TRAUMA RELEASE CENTRE

WHEN THE PAST STILL FEELS PRESENT

Understanding how trauma can shape the mind, body, brain and thought processes

A gentle psychoeducation resource

For clients and therapeutic conversations. Read a little at a time and pause whenever your system needs space.

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Before we begin

This guide is an invitation to understand responses that may once have felt confusing, unwanted or shameful. Trauma responses are not evidence that you are broken. They are signs that your mind and body learned how to protect you when something felt overwhelming, inescapable or unsafe.

Some pages may feel very familiar. Others may not fit your experience at all. There is no need to make yourself continue if you notice increasing distress, numbness, disconnection or pressure. Pause, look around the room, feel the support beneath you and decide with your therapist what would be most helpful.

A helpful way to use this resource

Read a little at a time. Notice what feels useful. Leave anything that does not fit. Understanding is intended to increase compassion and choice, not to make you analyse or relive what happened.

This is educational information, not a diagnosis or a substitute for individual medical or psychological care. Physical symptoms should be discussed with an appropriate health professional.

The central idea

A traumatic experience can end while the body and mind continue preparing for it to happen again. Janina Fisher describes this as the living legacy of trauma. The phrase draws attention away from the question, ‘What is wrong with me?’ and towards a kinder question: ‘What did my system learn to do in order to survive?’

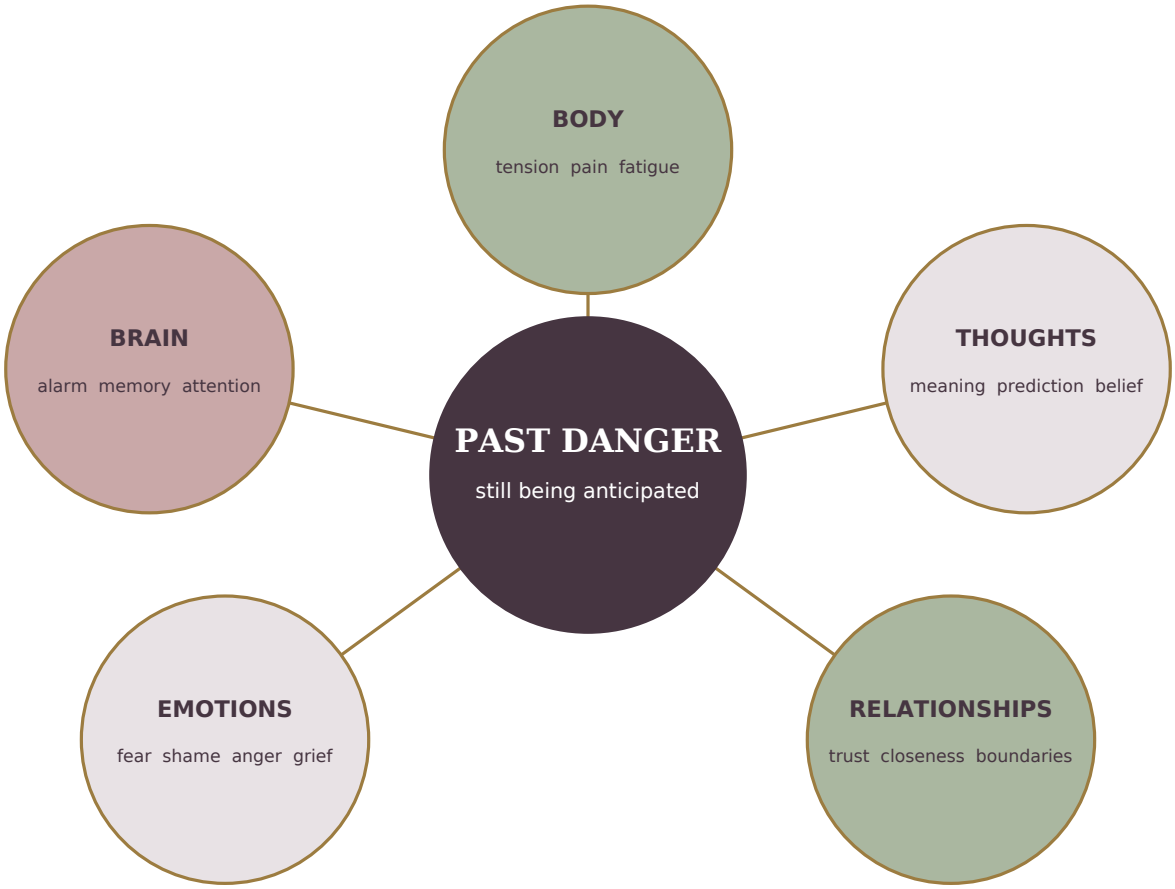
The legacy may appear through sensations, impulses, emotions, beliefs, images, relationship patterns or shifts in awareness. These responses can arise rapidly, before the thinking mind has worked out what is happening. A present day cue may resemble an earlier danger closely enough that the protective system reacts as if the past is happening now.

