

# When the Past Arrives Before You Can Think

*Understanding what you have carried, and finding more room to live*

Brian Kennedy, MA, LMFT

*I resisted all the way.*

Charlotte Brontë, Jane Eyre, chapter II. <sup>4</sup>

You hear the brakes before you know where the sound is coming from. Your shoulders rise. Your hands tighten. For a moment, the ordinary afternoon has narrowed to one urgent task: find the danger. Then you look around. You are standing outside a shop. The traffic is moving. Nothing has struck you. Your body takes longer to arrive at that information.

Perhaps your experience is quieter. Someone asks what you want, and your mind goes blank. A person you care about comes closer, and you feel an impulse to move away. You finish a conversation knowing what was said but feeling strangely absent from it. You may understand something about where these experiences began. You may also be unsure.

What can become especially painful is the conversation you have with yourself afterward. Why am I still like this? Why can't I enjoy something simple? You may be tired of explaining a response that you did not choose. You may work hard to keep it from inconveniencing anyone, while carrying its effects through the rest of the day.

I would want to begin with some interest in what this has been like for you. What have you had to manage? What do you wish someone understood? Before we ask you to do something differently, there should be room to recognize the effort already involved in living.

Understanding trauma can help some of these experiences become less bewildering. It can also help you discover what would make a difference now: appropriate treatment, a more dependable relationship, practical protection, or one small change in how you respond to a difficult moment. You can begin without deciding that trauma explains everything, and without telling your most painful story.

## When an Ordinary Day Requires So Much

Consider Iona, an invented example. A serious collision ended months ago. She remembers what happened and knows that she survived. Yet sudden braking can draw her attention with a speed that surprises her. Afterward she may feel irritable, distant, or exhausted. An ordinary trip can require more effort than anyone beside her would guess.

She misses how easy some things used to feel. She also feels embarrassed by that longing, as though surviving should have left no room for complaint. This is part of what needs understanding: the response itself, the life it interrupts, and the judgment that can make it lonelier.

Traumatic stress can affect sleep, attention, bodily readiness, mood, and connection. A reminder may bring racing heart, tension, or an urge to escape before there has been time to consider it. Some people feel numb or far away instead. Guilt, shame, grief, and difficulty enjoying things can matter alongside fear. These experiences vary, and a clinician can help distinguish them from other psychological or medical difficulties.<sup>14, 24</sup>

For Iona, a useful beginning is becoming curious about what helps her return to the day. It might be company, time to look around while safely stopped, or a practical change to the journey. The aim is a little more freedom in responding. She does not need to convince herself that nothing happened, or prove that she can manage everything alone.

## Finding Words for What Happened

The word trauma is used in several ways. It can refer to an event or circumstances, a person's experience of them, or lasting effects. A broad trauma-informed understanding makes room for all three. It asks what occurred, what it was like for this person, and what followed—including the protection or support that was available.<sup>34</sup>

PTSD has a more specific clinical meaning. Its diagnostic exposure requirements concern experiences such as death or threatened death, serious injury, or sexual violence through specified circumstances; diagnosis also requires a particular symptom pattern, duration, and effects on life. ICD-11 describes exposure to extremely threatening or horrific events. Most people exposed to potentially traumatic events do not develop PTSD. A person can still need substantial help without meeting that diagnosis.<sup>37, 15</sup>

You may have heard big-T and little-t trauma. These are informal expressions, rather than diagnoses or a dependable measure of suffering. They can broaden recognition beyond a single catastrophe, but little can sound dismissive when someone is describing years without protection or emotional care. It is more useful to ask what happened, how persistent it was, what was missing, and what remains difficult.

Accurate words can help us choose appropriate care. They do not need to become an examination you must pass before your experience deserves attention. Distress after loss, rejection, or other painful experiences also matters, even when trauma or PTSD is not the most useful description.

