CENTER FOR MINDFUL PSYCHOTHERAPY

Understanding Trauma

A Visual Guide

27 infographics across 9 areas of trauma

for clients, therapists, and anyone seeking understanding

ABOUT THIS GUIDE

How to use this guide.

WHAT THIS GUIDE IS

This guide brings together 27 infographics developed for the Center for Mindful Psychotherapy, organized across nine areas of trauma-related experience. Each infographic was designed to translate clinical concepts into felt, accessible language. The goal is recognition: helping people see their own experience reflected clearly, often for the first time.

WHO IT IS FOR

This guide is for anyone who has wondered whether what they carry might have a name. It is for people exploring their own histories, for loved ones trying to understand, and for clinicians looking for psychoeducational tools they can share with clients. Nothing in this guide requires a clinical diagnosis to be meaningful.

HOW THE SECTIONS ARE ORGANIZED

The guide moves from broader trauma concepts toward more specific presentations. Sections one through three cover trauma, complex trauma, and PTSD as general categories. Sections four through nine explore specific forms and presentations: layered trauma, intergenerational transmission, nervous system dysregulation, relational wounding, childhood emotional neglect, and sexual violence. Each section begins with a brief introduction followed by three infographics.

A NOTE ON LANGUAGE AND FRAMING

Every infographic in this guide was written with a specific intention: to describe human experience without pathologizing it. Trauma responses are presented as adaptations, not deficits. Symptoms are framed as what the nervous system learned, not what is wrong with a person. Healing is described as possible, nonlinear, and worthy of unhurried attention.

GETTING SUPPORT

If you recognize your experience in these pages and are ready to explore it with professional support, the therapists at the Center for Mindful Psychotherapy offer individual, couples, and family therapy across the San Francisco Bay Area, with telehealth available throughout California. You can browse therapist profiles and request a consultation at mindfulcenter.org.

1 TRAUMA

Understanding Trauma

Trauma is not defined by the size of what happened. It is defined by what the experience left behind in the body, the nervous system, and the way a person moves through the world afterward. Many people who seek support do not initially use the word trauma. They describe anxiety, difficulty in relationships, a sense that something is off, or feelings they can't quite name. These are often the signs that something significant happened and hasn't yet had space to be processed. The infographics in this section offer a starting point: the gap between what we say and what lies beneath it, the signals worth exploring, and what therapy can offer even outside of crisis.

IN THIS SECTION

Three infographics follow on the pages ahead.

TRAUMA

What you say. What might lie beneath.

The words we use to ask for help and the feelings driving them are often not the same thing.

WHAT YOU MIGHT SAY		WHAT MIGHT BE UNDERNEATH
"We argue about everything." *Every disagreement feels high stakes.*	VS	Fear that connection has eroded. *The conflict is real. So is the grief.*
"I keep picking the wrong people." *The pattern repeats. I don't know why.*	VS	A relational template learned early. *Familiar patterns feel like love.*
"They never really listen to me." *I have to repeat myself to be heard.*	VS	A fear of not being worth hearing. *Do I matter?*
"I'm not good at feelings." *I shut down. I go blank. I leave.*	VS	Emotions that were never safe to express. *Silence was protection, once.*

Both are true.
Therapy makes room for all of it.

Center for Mindful Psychotherapy · mindfulcenter.org · San Francisco Bay Area

TRAUMA

Six signals worth exploring in therapy.

Not signs something is broken. Signs that something is ready to be understood.

01

The same argument keeps returning.

Different people, different topics. Always the same ending.

The pattern is the message.

02

You manage others' feelings more than your own.

You monitor moods. You brace before every conversation.

Hypervigilance is exhausting.

03

Closeness triggers the urge to pull away.

Things are going well and something inside withdraws.

Intimacy learned as unsafe.

04

A past relationship keeps showing up in this one.

Your reactions feel bigger than the moment calls for.

Old wounds, new triggers.

05

You say yes and feel resentful afterward.

You agree to keep the peace. You can't explain why you can't stop.

Boundaries rooted in old survival.

06

Something shifted and you can't name what.

