different words now. He and his brother meet every other Saturday. In the spring, Elias built a small bench for Marta's mother's garden, and when the old woman sat on it for the first time and said, "This is beautiful," he felt his face flush and did not look away. He still has flashbacks, mostly around loud voices. He carries a smooth stone in his pocket, and he has learned that he can stay in a room when the old alarm sounds.

June has a garden plot, a friend who reads poetry, and a refrigerator covered in lopsided watercolor oranges. She still loses time now and then, but not in meetings, and she has a kit that fits in her bag. She volunteers twice a month at the legal clinic. On a bad day, she tells her therapist, she says to herself, *Today is Thursday. I am twenty-nine. I am here,* and most of the time, it is true.

Martin wrote to his sister's children, a year ago, a short note that began: *Your uncle is learning to talk about things.* He has been to a support group four times. He told them, in the second meeting, one sentence about his childhood, and the woman beside him squeezed his hand. He still wakes some nights with the old dread, and he still marks October on his calendar. But he has planted a row of marigolds along every fence he owns, and each year they come up, a little more orange than the last.

WHAT YOU HAVE DONE

If you have read this far, you have done something that is not simple.

You have learned what complex trauma is: a pattern of harm, often repeated and interpersonal, that shapes the body, the emotions, the

sense of self, and relationships. You have seen how it forms, and how the brain and body adapt to chronic threat. You have learned to recognize emotional flashbacks, the voice of shame, the pull between closeness and fear, and the protective intelligence of dissociation.

You have begun, or continued, the work of stabilization: building safety, calming your body, and learning what to do when triggers arrive. You have thought about telling the story, safely and on your terms. You have considered grief, and the long, slow work of mourning what was lost. You have looked at shame, and at the possibility of a different relationship with yourself. And you have turned toward connection, meaning, and a life that feels like yours.

You may not have done every practice. You may have skipped chapters, put the book down for weeks, or found parts of it too hard. That is part of the process. Recovery is not a project to be completed. It is a way of living that you keep practicing.

RECOVERY IS NOT A FINISH LINE

It is tempting to imagine a day when you will be healed: when the alarm will be silent, the fog gone, the shame dissolved. That day does not come in quite that form. What comes instead is quieter, and in some ways better.

You notice the alarm sooner. You come back faster. You tell the difference between then and now. You reach for a person instead of retreating. You speak to yourself with a little more kindness. You enjoy an afternoon. You let someone see you.

These are not small things. They are the visible edge of a deep change in a nervous system that learned, long ago, to expect danger, and is now learning that safety is possible. Each one is evidence that what was learned can be revised.

A FINAL WORD

This book began with a small, ordinary moment: a jar of sauce, a supermarket aisle, a body that responded as if the past were happening now. It is a moment that thousands of people recognize, because it is not really about a jar. It is about the way that long-term harm leaves its mark, and about the fear, so common among survivors, that nothing will ever change.

Something can change. It is changing already, in the fact that you read these pages, in each tool you tried, in each moment in which you stayed with a hard feeling and found that you survived it. You were not weak to have been affected. You were never defective. You were a person facing something that no one should have to face, and you found ways to survive.

On the hard days, when the old alarm sounds and the old voice returns, remember this: you are not behind. You are not broken. You are a person doing difficult and brave work, in the middle of ordinary life, and you do not have to do it alone.

You survived. And you are allowed to live.

APPENDIX A: THE GROUNDING TOOLKIT

Grounding means bringing attention to the present moment through the body and senses. These tools are suggestions. Treat each as an experiment, choose what works for you, and skip anything that feels unsafe or makes you feel worse. Practice when you are calm so the tools are familiar when you need them.

USING THE SENSES

- **Name five things you can see,** four you can touch, three you can hear, two you can smell, and one you can taste.
- **Describe an object in detail:** its color, shape, texture, weight, and temperature.
- **Hold something with texture:** a smooth stone, a piece of fabric, a rough shell.
- **Smell something distinct:** a citrus peel, coffee, a herb, soap, a favorite scent.
- **Taste something slowly:** a mint, a slice of fruit, a sip of warm tea.
- **Listen for three sounds:** one near, one far, and one in between.
- **Look for a color:** find ten things in the room that are blue (or any color).

USING THE BODY

- **Press your feet into the floor,** and feel their weight.
- **Press your palms together,** or push gently against a wall.
- **Roll your shoulders,** stretch your arms, shake out your hands.
- **Walk slowly,** feeling each step.
- **Sway or rock gently** from side to side.
- **Tap a slow rhythm** on your legs, or hum.
- **Feel the chair or floor holding you up.**

USING WARMTH AND COMFORT

- **Hold a warm mug** or a warm water bottle.
- **Wrap yourself in a blanket.**
- **Wash your hands in warm water.**
- **Place a hand on your chest or arm.**
- **Sit near a trusted person or a pet.**

USING ORIENTATION

- **Look around the room slowly,** turning your head from side to side.
- **Say the date, the day, and where you are.**
- **Say your age.** *I am [age]. I am not a child now.*
- **Remind yourself:** *I am safe right now. This is a memory.*
- **Notice the exits,** and that you can leave.