This does not mean every difficulty comes from trauma. It means that when a response feels stronger, faster or more enduring than the present situation seems to explain, earlier learning may be contributing.

The hopeful part

What was learned through experience can be updated through experience. Repeated moments of safety, connection, agency and successful protection can gradually help the system recognise that now is different from then.

How the past can remain active in the present

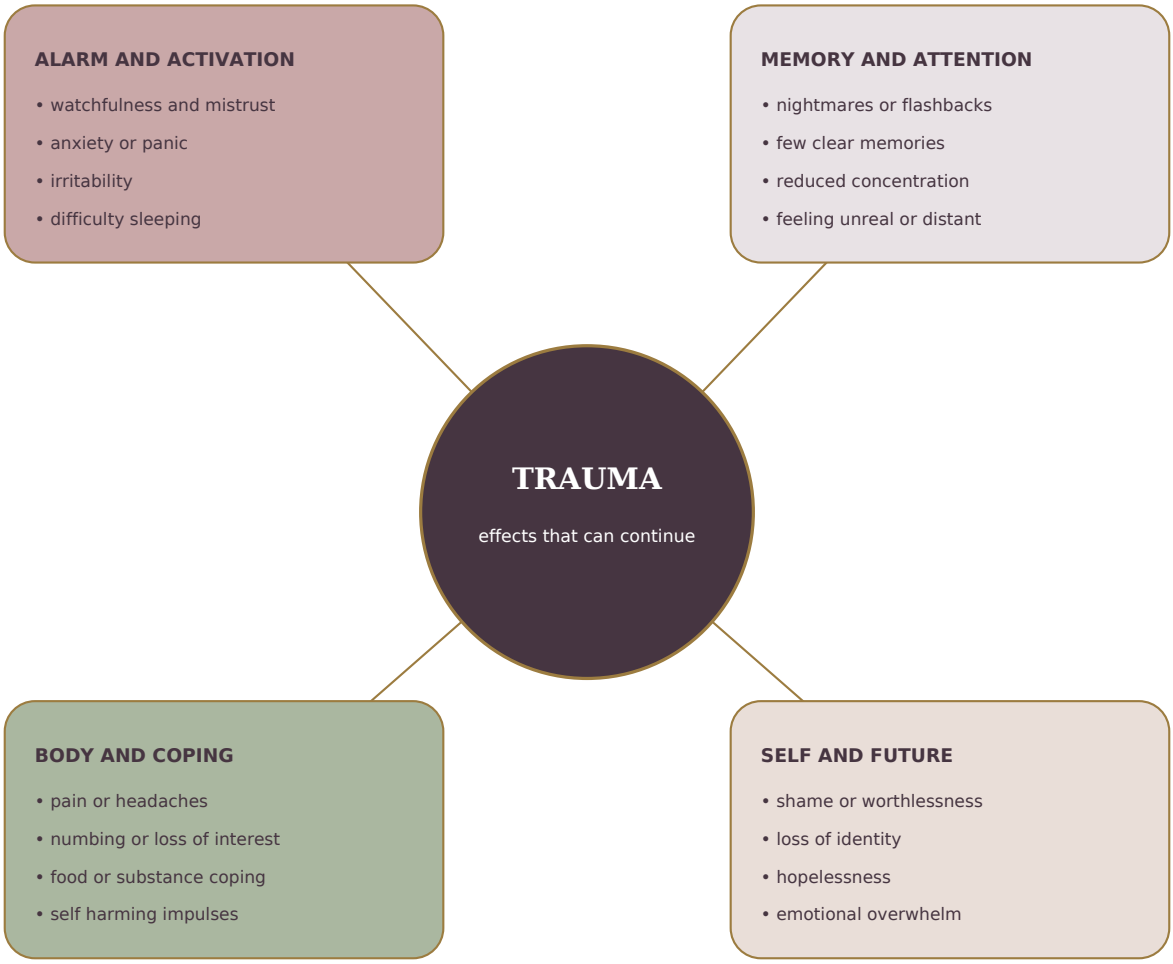


Protection can continue after the danger has passed

These five areas are interconnected. A change in one area can affect the others. A racing heart may prompt danger thoughts. A danger thought may increase muscle tension. Feeling tense may make closeness harder. None of these responses exists in isolation.

The many ways trauma can continue to be felt

Trauma does not leave one recognisable pattern. Its effects may appear across memory, attention, emotions, the body, coping, identity and relationships. Different responses can emerge at different times, and no one needs to experience every response for their experience to matter.



Different expressions can share the same protective roots

This diagram is informed by Janina Fisher’s Living Legacy of Trauma framework. The groupings and presentation have been adapted for this resource.

What makes an experience traumatic?

Trauma is not defined only by the event. It also involves how the experience was registered by the person’s nervous system, the degree of threat or helplessness, what resources were available, and whether safety and support followed.

An experience is more likely to leave a lasting imprint when it involved fear, violation, pain, loss, humiliation, betrayal, entrapment or an inability to act. Repeated relational experiences, neglect and chronic unpredictability can shape the system differently from a single event, yet both can have significant effects.

People can live through similar events and respond differently. This is not a measure of strength. Age, prior experience, culture, disability, physical state, relationships, meaning, duration and access to support all matter.

A response is not a verdict

The presence or absence of particular symptoms does not prove how serious an event was. Your experience does not need to resemble anyone else’s in order to matter.

The brain’s protective priorities

The brain is not a set of separate boxes, but it can be useful to think about three broad functions that work together.

Detection. Networks involving the amygdala rapidly evaluate possible threat. They favour speed over certainty. A false alarm may feel costly, but from a survival perspective missing a real danger could be worse.