## When You Were Still Growing

An adult may remember life before an accident or assault. A child is still developing the capacities with which to understand and respond. Children depend on adults for protection, explanation, comfort, and help with feelings they cannot yet manage alone. When danger or severe deprivation persists, there may be little opportunity to learn that another kind of relationship is possible. Threat and the absence of expected care are different experiences, and they can occur together.<sup>22, 19</sup>

Some wounds have a recognizable incident. Others concern what rarely happened: someone noticed you were frightened; someone was interested in what you thought; someone helped after you made a mistake. A home can provide meals and clothing while leaving a child largely alone in their emotional life.

That loneliness can be hard to name because there may be no single scene that explains it. You may love your family, recognize their efforts, and still feel sadness about what was unavailable. A caregiver's illness, hardship, culture, or own unmet needs can help explain the conditions. They do not settle what the child needed or what the absence cost. Ordinary failures to notice differ from a sustained pattern of neglect; attentive care never required a flawless parent.<sup>22</sup>

A person may learn to make needs small, be useful, watch others closely, or manage alone. Those responses can preserve something important. They can also become tiring when receiving help, resting, or disagreeing seems difficult. These are possibilities to explore with care, rather than evidence from which to infer a particular childhood.

In the early chapters of *Jane Eyre*, adults interpret a child's protest while overlooking the treatment that provoked it. The passage asks us to consider whose account has been heard. Reading it here is a literary invitation to pause before judging a response. What becomes more understandable when we make room for the conditions in which it occurred?<sup>4</sup>

Childhood experiences do not determine one adult personality or diagnosis. Complex PTSD includes PTSD alongside substantial difficulties in emotional regulation, self-concept, and relationships; it is not simply another name for childhood trauma, and it can follow adult experiences. What matters clinically is the actual pattern. Emotionally, there may also be grief for capacities and experiences you had too little opportunity to develop.<sup>15</sup>

The optional ACE questionnaire in this pathway already includes emotional and physical neglect. Its count cannot describe the whole quality, duration, or meaning of care. Separate, unscored questions make room for what you needed more of, who offered something different, and what matters now. A low count does not rule out serious harm, and supportive experiences do not cancel painful ones. You can leave the questionnaire entirely aside.<sup>5, 2</sup>

## Wanting Closeness and Preparing for Hurt

Attachment wounding describes difficulties that can develop when reaching toward someone important repeatedly brings rejection, humiliation, unpredictability, or little comfort. In severe childhood circumstances, the person needed for protection may also be frightening. In adulthood, betrayal or abandonment can injure an important bond. The phrase describes a relational concern; it does not establish a diagnosis or prove abuse.<sup>32</sup>

You may want comfort and feel ashamed of wanting it. You may ask for reassurance and find it hard to believe the answer. You may become distant just as care begins to reach you. Such responses can be confusing to live with, especially when you care deeply about the relationship. They are worth understanding without turning them into a permanent identity. Responses can differ between relationships and change over time.<sup>32, 16</sup>

Two questions belong together: what have I come to expect, and what is this person actually doing? A familiar fear may be stronger than the present evidence. The person in front of you may also be unreliable, dismissive, or coercive. Becoming better at regulating yourself should help you notice and respond to those conditions.

More connection might begin with a smaller, clearer request, or with noticing whether a limit is respected. It may involve receiving care you actually want. At other times, protection, distance, or practical support needs to come first. Your wish for closeness deserves attention, and so does your right to have a voice within it. Understanding your fear also leaves room to consider your own impact: a need for reassurance can be real without making another person's constant availability a requirement.