USING BREATH

- **Breathe in for four, out for six,** five or six times.
- **Sigh,** with a long, slow breath out.
- **Breathe out through pursed lips,** as if cooling soup.
- *If attention to breath feels uncomfortable, skip it and choose another tool.*

USING THE MIND

- **Count backward** from one hundred by sevens.
- **Name animals,** cities, or foods, alphabetically.
- **Describe a routine** in detail, such as how to make tea.
- **Recite something familiar,** like a poem or a song's words.
- **Read aloud** something plain.

USING CONNECTION

- **Call or message someone safe.**
- **Say your name aloud,** or say something kind to yourself.
- **Look at a photograph** of someone who cares about you.

MAKING YOUR OWN LIST

Rate each tool you try from zero to ten, and write your top five here:

APPENDIX B: THE EMOTIONAL FLASHBACK GUIDE

This one-page guide can be photographed, copied, or kept in your phone. It supports the four steps from Chapter 10: name, ground, remind, soothe. Read it when you are calm, so it is familiar when you need it.

SIGNS YOU MAY BE IN AN EMOTIONAL FLASHBACK

- A sudden, intense feeling, out of proportion to the moment.
- Feeling young, small, trapped, or in trouble.
- A wave of shame, fear, despair, or helplessness.
- Familiar thoughts: *I'm bad. It's hopeless. I'm going to be abandoned or punished.*
- Body sensations: tight chest, cold or hot flushes, nausea, heaviness.
- A defense reaction: freezing, fawning, fighting, or fleeing.

THE FOUR STEPS

1. Name It

This is a flashback. It is a memory returning as a feeling. It is not happening now.

2. Ground It

Feet on the floor. Name five things you can see. Hold something with texture. Breathe out slowly.

3. Remind Yourself of Now

Today is [day]. I am [age]. I am in [place]. I am safe right now. I can leave if I need to.

4. Soothe

Hand on chest. *It's okay. I'm here. You're safe now. This will pass.* Warmth, rest, water.

DURING A FLASHBACK, AVOID

- Big decisions.
- Confrontations or sending messages.
- Alcohol or other substances.
- Harsh self-criticism.
- Isolating completely, if you can reach someone.

AFTERWARD

- Rest, warmth, fluids, and food.
- A gentle walk.
- A kind word to yourself.
- Contact with a safe person.
- Later, when steady: note the cue, what helped, and what you learned.

WHEN IT FEELS LIKE TOO MUCH

If you are in danger, or thinking of harming yourself, contact your local emergency number or a crisis line. In the United States, call or text 988. Outside the United States, findahelpline.com can help you find a service.

APPENDIX C: CALM CARDS

These cards are designed to be photographed, copied, or cut out and kept somewhere you can reach quickly. Use them when you notice that you are flooded or shut down. They work best when you have practiced them in calm moments.

Card 1: Calm in Two Minutes

1. Place both feet on the floor and feel their weight.
2. Breathe in through your nose for four counts and out for six. Repeat five times.
3. Name five things you can see, four you can touch, and three you can hear.
4. Tell yourself: *I am safe right now. This will pass.*

Card 2: When I Go Far Away

1. Notice it: *I am drifting. That is a protection.*
2. Move: press your feet down, stretch, press your palms together.
3. Smell or hold something with a strong scent or texture.
4. Say the date, where you are, and how old you are.

Card 3: When the Alarm Is Loud

1. Say: *This is an alarm from the past.*
2. Look slowly around the room and name what is here.
3. Breathe out slowly, longer than you breathe in.
4. Reach for a safe person, or a warm drink, or both.

Card 4: When Shame Arrives

1. Notice your posture, and straighten gently.
2. Place a hand on your chest.
3. Say: *This is shame. It is a feeling, not a fact.*
4. Say one kind sentence, as to a friend.

Card 5: My Support Circle

Someone I can call or message: _____

Another person I trust: _____

My therapist or doctor: _____

A place where I feel safe: _____

Card 6: If I Am in Crisis

If you may harm yourself or someone else, or you are in immediate danger, contact your local emergency number right now.

In the United States, you can call or text 988 to reach the Suicide & Crisis Lifeline.

Outside the United States, findahelpline.com can help you find a crisis line in your country.

Tell someone near you what is happening. You do not have to handle this alone.

APPENDIX D: PERSONAL SAFETY PLAN TEMPLATE

This template is based on the structure of widely used safety planning approaches (Stanley & Brown, 2012). A safety plan is a form of preparation, like a fire drill. It is best written when you are calm, and it can be shared with a therapist, doctor, or trusted person. You can copy these pages into a notebook, photograph the finished plan, and keep it on your phone, in your wallet, or by your bed. You do not have to be in crisis to write one.

STEP 1: MY WARNING SIGNS

These are thoughts, feelings, body sensations, or situations that tell me things are becoming hard.

STEP 2: THINGS I CAN DO ON MY OWN

These are tools that help me settle: grounding, breathing, walking, a warm shower, music, a comforting object.

STEP 3: PEOPLE AND PLACES THAT HELP ME FEEL STEADIER

These are people I can be around, or places I can go, even if I do not talk about what is wrong.