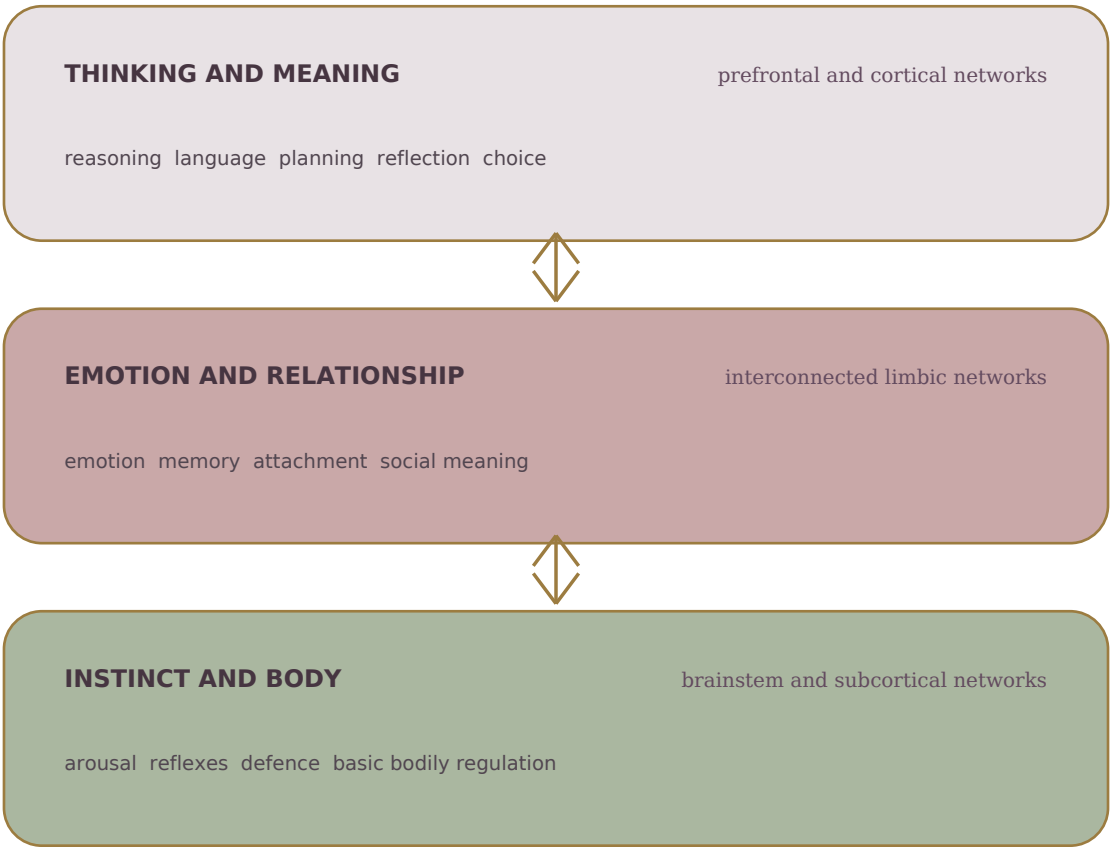
Context and memory. The hippocampus helps organise experience in time and place. Under extreme stress, memory may be stored or retrieved in fragmented ways. Sensations, images or emotions can therefore feel present rather than clearly recognised as belonging to the past.

Reflection and choice. Regions of the prefrontal cortex support planning, language, inhibition and perspective. When alarm is intense, access to these capacities can reduce temporarily. This is why ‘just think logically’ may be difficult in a triggered state.

One mind, three interacting systems

You may have heard these described as the thinking brain, the mammalian brain and the reptilian brain. This can be a helpful way to understand why we can know something logically while our emotions and body are responding as though danger is present.

The thinking system is associated particularly with the prefrontal cortex and wider cortical networks. It supports reasoning, problem solving, language, planning, perspective and the ability to pause before acting. The emotional and relational system involves interconnected limbic networks, including the amygdala and hippocampus. It helps organise emotion, memory, attachment, recognition of significance and learning from relationships. The instinctive system involves the brainstem and other subcortical networks. It contributes to arousal, reflexes, bodily regulation and rapid defensive responses.



One integrated brain with continuously interacting systems

What trauma can change in these systems

When the brain detects possible danger, rapid protective processes take priority. The body may mobilise or shut down before words and conscious reasoning are available. Emotional and memory networks may link a present cue with earlier danger, while reflective functions have less influence for a time. This can explain why a person may logically know they are safe yet still feel terrified, frozen, angry or compelled to escape.

Research involving people with post traumatic stress has repeatedly found differences in the activity and communication of networks involving the amygdala, hippocampus, medial prefrontal cortex and anterior cingulate cortex. Findings often point to heightened threat reactivity, difficulty placing experience securely in context and reduced top down regulation during threat. Executive functions such as attention, inhibition and flexible decision making may also be affected.

