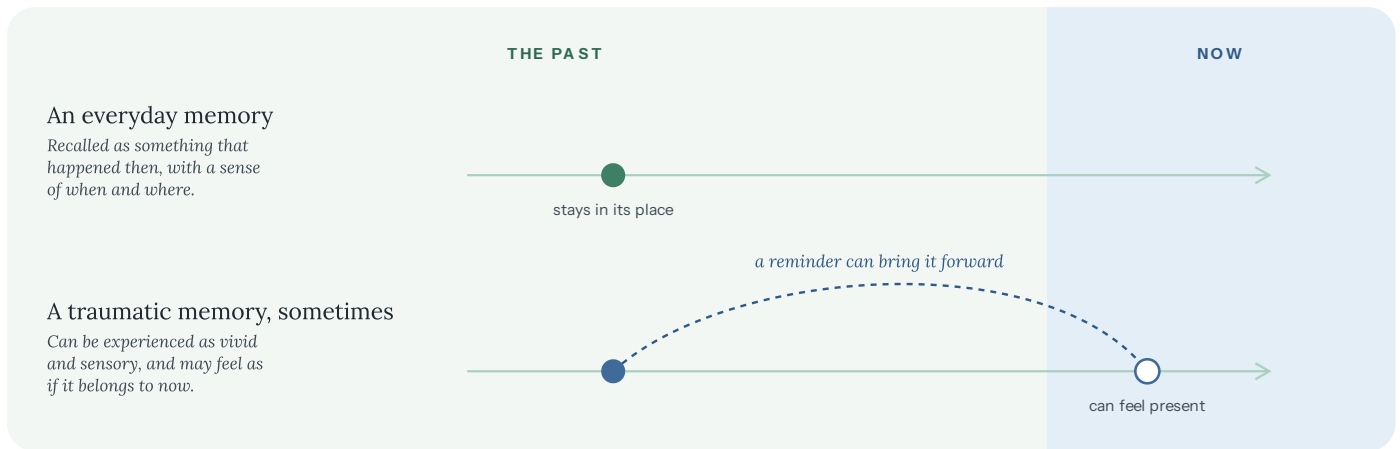


Trauma, Memory & Recovery

PSYCHOEDUCATION · MEMORY, AVOIDANCE AND RECOVERY

Why trauma memories can feel present, and how recovery tends to happen

After an overwhelming experience, memories and reactions can behave in ways that feel confusing. This resource describes common patterns and what research suggests about recovery. Experiences vary widely, and this is general information rather than a diagnosis.



01 Why memories can feel vivid, fragmented or present

common experiences, not signs of weakness

Vivid and sensory

Some memories may return as images, sounds, smells or physical sensations, rather than as a story.

Fragmented or out of order

Parts may be very clear while others feel missing or jumbled. This can be common with overwhelming events.

Feeling present

A memory can sometimes be experienced as if it's happening now, rather than as something in the past.

☐ Unwanted memories

☐ Nightmares

☐ Moments that feel like reliving

☐ Gaps in memory

☐ Strong reactions to reminders

☐ Feeling detached

tick any you recognise

02 Body sensations and emotional reminders

reminders aren't only things we see or hear

SENSES

Sights, sounds, smells

A voice, a place, a smell or a particular light.

BODY

Physical sensations

A racing heart, breathlessness, pain or a certain touch.

EMOTIONS

Feelings

Feeling trapped, powerless, ashamed or alone.

SITUATIONS

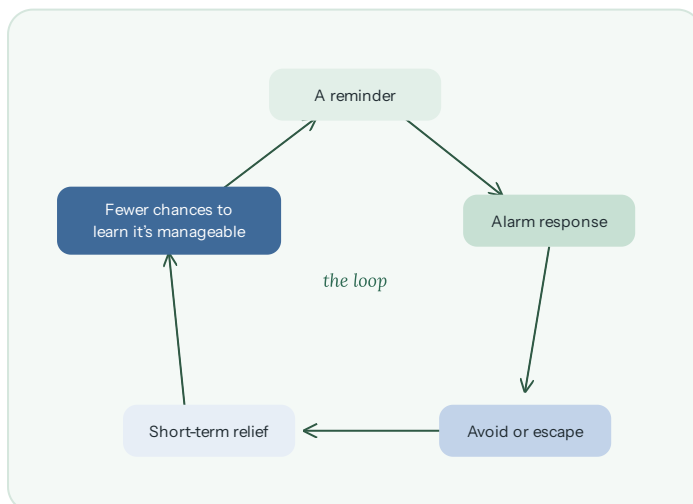
Contexts

Dates, conflict, crowds, or being in a similar role.

Sometimes it is a feeling or body sensation, rather than an outside event, that acts as the reminder. This can make reactions seem to come "out of nowhere".

03 Why avoidance can keep a threat response going

an understandable loop



Avoiding reminders brings quick relief, so it makes sense that we do it. Over time, though, avoidance can limit the chance to learn that a reminder, place or memory is now more manageable, which may keep the alarm response going.

An important note

Some avoidance is necessary for genuine safety. In therapy, approaching difficult memories or situations is done gradually, collaboratively and at a pace you agree to, never forced.

Something I tend to avoid that I might explore with support

Recovery and Treatment

PSYCHOEDUCATION · REGULATION, CONNECTION AND TRAUMA-INFORMED CARE

What can support recovery, and what trauma-focused therapy may involve

Many people's reactions ease in the months after a traumatic event. For others, difficulties continue, and effective, well-researched support is available. Recovery often takes time and rarely follows a straight line.

04 Regulation, safety and connection

foundations that can support recovery

REGULATION

Settling the body

Noticing your state and using ways to settle, such as grounding, slower breathing or routine, may help make strong reactions more manageable.

SAFETY

Feeling safe enough

Physical and emotional safety in the present comes first. Recovery work is usually paced around what feels safe enough now.

CONNECTION

Not doing it alone

Research has linked lower social support after trauma with a higher risk of ongoing difficulties. Supportive, non-judgemental connection can matter.

05 Why recovery is not simply “forgetting”

what change can look like

RECOVERY USUALLY ISN'T...	IT OFTEN LOOKS MORE LIKE...
Forgetting what happened	The memory becoming less intense and more clearly in the past
Never feeling upset again	Reminders being more manageable, with more choice in how you respond
Erasing the old memory	New learning and meaning built alongside it
Going back to exactly who you were	Integrating the experience into a wider life story

Research on how fear changes suggests that recovery tends to involve building new learning alongside old memories, rather than erasing them.

06 What trauma-informed treatment can involve

collaborative, paced and choice-based

Trauma-informed *principles*

- Safety
- Peer support
- Choice and a voice
- Trust and transparency
- Collaboration
- Respect for culture, history and gender

You can ask questions, set the pace and decide what to share, and when.

Evidence-based *therapies*

Clinical guidelines recommend trauma-focused psychological therapies for PTSD, such as trauma-focused CBT (including cognitive processing therapy and cognitive therapy for PTSD) and EMDR. A psychologist can discuss which approach may suit you.

NOTICE

What happens in my body when I feel threatened?

What I notice first (breath, heart, muscles, stomach)

What I tend to do (move, freeze, go quiet)

Where in my body I feel it most

How long it usually lasts

Thoughts that tend to show up

What helps me feel a little safer now

Go at your own pace

Reading about trauma can bring up difficult feelings. You can pause, come back to this later, or talk it through with someone you trust or a health professional. If you ever feel unsafe, reach out for support or contact emergency services.

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