## What the Body Remembers

Bessel van der Kolk's *The Body Keeps the Score* and Babette Rothschild's *The Body Remembers* have helped many people consider an important possibility: a life is expressed through more than the story a person can tell. Attention, bodily preparation, movement, feeling, and relationship may carry learned responses that are easier to experience than to explain.<sup>40, 29, 41</sup>

Brain and body work together in feeling and preparing action. A familiar response can arrive quickly even when your considered understanding has changed. Research on bodily feeling supports taking that experience seriously. It does not mean every sensation accurately tells you what is happening now, and pain, dizziness, fatigue, or changes in awareness also deserve appropriate medical consideration.<sup>7</sup>

Body memory is useful language when it helps you understand learned responses. It becomes misleading if it suggests that muscles hold a complete historical recording. A sensation, posture, dream, or image cannot independently establish a past event. You can care for what is happening now while remaining unsure about some of its origins.

You may also hear that trauma turns off the rational left brain and becomes trapped in the emotional right brain. The actual picture involves interacting brain regions and networks. An influential early study examined regional changes during reminders in eight selected patients; it did not show that an entire hemisphere switches off. The everyday observation remains useful: distress can make words, perspective, and flexible attention harder to access. Time, less pressure, or a different kind of attention may help.<sup>28</sup>

Body-oriented approaches associated with Pat Ogden and Peter Levine attend to present sensation, movement tendencies, and pacing. Their methods and developing evidence differ. You do not need to shake, cry, relive an event, or perform a particular movement to prove recovery. If an inward exercise makes you feel farther away or more overwhelmed, you can stop and choose external attention, ordinary conversation, or individual help.<sup>26, 27, 3</sup>

For Iona, listening to her body can begin with an undramatic question: what would help me participate in the next part of my day? Sometimes she wants a friend's company. Sometimes she needs a quieter plan. She is allowed to learn through the actual effects of those choices.

## The Cost of Always Looking Fine

Sometimes there was good reason to keep a feeling out of view. Anger might have brought punishment. Tears might have been dismissed. Concentrating on work may have helped during an emergency. There can be wisdom and effort in how a person survived, alongside a cost that becomes clearer later.

Looking composed does not necessarily mean feeling at ease. Research on deliberately holding back expression found that less outward emotion did not necessarily mean less felt emotion. Suppression, dissociation, and ideas about unconscious repression are different things. Nor is every private or restrained response harmful: timing, culture, choice, and actual circumstances matter.<sup>9</sup>

Gabor Maté's attention to social and developmental conditions can help widen understanding beyond the idea that a person simply fails to manage emotions well enough. Work, poverty, discrimination, caregiving demands, and coercive relationships may leave too little room to feel or recover. That context matters. It should not become a claim that you caused a medical illness by being insufficiently authentic, or that expressing the right feeling will cure it.<sup>18</sup>

When feelings have been kept at a distance for a long time, meeting them can take companionship and patience. There may be sadness beneath the effort to stay useful, or anger about something that was never acknowledged. There may also be tiredness, uncertainty, or no clear feeling at all. We can begin with what is available rather than demand a breakthrough.

## Memory, Distance, and Staying Connected to the Present

Explicit memory includes consciously remembering an event or knowing a fact. Implicit learning may appear in habits, skills, expectations, or conditioned responses without deliberate recollection. The systems interact; a memory that arrives uninvited can still be explicit. These distinctions help describe experience without assuming every unexpected reaction contains a hidden scene.<sup>33</sup>

Traumatic experiences can be recalled vividly or unevenly; details may be certain, uncertain, or forgotten. Research does not support one universal pattern of fragmented trauma memory. You do not need a complete childhood account before receiving help with present distress. Equally, uncertainty is not evidence that nothing happened.<sup>30, 42</sup>

A careful therapist can take your distress seriously without supplying details or insisting that an image must be either accurate or false. You can say what you remember, what you infer, what someone told you, and what you do not know. Help can continue while some historical questions remain open.<sup>12, 25</sup>

Dissociation concerns disruptions in the usual continuity of experience, such as awareness, memory, identity, or connection to oneself and the surroundings. It can range from brief experiences to substantial difficulties. Ordinary absorption in reading or daydreaming is not by itself a disorder. If detachment is troubling you, words for its different forms may help you describe it to a clinician.<sup>1, 43</sup>

**Depersonalization** can feel like being detached from yourself or observing yourself from a distance. **Derealization** concerns surroundings that feel unreal or dreamlike. In depersonalization/derealization disorder, the person understands that this is an experience of unreality, rather than proof that the world has literally changed. Emotional numbness can occur in different difficulties and is not automatically the same experience.