Research findings describe patterns across groups rather than predicting the experience of every individual. Brain responses vary with development, the type and duration of traumatic experience, current safety, physical health, sleep, support and many other factors.

The brain remains capable of learning and change. Repeated experiences of safety, accurate orientation, agency, emotional regulation and supportive relationship can strengthen new learning and increase access to reflection and choice.

Memory without a clear story

Not all memory is a deliberate recollection. Explicit memory involves facts and events that can usually be described. Implicit memory is expressed through learned expectations, body sensations, emotions, movement tendencies and automatic associations.

A smell, tone of voice, facial expression, date, body position or feeling of being trapped may activate implicit memory without producing a clear picture of the original event. The person may only notice that they suddenly feel afraid, ashamed, angry, small, unreal or compelled to leave.

A grounding sentence

Something in the present may be reminding my system of the past. I can notice the response without having to solve the whole story right now.

The body’s protective intelligence

The autonomic nervous system continually adjusts breathing, heart rate, digestion, temperature, muscle tone and energy. Under threat, the body may prepare to fight, escape, become very still, submit, call for help or disconnect from overwhelming experience.

After trauma, these shifts may occur more easily or take longer to settle. Common experiences can include tension, pain, headaches, trembling, startle, nausea, digestive changes, dizziness, disturbed sleep, exhaustion, agitation, sexual difficulties, numbness or feeling detached from the body.

These experiences are real. They also have many possible causes. A trauma informed understanding should sit alongside appropriate medical assessment, not replace it.

A flexible nervous system

Wellbeing does not require being calm all the time. A healthy nervous system mobilises when action is needed, settles when danger passes and conserves energy when rest is needed. The aim is flexibility, not permanent calm.

Trauma can narrow the range in which a person can remain present, connected and able to think. This is often called the window of tolerance. Above that range there may be panic, urgency, anger or racing thoughts. Below it there may be numbness, heaviness, collapse or disconnection.

The window is not fixed. Sleep, pain, illness, hormones, hunger, sensory load, conflict and accumulated stress can affect capacity. Support, predictability, choice, movement, rest and safe connection can increase it.

A more useful question

Instead of asking, ‘Why can’t I cope?’ try, ‘What is reducing my capacity today, and what might offer my system one little piece of support?’

How trauma can shape thought processes

Thoughts after trauma are often attempts to predict danger, prevent repetition or make sense of something that had no safe explanation. They may feel like facts because they are paired with strong sensations and emotions.

Protective thought	Possible purpose
I must stay in control	Prevent helplessness or surprise
It is safer not to need anyone	Avoid disappointment, betrayal or dependence
It was my fault	Create an illusion that a different action could prevent recurrence
Something bad is about to happen	Keep attention ready for threat
I should be over this	Push away vulnerability and restore a sense of control

These meanings can be updated, but arguing with them is rarely the best first step. Regulation, curiosity and validation often make reflective thinking more accessible.

Attention, concentration and decision making

When the system is monitoring danger, attention becomes biased towards what might go wrong. Neutral information may be missed while small signs of threat are noticed immediately. This can look like distractibility, forgetfulness, indecision, overthinking or difficulty completing tasks.

Some people scan the environment. Others scan themselves, watching every sensation, feeling or mistake. Some become highly organised and productive because preparation feels protective. Others freeze when faced with choices because choosing once carried risk.

These patterns are not laziness or lack of intelligence. They reflect where mental resources are being directed. Reducing threat and breaking tasks into small, reversible choices can be more effective than demanding greater willpower.

Try noticing

When concentration disappears, ask: Is my attention protecting me from something, searching for something, or becoming overloaded? What would make this task feel safer or smaller?

Emotions as signals and action tendencies

Emotions help organise action. Fear prepares escape or caution. Anger supports defence and boundary setting. Sadness slows the system and draws attention to loss. Shame can encourage hiding or submission when belonging feels threatened.

