Hope Therapy & Counselling

A Gentle Introduction

Understanding

Trauma

How trauma affects us, why we respond the way we do, and what healing can look like

Hope Therapy & Counselling Services

This resource is for informational and self-help purposes only. It is not a substitute for professional support. In crisis, please contact your GP, call 999, or reach Samaritans on 116 123 (free, 24/7).

www.hopefulminds.co.uk

What's Inside

What Is Trauma? 1

A note before you begin: this guide touches on the subject of trauma, which can bring up difficult feelings. Please read at your own pace, take breaks whenever you need to, and be gentle with yourself.

Trauma is not defined by the event itself — it is defined by the impact that event has on the person who experienced it. Two people can go through the same experience and be affected very differently. What matters is not the objective severity of what happened, but how it was experienced by the nervous system.

The word 'trauma' comes from the Greek for 'wound'. A traumatic experience is one that overwhelms the mind and body's ability to cope — leaving a lasting mark on how we think, feel, relate to others, and experience the world.

Trauma is not a sign of weakness. It is not something that only happens to certain kinds of people. And it does not mean you are broken. It means something happened that was too much for your nervous system to fully process at the time — and that it has been trying to protect you ever since.

> "Trauma is not what happens to you. Trauma is what happens inside you as a result of what happened to you." — Dr Gabor Maté

Who experiences trauma?

Trauma is far more common than most people realise. Research suggests that around 70% of adults experience at least one traumatic event in their lifetime. Not all of these will develop lasting trauma responses — but many will, and many will never connect their current difficulties to past experiences.

Trauma can affect anyone, regardless of age, background, gender, or apparent strength. It is not a reflection of character. Many of the most resilient, capable people carry significant trauma — often invisible to those around them.

Big T and Little t Trauma 2

Therapists sometimes distinguish between two broad categories of traumatic experience. Understanding this can help people who feel their experience 'wasn't bad enough' to count as trauma.

Big T Trauma

Events widely recognised as overwhelming and life-threatening:

- Serious accidents or physical injuries
- Sexual assault or rape
- Physical or emotional abuse
- War, conflict, or refugee experiences
- Natural disasters
- Witnessing violence or death
- Sudden bereavement or traumatic loss
- Life-threatening illness or medical trauma
- Childhood abuse or neglect

Little t Trauma

Smaller, repeated, or cumulative experiences that are nonetheless deeply impactful:

- Emotional neglect or growing up feeling unseen or unvalued
- Bullying, social rejection, or humiliation
- Parental conflict, instability, or inconsistency
- Relationship betrayal or infidelity
- Chronic criticism or being made to feel not good enough
- Experiences of discrimination or marginalisation
- Difficult or frightening medical procedures
- Moving frequently or significant disruptions to attachment
- Living with a family member with addiction or mental illness

> Little t traumas are sometimes dismissed as "not serious enough" — including by the people who experienced them. But repeated smaller wounds, particularly in childhood, can have a profound and lasting effect on the nervous system, self-worth, and ways of relating to others. The cumulative impact of little t trauma is very real, and very treatable.

What Happens in the Brain & Body During Trauma 3

Understanding what happens neurologically during and after trauma is one of the most powerful things you can do. It transforms 'why am I like this?' into 'of course my nervous system responds this way — it was trying to keep me safe.'

The Survival Response

When the brain detects a threat, the amygdala — the brain's alarm system — triggers an immediate survival response before the conscious mind has registered what is happening. The body prepares to survive through one of four responses:

Fight

Aggression, anger, or the urge to confront the threat. In everyday life this can show up as irritability, reactivity, or conflict that seems disproportionate to the situation.

Flight

The urge to escape, avoid, or run. In everyday life: avoidance, busyness, hyperactivity, or constant movement that prevents staying with difficult feelings.

Freeze

Shutdown and immobility — the body's 'playing dead' response. In everyday life: dissociation, numbness, feeling stuck, inability to act or speak in difficult situations.

Fawn

People-pleasing, appeasement, and prioritising others' needs to avoid threat. In everyday life: difficulty saying no, over-compliance, losing a sense of self in relationships, compulsive caregiving.

Why Trauma Gets Stuck

Under normal circumstances, the stress response activates and then resolves — the body returns to baseline. With trauma, this resolution does not fully happen. The memory becomes stored differently: fragmented, sensory, and without a clear sense of being in the past.

This is why trauma 'lives in the body'. A smell, a sound, a tone of voice, or a physical sensation can trigger the full trauma response — as if the event were happening right now. The brain's threat detection system cannot tell the difference between the memory and the present.