STEP 4: PEOPLE I CAN ASK FOR HELP

Name and phone number:

STEP 5: PROFESSIONALS AND CRISIS RESOURCES

My therapist or doctor: _____

Phone: _____

Crisis line (988 in the United States, or my local number): _____

Emergency services: _____

STEP 6: MAKING MY ENVIRONMENT SAFER

These are steps I can take to make my surroundings safer in a hard moment, including asking someone I trust to help.

STEP 7: MY REASONS

These are the things that matter to me, the people, animals, places, or hopes that give me reasons to stay.

APPENDIX E: CONVERSATION SCRIPTS

Words can be hard to find when you are anxious, flooded, or far away. These sentences are starting points. Change them until they sound like you, and practice them aloud before you need them.

TELLING SOMEONE YOU ARE HAVING A HARD TIME

- "I'm having a hard day, and I wanted you to know."
- "I'm struggling a bit. I don't need you to fix it. I'd like some company."
- "I'm having a strong reaction. It's not about you."

ASKING FOR SPACE OR A PAUSE

- "I need a few minutes. I'll come back."
- "I'm getting overwhelmed. Can we pause and talk later?"
- "I want to keep talking, and I need to slow down."

DURING OR AFTER A FLASHBACK

- "I'm having a flashback. Could you tell me where I am and that I'm safe?"
- "If I seem far away, please speak softly and say my name. Please ask before you touch me."
- "I'm okay. I need a minute to come back."

SHARING A LITTLE OF YOUR HISTORY

- "I grew up in a home that wasn't safe, and it still affects me."
- "I'm not ready to talk about details. I wanted you to know this much."
- "I don't need advice. I'd like you to listen. Please keep this between us."

SETTING A BOUNDARY

- "I can talk for twenty minutes now. After that I need to go."
- "I'm not going to discuss that. Let's talk about something else."
- "If voices are raised, I'm going to leave the room and come back when it's calmer."

WHEN SOMEONE DISMISSES YOU

- "I hear that you remember it differently. This is how it was for me."
- "I'm not asking you to agree. I'm telling you what's true for me."
- "I'm going to end this call now. I'd like to try again another time."

REPAIRING AFTER A REACTION

- "I had a strong reaction earlier. It wasn't about you. I'm sorry for how I responded."
- "I went quiet. I was overwhelmed. Thank you for being patient."
- "Can we try that conversation again?"

WITH A THERAPIST

- "I'd like to go slowly."
- "I need to stop here for today."
- "I'm not ready to talk about that yet. Can we work on skills first?"
- "Could you tell me what you're planning before we begin?"

APPENDIX F: THE 30-DAY STABILIZATION PLAN

This plan turns the early chapters of the book into a daily habit. Each day takes five to fifteen minutes. None of the practices asks you to describe traumatic events. If you miss a day, simply continue with the next one. Progress matters more than perfection. If a practice feels overwhelming, make it smaller, or skip it.

At the end of each week, pause to notice what has helped, and what you want to carry into the next week.

WEEK 1: UNDERSTAND AND NOTICE

- **Day 1.** Complete the Safe Inventory (Chapter 1): people, places, things, and moments that feel safe.
- **Day 2.** Practice slow breathing, four counts in and six out, for three minutes.
- **Day 3.** Complete Understanding Without Reliving (Chapter 2).
- **Day 4.** Notice one moment today when your body went into alarm, and write the earliest signals (Chapter 3).
- **Day 5.** Complete Finding Your Alarm Signals (Chapter 3).
- **Day 6.** Do five minutes of gentle movement, such as a walk or stretching.
- **Day 7.** Review the week. Write what surprised you.

WEEK 2: RECOGNIZE

- **Day 8.** Begin your Trigger Map (Chapter 4) with one recent reaction.
- **Day 9.** Practice the "now" sentences: *Today is... I am... I am in... I am safe.*
- **Day 10.** Answer the Critic (Chapter 5): write one thing it says and a kinder reply.

- **Day 11.** Notice your posture when shame arrives, and gently straighten.
- **Day 12.** Complete the Relationship Pattern Map for one relationship (Chapter 6).
- **Day 13.** Try Coming Back to Now (Chapter 7) with a texture, a scent, and a warm drink.
- **Day 14.** Review the week. Choose one tool that helped most.

WEEK 3: STABILIZE

- **Day 15.** Write your Personal Safety Plan (Chapter 8 and Appendix D).
- **Day 16.** Review your sleep: choose one change to try this week.
- **Day 17.** Build your Calm Toolkit (Chapter 9): try three tools and rate them.
- **Day 18.** Practice your top tool for two minutes while calm.
- **Day 19.** Write your Flashback Plan (Chapter 10 and Appendix B).
- **Day 20.** Identify two predictable triggers, and write a mini-plan for each.
- **Day 21.** Review the week. Share your safety plan with a trusted person or therapist, if you can.

WEEK 4: BEGIN TO RECONNECT

- **Day 22.** Choose one safe person and share one small, true sentence with them.
- **Day 23.** Notice one thing you enjoy, and spend ten minutes with it (Chapter 15).
- **Day 24.** Write your Compassionate Reply to a shame message (Chapter 13).
- **Day 25.** Write three things about who you are beyond survival.
- **Day 26.** Choose one boundary and write the sentence you will use (Chapter 14).
- **Day 27.** Rehearse the boundary aloud, alone or with someone you trust.