After trauma, an emotion may be activated by present circumstances, earlier learning, or both. It can be intense without being irrational. The emotion may accurately signal that something matters while its level of urgency belongs partly to the past.

Healing does not require suppressing emotion. It involves increasing the ability to notice, name, tolerate and respond to emotion without being completely overtaken by it.

Two truths can coexist

This feeling makes sense in light of what I have lived through. I can also check what is true, needed and possible in this moment.

Dissociation and disconnection

Dissociation is a shift in the integration of awareness, memory, identity, emotion, sensation or perception. It exists on a spectrum. Everyday absorption is common. Trauma related dissociation may involve numbness, losing time, feeling unreal, watching oneself from a distance, not recognising bodily needs or moving through life on automatic pilot.

Dissociation can be understood as protection from experience that once exceeded the person’s capacity to remain present. It is not attention seeking and it is not a failure. Because it can affect safety and memory, significant dissociation is best explored with a suitably trained professional.

Grounding should be gentle and consent based. Strong sensory input, forced eye contact or commands to stay present can feel intrusive. Choice, orientation and predictable contact are usually more supportive.

If you begin to feel far away

Notice one neutral object. Let your eyes move slowly. Feel one place where your body meets support. Name the date and where you are. Stop if any step increases distress.

Protective responses are not personality flaws

Fight may appear as anger, criticism, control, pushing away or fierce self reliance.

Flight may appear as urgency, busyness, perfectionism, escape, worry or difficulty resting.

Freeze may appear as blankness, indecision, immobility or being unable to speak.

Submit or appease may appear as automatic agreement, caretaking, compliance or losing contact with personal needs.

Attach or cry for help may appear as urgently seeking reassurance, proximity or rescue.

Shut down may appear as exhaustion, numbness, collapse, hopelessness or withdrawal.

These categories overlap and are not labels for people. The same person may move rapidly among them. What looks contradictory from the outside can make sense as different solutions to different kinds of danger.

Trauma in relationships

Relationships can become both the place where safety is wanted and the place where danger is expected. Closeness may activate fear of loss, control, exposure or engulfment. Distance may activate fear of abandonment. A person may long for reassurance and then feel overwhelmed when it arrives.

Earlier relational learning can shape how facial expression, silence, disagreement, authority, touch and boundaries are interpreted. Protective patterns may include pleasing, testing, withdrawing, pursuing, controlling, overexplaining or avoiding needs.

The goal is not to blame the past for every present conflict. It is to create enough space to distinguish what belongs to now, what is being remembered, and what action respects both safety and relationship.

A relational pause

What am I expecting will happen between us? What evidence belongs to this moment? What boundary, reassurance, time or clarification would support greater choice?

Shame and self blame

Shame says, ‘Something is wrong with me.’ Self blame says, ‘I caused this.’ Both may develop when acknowledging another person’s danger, neglect or betrayal felt impossible, especially in childhood or dependent relationships.

Blame can create a painful sense of control: if I caused it, perhaps I can prevent it. Shame can also preserve attachment by locating the problem in the self rather than in someone who was needed. These meanings may endure long after they are useful.

Compassion is not pretending that choices have no consequences. It is holding behaviour in context, recognising constrained options and separating responsibility from global condemnation.

A compassionate reframe

There may be reasons my system reached this conclusion. I can understand its purpose while gently questioning whether it remains true.

The trigger sequence

A trigger is a cue that activates an established network of meaning and protection. Mapping the sequence can reveal places where support and choice may become possible.

1 CUE	2 MEANING	3 BODY
tone, place, sensation, silence	danger, rejection, failure, entrapment	heat, tension, collapse, racing heart
4 IMPULSE	**5 ACTION**	**6 AFTERMATH**
leave, fight, hide, please, freeze	withdraw, argue, agree, overwork	relief, shame, confusion, exhaustion

The earliest point is not always the easiest point to change. Sometimes choice becomes possible after the action, through repair and reflection. With practice, the pause may gradually appear earlier.