The relationship feels different. Neither of you can say it out loud.

Silence that deserves language.

These signals are not failures.
They are your relational history asking to be seen.

Center for Mindful Psychotherapy · mindfulcenter.org · San Francisco Bay Area

TRAUMA

Trauma therapy isn't only for crisis.

Five ways individual work addresses the roots of how we relate, feel, and move through the world.

ATTACHMENT PATTERNS

How we learned to love as children shapes what we expect from love as adults. These patterns run silently until therapy brings them into view.

Anxious, avoidant, and disorganized attachment all respond to this work.

RELATIONAL TRAUMA

Harm that happened inside a relationship leaves imprints on how trust is built and how safe closeness is allowed to feel.

Individual therapy addresses the wound without a partner in the room.

NERVOUS SYSTEM PATTERNS

Chronic hypervigilance, shutdown, and reactivity are not personality traits. They are the body's learned responses to what it once needed to survive.

Regulation is a skill. It can be built at any age.

SELF-WORTH IN RELATIONSHIP

Believing you deserve consistent care and honest love is foundational to receiving it. This belief is not fixed.

It can be worked with, rebuilt, and lived.

You don't need a crisis to begin this work.
A quiet recognition is enough.

Center for Mindful Psychotherapy · mindfulcenter.org · San Francisco Bay Area

Complex Trauma and PTSD

Post-traumatic stress and complex trauma share a family resemblance but describe meaningfully different experiences. PTSD most often develops in response to a discrete traumatic event. Complex PTSD develops from prolonged, repeated, or relational trauma, particularly in childhood or in situations where escape was not possible. The distinction matters because the two conditions produce different presentations and call for different approaches in therapy. Many people with complex trauma are not recognized as trauma survivors because their symptoms look like personality traits, mood disorders, or relational difficulties rather than a classic trauma response. These infographics illuminate that distinction and describe what trauma processing actually involves.

IN THIS SECTION

Three infographics follow on the pages ahead.

COMPLEX TRAUMA AND PTSD

What single-event and cumulative trauma each change.

Beyond the clinical definitions, what it feels like to live inside each one.

PTSD (SINGLE-EVENT)		C-PTSD (CUMULATIVE)
Safety that existed before was disrupted. *The rupture has a before and after.*	vs	Safety may never have been fully established. *There is no before to return to.*
Centered on a specific memory or event trigger. *The threat can be named and located.*	vs	A pervasive sense that the world itself is unsafe. *The threat is everywhere and ongoing.*
A pre-trauma self often remains intact. *"I used to feel like myself."*	vs	The sense of self itself may be fragmented. *"I don't know who I am."*
Healing centers on processing the event. *The memory is the work.*	vs	Healing involves rebuilding self, safety, and relational trust. *The foundation is the work.*

Both are real. Both respond to treatment.
The path through each looks different.

Center for Mindful Psychotherapy · mindfulcenter.org · San Francisco Bay Area

COMPLEX TRAUMA AND PTSD

Six C-PTSD symptoms rarely recognized as trauma.

They are often read as personality traits. They are not.

01

Chronic emptiness.

A persistent inner void with no clear cause. Often read as depression or flatness.

A trauma response, not a temperament.

02

Identity confusion.

Not knowing who you are. Becoming different people in different relationships.

Often read as being uncommitted.

03

Inability to offer yourself compassion.

You extend care to others freely. Never to yourself.

This is not a flaw. It is a wound.

04

Persistent shame that predates any event.

A bone-deep sense of being fundamentally wrong.

Often read as low self-esteem.

05

Emotional flashbacks without images.

Overwhelming shame or fear arriving without memory.

Often read as mood swings.

06

Compulsive self-sufficiency.

The inability to ask for or accept care from others.

Often read as independence.

These are not character flaws.
They are what the nervous system learned to survive.

Center for Mindful Psychotherapy · mindfulcenter.org · San Francisco Bay Area

COMPLEX TRAUMA AND PTSD

What trauma processing actually involves.

And what it doesn't, because the fear keeps many people from starting.