The Window of Tolerance

The window of tolerance describes the zone in which we can function effectively — neither overwhelmed (hyperarousal) nor shut down (hypoarousal). Trauma narrows this window, making it harder to stay regulated. Healing gradually widens it.

Hyperarousal — Too much activation

Panic · flashbacks · rage · hypervigilance · intrusive thoughts · feeling unsafe · inability to think clearly. The nervous system is stuck in "on".

Window of Tolerance — Optimal zone

Present · grounded · able to feel emotions without being overwhelmed · able to think and feel simultaneously · where healing happens.

Hypoarousal — Too little activation

Numbness · dissociation · shutdown · depression · disconnection · feeling empty or absent. The nervous system is stuck in "off".

How Trauma Shows Up 4

Trauma does not always present as obvious distress. It can show up in subtle, pervasive ways that affect every area of life — often without the person connecting these experiences to past events.

- **Flashbacks & intrusions** — vivid, unwanted memories that feel present rather than past
- **Sleep disturbance** — nightmares, night sweats, difficulty sleeping, or vivid dreams
- **Avoidance** — avoiding people, places, situations, or thoughts that are reminders of the trauma
- **Emotional numbness** — feeling detached, flat, or disconnected — as if behind glass
- **Hypervigilance** — constant alertness to threat, startling easily, being unable to relax
- **Irritability & anger** — intense emotional reactions or outbursts that feel out of proportion
- **Negative beliefs** — deep-seated beliefs such as "I am damaged", "I cannot trust anyone"
- **Relationship difficulties** — difficulty trusting, fear of abandonment, push-pull patterns
- **Physical symptoms** — chronic pain, tension, digestive problems, fatigue without clear cause
- **Dissociation** — feeling unreal, detached from your body, or watching yourself from outside
- **Shame & self-blame** — a persistent sense of being bad, wrong, or responsible for what happened
- **Difficulty feeling safe** — an inability to relax or feel genuinely at ease, even in safe situations

You do not need to experience all of these to have been affected by trauma. Some people carry trauma quietly for years, appearing to function well while an internal alarm system runs constantly in the background. If several of these feel familiar, that matters — regardless of whether you have ever used the word "trauma" to describe your experience.

Types of Trauma 5

Acute Trauma

Resulting from a single, specific overwhelming event — an accident, assault, sudden bereavement, or medical emergency. The impact can be immediate and intense, or may emerge days, weeks, or months later.

Chronic Trauma

Resulting from repeated, prolonged exposure to traumatic experiences — domestic abuse, ongoing neglect, repeated bullying, or living in a persistently unsafe environment. Often has a deeper impact on identity, relationships, and sense of self than a single event.

Developmental / Childhood Trauma

Trauma experienced during childhood, when the brain and nervous system are still developing. This has particularly profound effects on attachment, identity, emotional regulation, and relationships in adulthood. Often not remembered consciously but held powerfully in the body and nervous system.

Relational Trauma

Trauma that occurs within a relationship — abuse, betrayal, abandonment, or significant violations of trust. Particularly complex because the source of harm is also, or was also, a source of attachment and need.

Secondary / Vicarious Trauma

Trauma that develops from witnessing or hearing about another person's traumatic experience. Common among therapists, emergency responders, journalists, and those who care for trauma survivors. Produces similar symptoms to direct trauma.

Collective & Historical Trauma

Trauma experienced by groups — communities, cultures, or generations — as a result of shared events such as war, genocide, systemic oppression, or displacement. Can be transmitted across generations and affects identity and worldview.

Medical Trauma

Traumatic responses to illness, medical procedures, hospitalisation, or diagnoses. Particularly common following ICU stays, cancer treatment, difficult births, or sudden serious illness. Often overlooked in medical settings.

Identity-Based Trauma

Trauma resulting from experiences of discrimination, persecution, or harm related to identity — including race, sexuality, gender, disability, or religion. At Hope Therapy we are experienced in supporting LGBTQIA+ clients and others whose identity has been a source of harm or marginalisation.

Complex Trauma & Childhood Experiences 6

Complex PTSD (C-PTSD) develops from prolonged, repeated trauma — particularly when it occurs in childhood, within relationships, or in situations where escape was not possible. It is distinct from PTSD in its breadth and depth of impact.

Signs of Complex Trauma

Emotional dysregulation — Intense, rapidly shifting emotions that are difficult to manage. Feeling overwhelmed by feelings that others seem to handle more easily.

Deep shame & worthlessness — A persistent sense of being fundamentally flawed, bad, or unlovable — not just about what happened, but about who you are.