**Dissociative amnesia** involves difficulty recalling important autobiographical information beyond ordinary forgetting. **Fugue** includes amnesia with identity disturbance and travel away from familiar surroundings. **Dissociative identity disorder** involves substantial discontinuity in identity and agency, recurrent memory gaps, and other diagnostic requirements. Having conflicting wishes or using parts language does not establish DID.

Other specified or unspecified presentations do not fit another category fully. ICD-11 partial DID has requirements that are not identical to DSM's other specified dissociative disorder. PTSD's dissociative subtype requires PTSD together with depersonalization and/or derealization. These terms belong in careful assessment, with medical, substance-related, sleep-related, and other explanations considered. They are not a checklist for deciding who you are.<sup>37, 1, 43</sup>

Repeated time loss, evidence of actions you cannot recall, or detachment that disrupts daily life warrants individual professional assessment. New confusion or unexplained loss of awareness also needs medical consideration. In those circumstances, getting

appropriate help is a useful next step; there is no need to intensify an exercise or search for a story that explains everything.

## A First Step That Fits Your Life

A beginning can be much smaller than a full account of what happened. You might choose one ordinary moment in which you would like a little more choice. Use a fictional situation if your own feels too close. There is no need to bring on a reminder or deliberately increase distress.

Start with what you can observe: I lose the thread when a conversation moves too quickly. I tense when a message arrives. I agree before I know what I want. Then leave some space around the explanation. Perhaps an old expectation is involved; perhaps you are tired, missing information, or responding to a current arrangement that needs to change.

Choose one manageable adjustment. You might ask for a question to be repeated, take a little time before answering a nonurgent message, look at an ordinary object around you, or ask a willing person for quiet company. If contact or inward attention is unwelcome, you can rehearse a request privately or change a practical condition instead. Do this when you can give it your attention, away from driving or other demanding tasks.

Consider what you hope the adjustment will make possible. Perhaps you will follow one sentence more easily or say that you need a pause. Choose a stopping point first. If you become more detached, confused, panicked, or pressured to continue, stop and use an ordinary alternative or appropriate support.

Afterward, ask what actually happened. Did the change help, make little difference, feel mixed, or reveal something else? You may decide that a quieter setting matters more than an exercise, or that a particular person is not responding reliably. An approach that does not fit gives you information. You can change the plan rather than treat the result as a judgment of you.

In one invented moment, Iona asks a trusted friend for simple company after a difficult day. “Could we wash up together? I don’t want to talk about the collision tonight.” Her friend agrees without pressing for an explanation. They stand at the sink, and for a little while Iona finds she can follow an ordinary conversation. She notices something about the kind of company that fits.

Another evening, conversation feels like too much and she prefers quiet. Bringing that difference to therapy helps her and her therapist reconsider what she needs. One helpful encounter does not settle the difficulty. It does give her a place in the work: she can ask, notice, correct, and help choose what comes next.

## Finding Help You Can Have a Voice In

Judith Herman places recovery within agency, relationships, and the social world. Protection, housing, money, access to care, and being taken seriously about actual harm may matter alongside emotional understanding. Healing does not require becoming comfortable in conditions that continue to injure you.<sup>10, 11</sup>

Established PTSD treatments include cognitive processing therapy, prolonged exposure, and EMDR. They differ in their methods and what they ask of you. Experiential, body-oriented, and parts-oriented approaches may also enter an individualized formulation, while their evidence differs. You can ask about a clinician's training, the options, why an approach is proposed, and how you will review its effects together.<sup>6, 3, 13, 23, 35</sup>

You do not have to become perfectly calm before treatment can help. Preparation and support should fit your circumstances and capacities. Sometimes practical symptoms need attention first; sometimes direct treatment becomes useful with appropriate support. Significant dissociation calls for individual assessment and planning.