SAFETY FIRST, ALWAYS

Trauma processing does not begin with revisiting memories.
It begins with stability, coping tools, and trust.

Groundwork is not delay. It is the treatment beginning.

WHAT PROCESSING IS NOT

It is not reliving events in graphic detail. It is more often working with the edges: the feelings, the beliefs, the body.

You are not required to narrate what happened in full.

PACING IS THE WORK

Effective trauma therapy moves at the speed the nervous system can tolerate. Going slowly, within your window, is how healing holds.

Your pace is respected. Always.

WHAT ACTUALLY CHANGES

The emotional charge attached to memory or belief shifts.
The event becomes part of a story rather than something lived.

The past stops occupying the present.

WHAT HEALING FEELS LIKE

Not the absence of memory. The ability to be present without the past consuming the now.

You don't have to relive it to heal from it.

Center for Mindful Psychotherapy · mindfulcenter.org · San Francisco Bay Area

PTSD

PTSD is one of the most misunderstood conditions in popular culture. The dramatic, cinematic version, characterized by flashbacks and visible breakdowns, represents only a portion of how it actually presents. Many people with PTSD are high-functioning, appear fine to others, and have spent years telling themselves that what happened wasn't serious enough to warrant support. The clinical diagnosis organizes symptoms into four clusters: re-experiencing, avoidance, negative changes in thinking and mood, and hyperarousal. These infographics translate those clusters into felt experience and describe what treatment actually looks like from inside the room.

IN THIS SECTION

Three infographics follow on the pages ahead.

PTSD

What PTSD looks like. What people expect.

The gap between the two is why so many people don't recognize their own experience.

WHAT PEOPLE EXPECT		WHAT IT OFTEN ACTUALLY IS
Dramatic flashbacks. Visible breakdowns. *An obvious, recognizable crisis.*	→	Emotional numbness. Difficulty feeling joy. *Going through the motions.*
A clearly dramatic traumatic event. *"What happened wasn't that bad."*	→	Anything that overwhelmed the nervous system's capacity. *Your nervous system decides what qualifies.*
Immediate onset after the event. *"I was fine at first, so I must be fine."*	→	Symptoms can emerge months or years later. *Delayed onset is well recognized in PTSD.*
Inability to function in daily life. *"I'm managing, so it can't be PTSD."*	→	High functioning and significant symptoms coexist. *Managing is not the same as healed.*

If something happened that still affects how you feel, think, and move through the world, that experience deserves care.

Center for Mindful Psychotherapy · mindfulcenter.org · San Francisco Bay Area

PTSD

The four PTSD symptom clusters, in plain words.

What the clinical categories feel like when you are living inside them.

RE-EXPERIENCING

The past breaks into the present through intrusive memories, nightmares, or floods of feeling that make the body respond as if the event is happening now, even in safety.

The body doesn't know the danger has passed. Therapy helps it learn.

AVOIDANCE

The nervous system marks people, places, and topics as threats and routes around them. Life shrinks. Often the person doesn't notice how much territory has been lost.

Avoidance provides short-term relief and long-term narrowing.

NEGATIVE CHANGES IN THINKING AND MOOD

Not ordinary sadness. The installation of beliefs that feel like facts: you are to blame, trust is impossible, you are permanently changed for the worse.

These are not realizations. They are trauma's conclusions.

HYPERAROUSAL AND REACTIVITY

A nervous system that never fully returned to rest. Staying alert for danger that isn't there. Startling easily. Difficulty sleeping. Feeling on edge without a clear reason.

The alarm is stuck on. Regulation work helps turn it down.

These symptoms are the nervous system protecting itself.
With the right support, it can learn new ways to feel safe.

Center for Mindful Psychotherapy · mindfulcenter.org · San Francisco Bay Area

PTSD

Six things that actually happen in PTSD therapy.

For everyone who has wondered what it would actually feel like to be in the room.

01

You establish safety first.

Stabilization and relationship building happen before any trauma material is approached.

The foundation is always laid first.

02

You learn about your own nervous system.

Understanding why your body responds as it does can itself be deeply relieving.

03

You work at your own pace. Always.