Relationship difficulties — Difficulty trusting, intense fear of abandonment, tendency toward unhealthy relationship patterns, or oscillating between closeness and distance.

Dissociation — Periods of feeling detached from yourself, your memories, or reality. Sometimes described as 'losing time' or feeling unreal.

Loss of self — Difficulty knowing who you are, what you feel, or what you want. A sense of emptiness or of having built a self around surviving rather than living.

Adverse Childhood Experiences (ACEs)

Research into Adverse Childhood Experiences (ACEs) has shown that childhood trauma has profound, lasting effects on physical and mental health across the lifespan. ACEs include abuse, neglect, household dysfunction, parental mental illness or addiction, domestic violence, and parental separation.

> The important message from this research is not that early adversity determines your fate — but that it matters, it has real effects, and it is worth addressing with professional support. The brain remains capable of healing throughout life.

Trauma & Identity 7

One of the most profound and least discussed impacts of trauma — particularly early or relational trauma — is its effect on identity: who we believe we are, what we feel we deserve, and how we relate to ourselves and others.

Core beliefs shaped by trauma

Trauma often leaves behind deeply held beliefs that feel like facts rather than conclusions. Common examples include:

- "I am not safe"
- "I am not enough"
- "I am unlovable"
- "I am to blame"
- "I cannot trust anyone"
- "I am fundamentally broken or damaged"
- "I have to earn my right to be here"
- "If people really knew me, they would leave"

> These beliefs are not character traits. They are adaptations — conclusions drawn from experiences that made sense at the time but are no longer serving you. They can change.

Trauma, LGBTQIA+ experience, and marginalised identities

For LGBTQIA+ people, and those from marginalised communities, trauma is often interwoven with identity in specific ways: experiences of rejection, coming out, conversion practices, discrimination, or growing up in environments where who you are was not safe to express. At Hope Therapy, we are experienced in working sensitively and affirmingly with these experiences.

> "You are not your trauma. You are the person who survived it — and who can, with support, move beyond surviving into truly living."

Self-Assessment: Recognising Trauma Responses 8

This checklist is not a diagnostic tool. It is here to help you recognise patterns that may be related to past experiences. Please approach it gently. You do not need to tick everything — even a few items can be significant and worth exploring.

In my body & nervous system

I startle easily or feel constantly on edge

I experience physical tension, pain, or tightness that has no clear cause

I feel disconnected from my body, or numb to physical sensations

I have sleep problems — nightmares, waking in fear, or difficulty settling

I experience strong physical reactions to things that others seem unbothered by

My heart races or I feel physically panicked in situations that seem safe

In my thoughts & emotions

I have intrusive memories, images, or thoughts that arise unexpectedly

I feel emotionally numb or cut off from my feelings much of the time

I believe, deep down, that I am damaged, bad, or unlovable

I struggle to feel safe, even in objectively safe situations

I experience intense shame that goes beyond specific actions

I find it hard to trust people, or swing between trusting too much and not at all

I feel as though I am watching my life from outside, rather than living it

I carry a persistent sense of dread, even when nothing specific is wrong

In my relationships & behaviour

I find it hard to maintain close relationships, or relationships feel unsafe

I have a strong fear of abandonment or rejection

I tend to put others' needs before my own, often at my own expense

I avoid certain people, places, or situations without fully understanding why

I react strongly to conflict, criticism, or perceived rejection

I find it hard to know what I want, need, or feel

Past experiences seem to affect my present relationships in ways I can't always explain

> If any of this resonates, our free 15-minute consultation is a gentle, no-pressure first step. When you're ready, we're here.

Grounding & Self-Regulation Techniques 9

These techniques are designed to help you return to your window of tolerance when you feel overwhelmed, dissociated, or triggered. They are not a substitute for trauma therapy — but they are valuable tools that can help you feel more stable day to day.

Grounding Techniques

1 5-4-3-2-1 Sensory Grounding

- Name 5 things you can SEE — describe them in detail
- Name 4 things you can physically TOUCH — feel their texture
- Name 3 things you can HEAR
- Name 2 things you can SMELL
- Name 1 thing you can TASTE

Why it works: Engages all five senses to anchor you in the present moment, interrupting the trauma response which pulls you into the past.

2 Feet on the Floor

- Sit with both feet flat on the floor and press them firmly into the ground
- Feel the weight of your body in the chair
- Look around the room and name 5 objects you can see
- Say aloud (or internally): "I am here. I am safe. This is now."

Why it works: Activates proprioception (body position sense), which is often disrupted during dissociation. Quickly brings attention back to present physical reality.