- **Day 28.** Begin your Staying-Well Plan (Chapter 16): list your early-warning signs.
- **Day 29.** Complete your Life Compass (Chapter 15): choose one small step.
- **Day 30.** Review the month. Write what changed, what did not, and what support you want next.

APPENDIX G: GLOSSARY

These short definitions explain how terms are used in this book. They are not clinical definitions.

Ambiguous loss. Loss without clarity or closure, such as grieving a parent who was present but unsafe or unreachable.

Betrayal trauma. Harm by someone you depend on, which can lead the mind to limit awareness of the harm in order to preserve the relationship.

Boundary. A limit that describes what you will do to protect your wellbeing.

Complex PTSD. A pattern that can follow prolonged or repeated trauma, including core PTSD symptoms plus difficulties with emotion regulation, a negative sense of self, and relationships.

Co-regulation. The process of calming through another person's steady presence.

Depersonalization. A sense of being detached from yourself, like an observer of your own life.

Derealization. A sense that the world is unreal, foggy, or distant.

Disenfranchised grief. Grief that is not openly acknowledged or socially supported.

Dissociation. A disconnection from body, feelings, surroundings, memory, or sense of self, often protective.

Emotional flashback. A sudden surge of fear, shame, or helplessness from the past, often without a clear image.

Fawn response. A survival response in which a person tries to stay safe by pleasing or appeasing.

Grounding. Techniques that bring attention to the present moment through the senses.

Hypervigilance. A constant state of watchfulness for possible threat.

Inner critic. A harsh internal voice, often absorbed from earlier experiences.

Parts. A way of describing different states or voices within the self, each with its own role.

Phase-based treatment. An approach that begins with safety and skills, followed by work with memories, followed by reconnection.

Posttraumatic growth. Positive change that some people experience in the struggle with trauma. It is optional and can coexist with pain.

Re-enactment. The tendency to repeat aspects of past experience in later relationships.

Reparenting. Offering yourself the care, structure, and safety you needed in childhood.

Repair. Returning after a conflict or mistake to acknowledge impact and restore trust.

Resourcing. Building internal and external supports that bring a sense of safety.

Safety plan. A written set of steps for hard moments, including warning signs, coping tools, people, and professionals.

Self-compassion. Responding to your own pain with kindness, a sense of shared humanity, and mindfulness.

Shame. A painful belief that something is wrong with you as a person.

Survival response. An automatic reaction, such as fight, flight, freeze, or fawn, that protects against threat.

Titration. Approaching difficult material in very small doses, returning to safety in between.

Toxic stress. Prolonged activation of the stress response without the buffering presence of supportive adults.

Trauma-informed. An approach that recognizes the effects of trauma and prioritizes safety, choice, and collaboration.

Trigger. A reminder, often unconscious, that sets off a strong emotional or physical reaction.

Window of tolerance. The zone of arousal in which you can feel emotions and still think clearly.

APPENDIX H: RESOURCES

Information changes, so please verify phone numbers and websites before relying on them. This list is a starting point, not a complete guide. If you are in danger or in crisis, contact your local emergency number first.

CRISIS AND SUPPORT

- 988 Suicide & Crisis Lifeline (United States): call or text 988. Veterans can press 1 after dialing 988.
- Crisis Text Line (United States): text HOME to 741741.
- SAMHSA National Helpline (United States): 1-800-662-4357, free and confidential treatment referrals.
- National Domestic Violence Hotline (United States): 1-800-799-7233.
- RAINN National Sexual Assault Hotline (United States): 1-800-656-4673.
- findahelpline.com: a directory of crisis lines in many countries.

FINDING TRAUMA-INFORMED CARE

- Psychology Today therapist directory: search by location and by specialty, including trauma.
- International Society for the Study of Trauma and Dissociation (ISSTD): information and clinician directory for dissociation.
- EMDRIA: directory of therapists trained in EMDR.
- International Society for Traumatic Stress Studies (ISTSS): information about trauma and treatment guidelines.
- Open Path Collective: lower-cost therapy sessions.
- NAMI (National Alliance on Mental Illness): education, support groups, and family programs.
- National Center for PTSD (U.S. Department of Veterans Affairs): free educational resources on PTSD for the public.

QUESTIONS TO ASK A PROSPECTIVE THERAPIST

- What is your experience with complex trauma and dissociation?
- How do you pace the work? Do you begin with stabilization and skills?
- What approaches do you use, and why?
- How will we know whether therapy is helping?
- What can I do if I feel overwhelmed between sessions?
- What are your fees, and what options exist if cost is a concern?

FOR FURTHER READING

- *Trauma and Recovery* by Judith Herman: the classic account of complex trauma and its stages of recovery.
- *The Body Keeps the Score* by Bessel van der Kolk: how trauma affects the body and brain.
- *Complex PTSD: From Surviving to Thriving* by Pete Walker: a survivor-oriented guide to emotional flashbacks.
- *Self-Compassion* by Kristin Neff: research and practices for self-kindness.
- *Trauma-Sensitive Mindfulness* by David Treleaven: adapting mindfulness safely after trauma.
- *Set Boundaries, Find Peace* by Nedra Glover Tawwab: practical guidance on boundaries.