You will never be pushed further than you are ready to go. The therapist follows you.

04

You may work with the body, not just words.

Trauma is stored somatically. Many approaches include body sensation alongside talking.

05

You may not talk about the event in detail at all.

Many approaches work with the residue without requiring a full account.

06

You will not be alone in it.

The therapeutic relationship itself is one of the primary agents of healing.

Therapy for PTSD is not about re-traumatizing you.
It is about helping your system learn it is safe now.

Center for Mindful Psychotherapy · mindfulcenter.org · San Francisco Bay Area

When PTSD and Complex Trauma Coexist

For many people, trauma is not a single layer but a stack. An older wound of complex, relational, or developmental trauma may have been present long before a more acute traumatic event occurred. When the acute event happens, it does not land in neutral territory. It lands in a nervous system that has already been shaped by earlier experiences, and the two histories interact in ways that can amplify symptoms and complicate treatment. This section addresses the specific experience of carrying both: the layering effect, what recovery actually looks like when multiple histories are involved, and the experiential signs that more than one type of trauma may be at work.

IN THIS SECTION

Three infographics follow on the pages ahead.

PTSD AND COMPLEX TRAUMA

When two trauma histories collide.

What it feels like to carry both an old foundational wound and an acute one on top of it.

THE LAYERING EFFECT

When acute trauma happens to someone already carrying complex trauma, the new event activates not just its own wound but the older one beneath it.

The new injury opens a door the old injury was already behind.

AMPLIFIED TRIGGERS

A trigger for the acute trauma can simultaneously activate the emotional residue of the complex one. Responses seem disproportionate but they carry two histories at once.

Nothing is an overreaction. It is a full response to a full history.

THE IDENTITY LAYER

Complex trauma already destabilized the sense of self. An acute event on top of that can feel like it is destroying the little foundation that remained.

Stabilization is not a delay in treatment. It is the treatment beginning.

THE TREATMENT COMPLEXITY

Therapy cannot simply treat each wound in sequence. The two systems of wounding are in conversation and need to be held together.

This is why a patient, integrative, individualized approach matters.

Addressing even one layer of the wound begins to relieve pressure on the other.

A complicated history deserves a thoughtful, unhurried approach.

Center for Mindful Psychotherapy · mindfulcenter.org · San Francisco Bay Area

PTSD AND COMPLEX TRAUMA

What recovery looks like. What people expect.

The gap between these two pictures is where a lot of discouragement lives.

WHAT PEOPLE EXPECT		WHAT IT ACTUALLY IS
Linear, measurable progress moving steadily upward. *A chart you could show someone.*	→	Nonlinear. Learning to tolerate states rather than eliminate them. *More capacity, not fewer feelings.*
Feeling better quickly once therapy begins. *"Shouldn't I be improving by now?"*	→	Early work often involves feeling things more fully first. *Access before relief.*
Setbacks mean healing isn't working. *"I'm back to square one."*	→	Setbacks are information about what the system needs. *Expected, not a sign of failure.*

Healing from layered trauma is not a straight line.
It is a gradually widening capacity to live.

Center for Mindful Psychotherapy · mindfulcenter.org · San Francisco Bay Area

PTSD AND COMPLEX TRAUMA

Six signs you may be carrying both.

Not a diagnosis. A set of experiences worth exploring with the right support.

01

A specific haunting event inside a larger dread.

The memory sits inside a background unsafety.

Two histories, not one.

02

Reactions that feel bigger than the situation. Always.

A recent wound and an older one firing together.

One trigger. Two histories activated.

03

Oscillating between feeling everything and nothing.

Hyperarousal and numbness alternating unpredictably.

Both poles are the nervous system protecting it

04

Needing closeness while fearing it.

Attachment wounding and acute trauma in the same relational space.

05

You've done work and some things remain.

Relief in one area revealed another layer still waiting.

Not failure. An invitation to go deeper.

06

You can't quite believe healing is possible for you.

Your situation feels too complicated for healing.

That belief is itself a trauma symptom.

The more complicated the history,
the more important it is to not do this alone.