Map one recent moment

Choose a manageable example rather than the most distressing experience. You may complete this with your therapist.

What was happening just before the shift?

What did your mind predict or conclude?

What changed in your body, attention or emotions?

What did you feel pulled to do, and what happened next?

Add understanding, not judgement

What might this response have been trying to prevent or protect?

How old, familiar or automatic did the response feel?

What was different in the present, even if your body did not yet know it?

What support, boundary or action might have helped?

Dual awareness

Dual awareness means noticing the activated experience while retaining some connection with the present. It is not forcing yourself to remain in distress. It is the gentle capacity to know, ‘A response is happening, and I am also here.’

You might notice one part of your attention drawn towards fear while another notices the room, your therapist’s voice or the support beneath your feet. The present anchor should feel neutral or supportive, not imposed.

A brief practice

Name one thing happening inside, then three facts about now. For example: ‘There is tightness in my chest. I am in this room. It is Monday. The door is open and I can choose whether to continue.’

If attention to the body intensifies panic, start outside the body with colour, light, sound or orientation. Not every grounding method suits every nervous system.

Orienting to the present

Orienting uses the senses and head and eye movements to gather current information. It helps the system register where it is, what is around it and whether action is needed.

Let your eyes move slowly around the space. Notice edges, doorways, light and distance. Find one colour or shape that feels neutral or pleasant. Allow your head to follow your eyes if that is comfortable. Notice whether your breath, muscles or attention change without trying to make them change.

You can also orient in time. State your age, the date, where you are, who is with you and what choices are available. If the present is not fully safe, acknowledge that honestly and identify the next protective step.

Safety is not a performance

The aim is accurate orientation, not convincing yourself that everything is fine. Sometimes the wisest present day response is to seek help, create distance or strengthen a boundary.

Working with breath and movement

Breathing practices can support regulation, but they are not universally calming. Focusing inward, taking very deep breaths or extending the exhale may increase distress for some people. Begin with permission to stop and let comfort guide the practice.

You might simply notice the breath without changing it, breathe out through gently pursed lips, hum softly, stretch, press your feet into the floor, walk, shake out your hands or push against a wall. Movement can help complete an impulse that once had to be inhibited.

Small doses are often more useful than intensity. Notice the effect during and after. A practice is not beneficial merely because it is described as grounding. Your response is information.

Choice first

Would stillness or movement feel more supportive? Would you rather focus inside or outside? Do you want company or space? Choosing is itself part of updating helplessness.

Meeting protective thoughts with curiosity

Trying to eliminate a thought can strengthen the struggle around it. A gentler approach is to recognise the thought as a protective prediction rather than an instruction or final truth.

1. Name it: ‘I am noticing the thought that I am unsafe.’
2. Validate its purpose: ‘It makes sense that my mind wants to prevent danger.’
3. Check the present: ‘What evidence is available now?’
4. Add choice: ‘What is one action that supports me without treating the prediction as certain?’

This is not positive thinking. It is a way of widening the field so that past learning and present information can both be considered.

Possible language

A protective part of me expects the worst. I do not have to shame it or obey it. I can listen for what it needs and decide from the present.

Building an individual support menu

Regulation is personal. Create a menu with your therapist and test each option when distress is mild.

WHEN MOBILISED	WHEN SHUT DOWN
slower pace	gentle movement
firm pressure	warmth or cool air
rhythmic movement	light and colour
reduced stimulation	supportive contact
clear information	music with rhythm
more physical space	one achievable task

People, places, sensory supports or actions that help me feel more present:

Pacing and the conditions for healing

Healing is rarely a straight line. Capacity changes, and progress may look like noticing sooner, recovering more quickly, having more choice, needing less self punishment or being able to accept support.