APPENDIX I: FREQUENTLY ASKED QUESTIONS

These are questions that many readers ask as they work through this book. If one applies to you, take the answer as a starting point, not a final word.

"HOW DO I KNOW IF I HAVE COMPLEX PTSD?"

Only a qualified professional can assess this. Complex PTSD is recognized in the World Health Organization's *International Classification of Diseases*, and it is characterized by core PTSD symptoms together with difficulties in emotion regulation, a negative sense of self, and relationships. If you recognize yourself in the descriptions in this book, consider speaking with a trauma-informed clinician.

"DO I HAVE TO TELL MY STORY TO RECOVER?"

No. Some people choose to work directly with trauma memories, usually with a therapist, and find it helpful. Others recover substantially through stabilization, skills, relationships, and meaning, without telling the details. The choice is yours.

"CAN I RECOVER WITHOUT THERAPY?"

Many people benefit from the practices in this book on their own. But complex trauma is challenging, and working with a trauma-informed professional is strongly recommended, especially if you have frequent flashbacks, dissociation, thoughts of self-harm, or a history of severe abuse. Seeking support is part of recovery, not a sign that it is failing.

"WHY DO I FEEL WORSE WHEN I START WORKING ON THIS?"

As safety grows and numbness lessens, feelings that were muted can return. This can feel like getting worse, though it is often a sign of

change. Slow down, use your tools, keep sessions short, and reach out for support. If the feelings are overwhelming or you are in danger, contact a professional or a crisis line.

"WHY DO I REACT SO STRONGLY TO SMALL THINGS?"

A nervous system that has lived with chronic threat learns to respond quickly and strongly to cues that resemble danger, even when the present is safe. These reactions are learned, and they can change with practice and support.

"I LOSE TIME OR FEEL UNREAL. AM I LOSING MY MIND?"

No. Dissociation is a well-documented protective response to overwhelm. If you lose significant time, or feel that distinct parts of you take over, please consider consulting a clinician trained in dissociation.

"I FEEL NOTHING. IS SOMETHING WRONG WITH ME?"

Numbness is a common and protective response. It can soften as you build safety. Feeling returns gradually, and pacing helps.

"WHY DO I KEEP ENDING UP IN UNSAFE RELATIONSHIPS?"

There are compassionate explanations: familiarity feels like home, old roles come back, and safe relationships can feel unfamiliar. This is not a sign that you want to be hurt. Learning to recognize safe people takes practice. If you are in danger now, your safety comes first. See Appendix H.

"DO I HAVE TO FORGIVE THE PEOPLE WHO HURT ME?"

No. Forgiveness is a personal choice, and peace does not require it. You can grieve, set limits, and heal without forgiving or reconciling.

"WILL I EVER FEEL SAFE?"

Most people who work at recovery, with support, find that safety increases over time. It may not be constant, and setbacks happen. But the nervous system can learn that the world holds safe places and safe people, and many survivors build lives that feel steady, connected, and meaningful.

APPENDIX J: GUIDE FOR READING GROUPS AND CLINICIANS

This book can be read alone, but it may also be used in support groups, classes, and professional settings. This guide offers suggestions. It is not a substitute for clinical training, and groups for people with complex trauma are best facilitated by, or in consultation with, a trauma-trained clinician.

SUGGESTED GROUP AGREEMENTS

- **Confidentiality.** What is shared in the group stays in the group.
- **Choice.** Everyone may pass, pause, or step out at any time.
- **No detailed trauma narratives.** Members share how they cope, what helps, and what they notice, not the details of what happened.
- **Respect.** No fixing, advising, or judging unless asked.
- **Safety.** Members are encouraged to seek professional support when needed.
- **Pace.** No one needs to share more than they choose. Silence is welcome.

A SAMPLE SESSION STRUCTURE

A session of about ninety minutes might look like this.

- **Arrival and grounding (10 minutes).** Begin with a grounding practice, such as the 5-4-3-2-1 exercise.
- **Check-in (15 minutes).** Each person shares one word for how they are arriving, or says "pass."
- **Reading and discussion (30 minutes).** Review one chapter's key ideas, and discuss using the reflection prompts.
- **Practice (20 minutes).** Try a grounding or regulation tool together.

- **Closing (15 minutes).** Each person shares one word or phrase about what they are taking with them. Offer a reminder of crisis and support resources. End on a grounded note.