3 Cold Water Grounding

- Run very cold water over your wrists and hands
- Or splash cold water on your face
- Breathe slowly and focus on the sensation

Why it works: Strong physical sensation draws attention rapidly back to the present. The dive reflex also slows heart rate, reducing hyperarousal.

Self-Regulation Techniques

4 Physiological Sigh

- Breathe in fully through your nose
- At the top, take one extra short sniff to fully inflate the lungs
- Breathe out slowly and completely through your mouth
- Repeat 1–2 times

Why it works: Fastest known method for reducing physiological arousal. Works within seconds and can be done anywhere.

5	**Safe Place Visualisation**	• Close your eyes and imagine a place where you feel completely safe — real or imagined • Notice the details: colours, sounds, smells, temperature, textures • Allow yourself to feel the safety of this place in your body • Spend 3–5 minutes here whenever you need to *Why it works*: Activates the parasympathetic nervous system and provides the nervous system with an experience of safety. Particularly effective when practised regularly.
6	**Bilateral Tapping (Self-EMDR)**	• Cross your arms over your chest, hands resting on your upper arms • Begin alternately tapping left… right… left… right… slowly and rhythmically • While tapping, bring to mind a calming image or memory • Continue for 1–2 minutes *Why it works*: Bilateral stimulation activates both hemispheres of the brain and has a naturally calming, regulating effect. A simplified version of the mechanism used in EMDR therapy.

Reflection Exercises 10

These exercises are entirely optional. Please only engage with them when you feel stable and grounded. If any question feels too much, skip it and come back another time — or explore it with a therapist. There are no right or wrong answers.

Exercise 1: Your Relationship with the Word "Trauma"

• What comes up for you when you hear the word "trauma"? Does it feel like it applies to you?

• Are there experiences in your life that have left a lasting mark — even if you've never called them trauma?

• What has been the most difficult part of carrying these experiences?

Exercise 2: Your Survival Patterns

• Which survival response do you recognise most in yourself? (Fight, flight, freeze, fawn)

• How does this pattern show up in your life today — in relationships, work, or daily situations?

• What did this response protect you from, or help you survive?

Exercise 3: What You Would Like to Be Different

• What aspects of your life do you feel are most affected by past experiences?

• If you could heal one thing — one belief, one pattern, one way of relating — what would it be?

• What would your life look like if you were no longer carrying this in the same way?

Supporting Yourself in Trauma Recovery 11

Trauma recovery is not a linear process, and it requires more than processing difficult memories. These foundations support the nervous system's capacity to heal.

Safety first

Before processing trauma, the nervous system needs a baseline of safety. This means physical safety, but also enough emotional stability to tolerate the work. Grounding skills (Section 9) build this foundation. If your life currently involves ongoing harm or crisis, stabilisation comes before trauma processing.

Body-based practices

Trauma is held in the body. Practices that increase body awareness and regulate the nervous system — yoga, gentle movement, swimming, breathwork, walking in nature — are not optional extras but central to trauma recovery.

Routine and structure

Predictability is regulating for a nervous system shaped by unpredictability. Consistent sleep times, regular meals, and simple daily anchors provide the nervous system with a sense of safety and control.

Mindfulness — gently

Mindfulness can be powerful in trauma recovery — but for some people, turning inward too quickly can be activating rather than calming. Externally-focused mindfulness (noticing the environment, sounds, sensations outside the body) is often safer when starting out.

Titrated connection

Trauma often affects the capacity for trust. You do not need to share everything with everyone. Finding one or two people with whom you feel genuinely safe — even partially — supports healing. The therapeutic relationship itself is often the most significant healing relationship in trauma work.

Journalling — with care

Writing about your experience can support processing, but it is worth being thoughtful about this. Structured prompts (like those in Section 10) are generally safer than unstructured writing. Always follow writing with a grounding exercise.

Limit re-traumatising inputs

Certain content — news, films, social media — can activate the trauma response without you realising. Being intentional about what you consume, and taking breaks, is a form of self-protection.

Speaking to someone

This is often the most important step. Trauma that is held in isolation tends to persist. Being witnessed by a compassionate, skilled professional is one of the most powerful agents of healing available.

What Healing Looks Like 12

Healing from trauma does not mean forgetting what happened, or returning to who you were before. It means integrating the experience — so that it becomes part of your story rather than the thing that runs your life.