Trauma work does not require telling every detail or becoming overwhelmed. Effective therapy attends to consent, stabilisation, present safety and the person’s ability to remain connected enough to process experience. Sometimes the most therapeutic action is slowing down.

- Work in manageable amounts and return to the present regularly.
- Track both activation and signs of settling.
- Strengthen resources alongside exploring pain.
- Respect protective responses before inviting change.
- Measure progress by flexibility and recovery, not by never being triggered.

The system learns through repetition

One safe conversation may matter. Repeated experiences of being heard, having choice, setting a boundary and returning from activation can gradually become a new living legacy.

My early signs and my plan

Early signs that I am moving towards mobilisation:

Early signs that I am moving towards shut down or disconnection:

What helps me remain within a manageable range:

People or services I can contact:

What I would like others to do, and not do:

When more support is needed

Please seek timely professional support if trauma responses are interfering with daily life, relationships, sleep, physical safety or your ability to care for yourself. Urgent help is important if there is immediate danger, significant loss of time, severe dissociation, thoughts of suicide, self harm, or concern that you may harm someone else.

In New Zealand, call 111 when there is immediate danger. You can call or text 1737 at any time to speak with a trained counsellor. For sexual harm support, Safe to talk is available on 0800 044 334 or by text on 4334. Availability and contact details can change, so check the service website if you are using this resource outside New Zealand or at a later date.

A reminder

Needing support does not mean you have failed. Trauma often developed in conditions of isolation, powerlessness or insufficient protection. Safe support can be part of how the system learns something new.

For therapeutic conversations

This section is intended for use with a therapist or other appropriately trained practitioner.

Begin by agreeing how the client will signal pause or stop. Select one section that matches the client’s current question. Invite recognition rather than disclosure. Ask what fits, what does not fit and what language the client prefers.

Track state while discussing content. Signs of reduced presence, narrowing attention, increasing compliance or sudden intellectualisation may indicate that the pace needs to change. Reorient, restore choice and prioritise relationship over completing the material.

Avoid treating the model as proof of a history or diagnosis. Maintain curiosity about neurodivergence, culture, disability, medication, sleep, pain, physical illness, substance use, current danger and social context.

Core stance

The response has meaning. Protection deserves respect. Present safety must be assessed honestly. The client’s consent, language and lived knowledge remain central.

A suggested six session pathway

Conversation 1: Making sense of symptoms. Introduce the central map and identify which areas feel most relevant.

Conversation 2: Brain, memory and nervous system. Explore rapid threat detection, implicit memory and the client’s state shifts.

Conversation 3: Thoughts, emotions and protection. Reframe recurring beliefs and actions as attempts to anticipate or manage danger.

Conversation 4: Map one manageable sequence. Follow cue, meaning, body, impulse, action and aftermath without pursuing traumatic detail.

Conversation 5: Build present day choice. Practise dual awareness, orientation, boundaries and an individual support menu.

Conversation 6: Consolidate. Identify early signs, useful language, relationship needs, evidence of change and a plan for future activation.

The pathway is optional. Some clients may need several sessions on one area, and others may benefit from only a single page.

Key ideas to carry with you

- Trauma responses are adaptations, not evidence of defect.
- The body and mind may anticipate past danger in present situations.
- A triggered response can be meaningful without every prediction being accurate now.
- Protection may appear as mobilisation, shut down, appeasement, disconnection or control.
- Understanding creates compassion, but present safety and responsibility still matter.
- The goal is greater flexibility, recovery and choice rather than permanent calm.
- Healing can occur through repeated experiences of agency, connection and manageable safety.

> You are more than what happened to you, and more than the ways you learned to survive it.

Sources and further reading

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This resource is an independently written psychoeducation guide informed by Janina Fisher’s work and wider trauma literature. It is not affiliated with or endorsed by the author or publisher of Fisher’s workbook.