A SIXTEEN-WEEK READING PLAN

- **Weeks 1 to 3.** Introduction, Part I (Chapters 1 to 3): understanding complex trauma
- **Weeks 4 to 6.** Part II (Chapters 4 to 7): emotional flashbacks, shame, relationships, dissociation
- **Weeks 7 to 9.** Part III (Chapters 8 to 10): safety, regulation, triggers, and flashbacks
- **Weeks 10 to 12.** Part IV (Chapters 11 to 13): the story, grief, shame, and self
- **Weeks 13 to 15.** Part V (Chapters 14 to 16): relationships, meaning, staying well
- **Week 16.** Conclusion and review

FACILITATION TIPS

- Prioritize stabilization. Spend more time on Part III than on any other.
- Keep an eye on pacing. If the room becomes flooded or flat, pause and ground.
- Normalize dissociation and numbness, and give members tools for coming back.
- Do not encourage members to disclose trauma details in the group.
- Keep an up-to-date list of local crisis and mental health resources, and share it at every session.
- Have a plan for members in distress, including a way to follow up.
- Facilitators who are not clinicians should have a referral plan, and should not attempt to treat trauma.

NOTES FOR CLINICIANS

Clinicians may find the book useful as a psychoeducational companion to phase-based treatment. The practices are designed for stabilization and are suited to being used between sessions. Appendix D provides a safety plan template, based on a widely used structure. Clinicians should adapt the material to the needs of their clients and use clinical judgment about what to assign and when.

DISCUSSION QUESTIONS BY PART

- **Part I.** What does it mean to think of your reactions as protections? Which features of complex trauma feel most familiar?
- **Part II.** What triggers or flashbacks have you noticed? What does the critic say, and what helps?
- **Part III.** What helps your body feel safe? What is in your safety plan?
- **Part IV.** How do you feel about grief, and about telling or not telling? What does self-compassion look like for you?
- **Part V.** Who are your safe people? What would a life that feels like yours include?

APPENDIX K: COMPANION WORKSHEETS

These worksheets give you space to write inside the book. You can also copy them into a notebook and reuse them as often as you like. None of them asks you to describe traumatic events. There are no right answers. Write whatever is true, in your own words, and go at your own pace. If a worksheet stirs strong feelings, pause, use your grounding tools, and return later.

WORKSHEET 1: MY ALARM AND TRIGGER LOG

Use this worksheet when your body goes into alarm, shuts down, or you notice a strong feeling out of proportion to the moment.

What was happening around me? (Describe it like a camera.)

What did I notice in my body?

What feeling and what thought arrived?

How old did I feel?

What might the cue have been?

What helped, or what could I try next time? Today I am... I am in... I am safe.

WORKSHEET 2: MY GROUNDING EXPERIMENTS

Try each tool for two minutes, and rate how much it helped from zero to ten.

Senses (5-4-3-2-1, scent, texture):

Breath (four in, six out):

Movement (walking, stretching, pressing):

Warmth and touch:

Orienting (date, place, age):

My top five tools:

WORKSHEET 3: ANSWERING THE CRITIC

What does my critic say? (Write it exactly as it sounds.)

Whose voice does it resemble?

What was it trying to protect me from?

What would a good friend say to me about this?

My kinder, honest reply:

WORKSHEET 4: RELATIONSHIP CHECK

Choose one relationship that matters to you.

What qualities make me feel safe in this relationship?

What qualities make me feel unsafe, or unsure?

One small step I could take toward safer closeness, or toward a clearer boundary:

What I need if the response is not what I hope for:

WORKSHEET 5: LETTERS

These letters do not need to be sent.

A letter to the child I was. Begin with "Dear ____ at ____,"

WORKSHEET 5 (CONTINUED): A LETTER TO MYSELF IN THE FUTURE

What I hope for, and what I will keep doing:

What I want to remember on a hard day:

WORKSHEET 6: MY LIFE COMPASS

Connection: what I would like more of:

Rest and play: what I would like more of:

Purpose: what I would like more of:

Growth: what I would like more of:

Three values that matter to me:

One small step this week:

WORKSHEET 7: MONTHLY REVIEW

What changed this month, even slightly?

Moments I felt safe, or safer:

What was hard? What helped?

Early-warning signs I noticed:

My intention for next month:

APPENDIX L: TWELVE-WEEK PROGRESS TRACKER

Once a week, write one line in each column. Small entries add up to a clear picture of change.

Week	Alarm or trigger I noticed	What helped	What I learned
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Week	Alarm or trigger I noticed	What helped	What I learned
11			
12			

BIBLIOGRAPHY & SELECTED WORKS

The following works informed the psychological, developmental, relational, and therapeutic concepts discussed throughout the *Complex PTSD Recovery Guide*. They are provided for readers who wish to explore these subjects in greater depth.

COMPLEX TRAUMA: CONCEPTS AND DIAGNOSIS

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing.

Brewin, C. R., Cloitre, M., Hyland, P., Shevlin, M., Maercker, A., Bryant, R. A., ... Reed, G. M. (2017). A review of current evidence regarding the ICD-11 proposals for diagnosing PTSD and complex PTSD. *Clinical Psychology Review, 58*, 1–15.

Cloitre, M., Garvert, D. W., Brewin, C. R., Bryant, R. A., & Maercker, A. (2013). Evidence for proposed ICD-11 PTSD and complex PTSD: A latent profile analysis. *European Journal of Psychotraumatology, 4*, 20706.

Courtois, C. A., & Ford, J. D. (Eds.). (2009). *Treating complex traumatic stress disorders: An evidence-based guide*. Guilford Press.

Freyd, J. J. (1996). *Betrayal trauma: The logic of forgetting childhood abuse*. Harvard University Press.