What healing is not:

Forgetting — healing does not erase what happened

Linear — recovery involves setbacks, plateaus, and non-obvious progress

Quick — particularly for complex or developmental trauma, healing takes time

The same for everyone — your path is uniquely yours

About becoming who you were before — often, you become someone new

What healing does look like:

The past feeling more like the past, and less like the present

Triggers losing some of their power and intensity

The window of tolerance gradually widening

Being able to feel emotions without being overwhelmed by them

Relationships beginning to feel safer

Unhelpful beliefs about yourself beginning to loosen

Greater ability to be present in your own life

A returning sense of agency, choice, and self-trust

> Post-traumatic growth is real. Many people who have done genuine healing work report not just a reduction in symptoms, but a deepened sense of meaning, greater compassion for themselves and others, and a clearer sense of what truly matters to them. Healing is not just about the absence of suffering — it can be the beginning of a fuller life.

> "The wound is the place where the light enters you." — Rumi

When & How to Seek Professional Support 13

Trauma rarely resolves fully through self-help alone. Professional support provides something that self-help cannot: a consistent, safe therapeutic relationship in which the healing itself can happen.

Consider reaching out if:

You recognise yourself in the signs and symptoms described in this guide

Past experiences are affecting your relationships, work, or daily life

You experience flashbacks, nightmares, or intrusive memories

You feel persistently unsafe, numb, or disconnected

You have significant shame, self-blame, or negative core beliefs

Your nervous system feels persistently dysregulated — always on, or always shut down

You have been using alcohol, substances, or other behaviours to manage

Relationships consistently feel unsafe or follow painful patterns

You have tried self-help and found it insufficient

You simply have a sense that something from the past is still affecting your present

> A note on timing: you do not need to be in crisis to seek support. You do not need to be certain that what you experienced was "bad enough". If it has affected you, it matters. And you deserve support for it.

How Therapy Can Help 14

Trauma therapy is a specialised area that goes beyond general counselling. It requires a therapist who understands trauma's effects on the nervous system, can work at a pace that is safe and titrated, and can hold the therapeutic relationship with care and consistency.

EMDR — Eye Movement Desensitisation and Reprocessing

EMDR is one of the most extensively researched and recommended treatments for PTSD and trauma. It uses bilateral stimulation (typically guided eye movements) to help the brain reprocess traumatic memories in a way that reduces their emotional charge. Memories that once felt raw, vivid, and present begin to feel more like the past — acknowledged but no longer overwhelming. EMDR can be effective for both single-incident trauma and complex/developmental trauma.

Person-Centred Counselling

Provides the safe, consistent, non-judgemental therapeutic relationship that is itself central to trauma healing — particularly for those whose trauma occurred in relationships. The experience of being truly seen, heard, and accepted without condition is profoundly healing for many trauma survivors.

CBT — Trauma-Focused Cognitive Behavioural Therapy (TF-CBT)

Trauma-focused CBT addresses the negative beliefs and avoidance behaviours that develop following trauma. It helps clients process traumatic memories in a structured, gradual way while building coping skills and challenging trauma-related distortions about safety, self-worth, and trust.

Hypnotherapy

Can be effective for accessing and gently reprocessing traumatic material held below conscious awareness, particularly for phobias, somatic symptoms, and trauma-related anxiety. Please note: hypnotherapy is offered by qualified practitioners and is not covered by our NCPS Organisational Membership, which applies to counselling and psychotherapy.

Integrative Trauma Therapy

Many of our therapists work integratively — drawing on EMDR, somatic (body-based) approaches, parts work, and other modalities to provide trauma-informed support tailored to the individual. Trauma is complex and often requires a flexible, personalised approach.

Hope Therapy & Counselling

We're here when you're ready.

Thank you for reading Understanding Trauma.

Taking the first step can feel like a lot.
A free 15-minute consultation costs nothing
and commits you to nothing.

No pressure. Just a chance to see
whether we might be able to help.

Book your free consultation:
calendly.com/hopetherapy/15-minute-consultation

What to expect from your free call:

15 minutes, no charge, no commitment
Tell us briefly what brings you to therapy
Ask any questions you have
Get a feel for whether it feels like the right fit

Our services include:
Individual counselling · Couples counselling · CBT · EMDR · Hypnotherapy
Online sessions across England · Face-to-face in selected locations
Specialist support for LGBTQIA+ individuals and neurodiverse clients
All therapists are qualified and registered with appropriate UK professional bodies

www.hopefulminds.co.uk

Sessions are confidential. There are limited circumstances where this may need to change — for example, if there is a serious risk of harm — and your therapist will explain these at the outset.

Hope Therapy does not provide crisis support. In crisis: Samaritans 116 123 · SHOUT text 85258 · Emergency services 999