Being helped can itself bring unfamiliar feelings. You may feel relieved and then doubtful, grateful and then sad, or disappointed by an intervention that sounded promising. A responsive therapeutic relationship has room for that information. Fosha's work on accompaniment helps orient this attention to how care actually reaches a person. Your honest response can help shape what happens next.<sup>8</sup>

You should be able to question an interpretation, request a different pace, or say that something is not helping. A therapist's warmth matters, and so does their ability to hear you and reconsider. You do not need to protect their feelings or make your recovery confirm their preferred explanation.

## What About MDMA and Psychedelics?

Research initiated through MAPS has raised important possibilities for MDMA-assisted therapy for PTSD. MDMA is usually described as an empathogen or entactogen rather than a classic psychedelic such as psilocybin. In trials, it was given within structured psychological support.

Two phase 3 studies reported greater short-term PTSD symptom improvement in the MDMA groups than in groups receiving placebo with therapy. Participants and therapists could often infer the treatment, samples were selected, and long-term benefit and safety remain important questions. As of 24 October 2026, MDMA is not FDA-approved for PTSD treatment in the United States.<sup>36, 20, 21, 38, 31</sup>

Researchers are studying changes in fear, social connection, emotional engagement, and learning as possible explanations. These are not a settled account of recovery. Other

psychedelics have different effects and a less developed PTSD evidence base. Altered states also raise important questions about vulnerability, suggestibility, consent, boundaries, medical monitoring, and independent accountability. A powerful experience cannot establish the accuracy of a memory.<sup>39, 17</sup>

You can remain interested without feeling that this is something you must pursue. Existing treatment and ordinary supportive care remain meaningful options. There is no need for a drug experience to make your wish for healing legitimate.

## **Making Room for More Than Getting Through**

As some room opens, you may become more aware of what you have missed. Grief about lost time, unreceived care, or the effort of always preparing can sit beside relief. There is no requirement to find a gift in what happened. A fuller life may include mourning and the discovery of something welcome.

For Iona, hope begins to have an ordinary shape. She would like to make a plan because she wants to go, rather than spend the whole day calculating whether she can manage it. That possibility may arrive unevenly, with help and adjustments. We cannot predict her outcome from an example. We can recognize a direction worth making room for.

The five modules offer a way to begin: find present orientation and choice; understand bodily learning; consider missing care and expectations of relationships; learn about memory and dissociation; and choose support and a next step in everyday life. Module 1 comes first, and the ACE questionnaire is optional. The learning does not ask you to retrieve memories, revisit abuse in detail, or prove an explanation.

Other BKL pathways can offer company with particular parts of the work. Self-regulation explores responding to activation while keeping choice. Attachment patterns considers expectations within relationships. Co-regulation and Receiving: Letting Care Reach You make room for support that fits.

Self-differentiation concerns a voice of your own alongside connection. Repair After Hurt considers accountability and reliability. Grief, Loss, and What Cannot Be Repaired gives room to care and relationships that cannot become what you needed. These remain options; one useful beginning is enough.

Change might first be noticeable when you ask for a pause, accept help without immediately repaying it, recognize that a situation needs protection, or enjoy something without having to earn the enjoyment. There may still be difficult days. Needing more support can be part of responding well to them.

You have already lived a life larger than the word trauma can describe. There are capacities, relationships, preferences, disappointments, and hopes that deserve to belong in the conversation. The work can begin with one of them-with enough care to understand what you have carried, and enough openness to discover what may become possible now.

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Explore Trauma, Safety, and Recovering Choice

When Survival Remains in the Room

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