Herman, J. L. (1992). Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. *Journal of Traumatic Stress, 5*(3), 377–391.

Herman, J. L. (1992). *Trauma and recovery*. Basic Books.

van der Kolk, B. A. (2005). Developmental trauma disorder: Toward a rational diagnosis for children with complex trauma histories. *Psychiatric Annals, 35*(5), 401–408.

World Health Organization. (2019). *International classification of diseases for mortality and morbidity statistics* (11th rev.). World Health Organization.

ORIGINS, RISK, AND RESILIENCE

Bonanno, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist, 59*(1), 20–28.

Brave Heart, M. Y. H., & DeBruyn, L. M. (1998). The American Indian Holocaust: Healing historical unresolved grief. *American Indian and Alaska Native Mental Health Research, 8*(2), 56–78.

Comas-Díaz, L., Hall, G. N., & Neville, H. A. (2019). Racial trauma: Theory, research, and healing. *American Psychologist, 74*(1), 1–5.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine, 14*(4), 245–258.

Main, M., & Hesse, E. (1990). Parents' unresolved traumatic experiences are related to infant disorganized attachment status. In M. T. Greenberg, D. Cicchetti, & E. M. Cummings (Eds.), *Attachment in the preschool years* (pp. 161–182). University of Chicago Press.

Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist, 56*(3), 227–238.

Ozer, E. J., Best, S. R., Lipsey, T. L., & Weiss, D. S. (2003). Predictors of posttraumatic stress disorder and symptoms in adults: A meta-analysis. *Psychological Bulletin, 129*(1), 52–73.

Shonkoff, J. P., & Garner, A. S. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics, 129*(1), e232–e246.

Spinazzola, J., Hodgdon, H., Liang, L.-J., Ford, J. D., Layne, C. M., Pynoos, R., ... Kisiel, C. (2014). Unseen wounds: The contribution of psychological maltreatment to child and adolescent mental health and risk outcomes. *Psychological Trauma: Theory, Research, Practice, and Policy, 6*(S1), S18–S28.

THE BRAIN, THE BODY, AND REGULATION

Brewin, C. R., Gregory, J. D., Lipton, M., & Burgess, N. (2010). Intrusive images in psychological disorders: Characteristics, neural mechanisms, and treatment implications. *Psychological Review, 117*(1), 210–232.

Davidson, R. J., & McEwen, B. S. (2012). Social influences on neuroplasticity: Stress and interventions to promote well-being. *Nature Neuroscience, 15*(5), 689–695.

Ehlers, A., & Clark, D. M. (2000). A cognitive model of posttraumatic stress disorder. *Behaviour Research and Therapy, 38*(4), 319–345.

Lanius, R. A., Vermetten, E., Loewenstein, R. J., Brand, B., Schmahl, C., Bremner, J. D., & Spiegel, D. (2010). Emotion modulation in PTSD: Clinical and neurobiological evidence for a dissociative subtype. *American Journal of Psychiatry, 167*(6), 640–647.

Lieberman, M. D., Eisenberger, N. I., Crockett, M. J., Tom, S. M., Pfeifer, J. H., & Way, B. M. (2007). Putting feelings into words: Affect labeling disrupts amygdala activity in response to affective stimuli. *Psychological Science, 18*(5), 421–428.

Ogden, P., Minton, K., & Pain, C. (2006). *Trauma and the body: A sensorimotor approach to psychotherapy*. W. W. Norton.

Porges, S. W. (2011). *The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation*. W. W. Norton.

Siegel, D. J. (1999). *The developing mind: How relationships and the brain interact to shape who we are*. Guilford Press.

Treleaven, D. A. (2018). *Trauma-sensitive mindfulness: Practices for safe and transformative healing*. W. W. Norton.

van der Kolk, B. A. (1989). The compulsion to repeat the trauma: Re-enactment, revictimization, and masochism. *Psychiatric Clinics of North America, 12*(2), 389–411.

van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.

van der Kolk, B. A., Stone, L., West, J., Rhodes, A., Emerson, D., Suvak, M., & Spinazzola, J. (2014). Yoga as an adjunctive treatment for posttraumatic stress disorder: A randomized controlled trial. *Journal of Clinical Psychiatry, 75*(6), e559–e565.

Walker, P. (2013). *Complex PTSD: From surviving to thriving*. Azure Coyote.

Yoo, S.-S., Gujar, N., Hu, P., Jolesz, F. A., & Walker, M. P. (2007). The human emotional brain without sleep: A prefrontal amygdala disconnect. *Current Biology, 17*(20), R877–R878.

Zaccaro, A., Piarulli, A., Laurino, M., Garbella, E., Menicucci, D., Neri, B., & Gemignani, A. (2018). How breath-control can change your life: A systematic review on psycho-physiological correlates of slow breathing. *Frontiers in Human Neuroscience, 12*, 353.

TREATMENT AND RECOVERY

American Psychological Association. (2017). *Clinical practice guideline for the treatment of posttraumatic stress disorder (PTSD) in adults*. American Psychological Association.

Cloitre, M., Courtois, C. A., Charuvastra, A., Carapezza, R., Stolbach, B. C., & Green, B. L. (2011). Treatment of complex PTSD: Results of the ISTSS expert clinician survey on best practices. *Journal of Traumatic Stress, 24*(6), 615–627.

Cloitre, M., Stovall-McClough, K. C., Nooner, K., Zorbas, P., Cherry, S., Jackson, C. L., Gan, W., & Petkova, E. (2010). Treatment for PTSD related to childhood abuse: A randomized controlled trial. *American Journal of Psychiatry, 167*(8), 915–924.

Department of Veterans Affairs & Department of Defense. (2023). *VA/DoD clinical practice guideline for the management of posttraumatic stress disorder and acute stress disorder*. Department of Veterans Affairs.

Foa, E. B., Hembree, E. A., & Rothbaum, B. O. (2007). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences*. Oxford University Press.

International Society for Traumatic Stress Studies. (2018). *Posttraumatic stress disorder prevention and treatment guidelines*. ISTSS.

Norcross, J. C., & Lambert, M. J. (2018). Psychotherapy relationships that work III. *Psychotherapy, 55*(4), 303–315.

Resick, P. A., Monson, C. M., & Chard, K. M. (2017). *Cognitive processing therapy for PTSD: A comprehensive manual*. Guilford Press.

Shapiro, F. (2018). *Eye movement desensitization and reprocessing (EMDR) therapy: Basic principles, protocols, and procedures* (3rd ed.). Guilford Press.

Stanley, B., & Brown, G. K. (2012). Safety planning intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice, 19*(2), 256–264.

Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach* (HHS Publication No. SMA 14-4884). SAMHSA.

Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry, 15*(1), 1–18.

SHAME, SELF, PARTS, AND RELATIONSHIPS

Boss, P. (1999). *Ambiguous loss: Learning to live with unresolved grief*. Harvard University Press.

Bowlby, J. (1980). *Attachment and loss: Vol. 3. Loss: Sadness and depression*. Basic Books.

Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. Basic Books.

Breines, J. G., & Chen, S. (2012). Self-compassion increases self-improvement motivation. *Personality and Social Psychology Bulletin, 38*(9), 1133–1143.

Coan, J. A., Schaefer, H. S., & Davidson, R. J. (2006). Lending a hand: Social regulation of the neural response to threat. *Psychological Science, 17*(12), 1032–1039.

Doka, K. J. (1989). *Disenfranchised grief: Recognizing hidden sorrow*. Lexington Books.

Gottman, J. M. (1998). Psychology and the study of marital processes. *Annual Review of Psychology, 49*, 169–197.

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.

Janoff-Bulman, R. (1979). Characterological versus behavioral self-blame: Inquiries into depression and rape. *Journal of Personality and Social Psychology, 37*(10), 1798–1809.

Kross, E., Bruehlman-Senecal, E., Park, J., Burson, A., Dougherty, A., Shablack, H., Bremner, R., Moser, J., & Ayduk, O. (2014). Self-talk as a regulatory mechanism: How you do it matters. *Journal of Personality and Social Psychology, 106*(2), 304–324.

Neff, K. D. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity, 2*(2), 85–101.

Neff, K. D., & Germer, C. K. (2013). A pilot study and randomized controlled trial of the Mindful Self-Compassion program. *Journal of Clinical Psychology, 69*(1), 28–44.

Pennebaker, J. W. (1997). Writing about emotional experiences as a therapeutic process. *Psychological Science, 8*(3), 162–166.

Pennebaker, J. W., & Seagal, J. D. (1999). Forming a story: The health benefits of narrative. *Journal of Clinical Psychology, 55*(10), 1243–1254.

Roisman, G. I., Padron, E., Sroufe, L. A., & Egeland, B. (2002). Earned-secure attachment status in retrospect and prospect. *Child Development, 73*(4), 1204–1219.

Rosenberg, M. B. (2003). *Nonviolent communication: A language of life* (2nd ed.). PuddleDancer Press.

Schwartz, R. C. (1995). *Internal family systems therapy*. Guilford Press.

Tangney, J. P., & Dearing, R. L. (2002). *Shame and guilt*. Guilford Press.

Tawwab, N. G. (2021). *Set boundaries, find peace*. TarcherPerigee.

van der Hart, O., Nijenhuis, E. R. S., & Steele, K. (2006). *The haunted self: Structural dissociation and the treatment of chronic traumatization*. W. W. Norton.

ABOUT THE SOURCES

This book draws on research and clinical literature in traumatic stress, developmental psychology, attachment science, neuroscience, emotion regulation, and psychotherapy. The works listed here represent selected sources that informed the concepts and frameworks discussed in these pages. Readers who wish to explore these subjects further are encouraged to consult the original sources.

This book is educational in nature and is not a substitute for professional mental health care.

ABOUT THE AUTHOR

Hanz Yiglix creates practical educational resources designed to help mental health professionals, educators, and individuals better understand trauma, emotional regulation, and the healing process.

Through research-informed tools, worksheets, and guided exercises, his work focuses on making complex psychological concepts easier to understand and apply in real-world settings.

His goal is to provide clear, accessible resources that support greater awareness, resilience, and meaningful progress on the journey toward healing.