Center for Mindful Psychotherapy · mindfulcenter.org · San Francisco Bay Area

Intergenerational Trauma

Trauma does not always begin with the person who carries it. Research across multiple disciplines, including epigenetics, developmental psychology, and anthropology, has documented the ways that significant stress and trauma are transmitted across generations. This can happen through biological changes in how genes are expressed, through the attachment disruptions caused by a traumatized parent, through modeled coping strategies that outlive their original context, and through the silences that family systems maintain around painful histories. This section explores how intergenerational trauma arrives, how it travels, and what it actually means to work with it therapeutically, including the common fear that doing so requires rejecting one's family or culture.

IN THIS SECTION

Three infographics follow on the pages ahead.

INTERGENERATIONAL TRAUMA

Six ways inherited trauma arrives without introducing itse

You may be carrying something that was never yours to begin with.

01

An inexplicable dread.

A fear or vigilance that arrived before you had any reason for it.

Some fears are inherited, not earned.

02

A family silence everyone keeps without deciding to.

Certain topics simply never mentioned. Asking feels costly.

Silence protects what it buries.

03

Feelings that belong to someone else's story.

Grief in proportion to a history you didn't personally live through.

Emotional memory can be transmitted.

04

Survival strategies from a different time.

Hypervigilance, hoarding, emotional suppression passed forward.

Adaptations that outlived their context.

05

Unsafety even in safety.

A baseline alert that cannot be explained by your own life.

The body remembers what the mind doesn't kn

06

Patterns you vowed to break that returned anyway.

You recognized them and they showed up anyway.

Awareness alone cannot break what runs this deep.

Inherited pain is not your fault.
But it can become your work, and it can change.

Center for Mindful Psychotherapy · mindfulcenter.org · San Francisco Bay Area

INTERGENERATIONAL TRAUMA

How trauma travels between generations.

The four channels through which inherited pain moves forward, often without anyone kn

BIOLOGICAL AND EPIGENETIC CHANGES

Research suggests significant trauma can alter how genes are expressed without changing DNA. Heightened stress responses and physiological vulnerabilities can be inherited.

The body can carry what the mind was never told.

ATTACHMENT DISRUPTION

A parent who survived trauma may be emotionally unavailable or inconsistent. Children learn attachment patterns from these early relationships and carry them forward into their own.

Insecure attachment passes through people, not just events.

LEARNED COPING AND MODELED BEHAVIOR

The strategies a parent developed to survive their trauma are absorbed by children as normal ways of being in the world, before anyone recognizes them as coping strategies.

Survival strategies outlive their original context.

NARRATIVE SILENCE

When families do not speak about what happened, children inherit the emotional weight of the unspoken without the context that would help them understand what they carry.

What is not spoken is still transmitted. Silence is not neutral.

Understanding how it travels is the first step toward interrupting it.

Center for Mindful Psychotherapy · mindfulcenter.org · San Francisco Bay Area

INTERGENERATIONAL TRAUMA

"Breaking the cycle." What it actually means.

Many people fear this phrase means betraying their family. It doesn't.

WHAT PEOPLE FEAR		WHAT IT ACTUALLY MEANS
Rejecting or betraying your family. *"I'd be saying they were bad people."*	→	Understanding your family's history with compassion, not blame. *Context replaces judgment.*
Cutting off from your culture or heritage. *"I'd be erasing where I come from."*	→	Choosing consciously what to carry forward and what to set down. *Your roots and your healing can coexist.*
Confronting relatives and forcing them to change. *"This would blow my family apart."*	→	Internal work that changes how you respond without requiring others to change. *You are the only one you need to work with.*

What you heal in yourself changes what you pass forward.

Breaking the cycle is not rejection.
It is an act of love for future generations.

Center for Mindful Psychotherapy · mindfulcenter.org · San Francisco Bay Area

Nervous System Regulation

Every trauma response is, at its core, a nervous system response. The autonomic nervous system does not distinguish between real and perceived threat; it responds to whatever the body signals as danger. In the aftermath of trauma, the system can become stuck: locked in chronic activation, oscillating between flooding and shutdown, or maintaining a state of hypervigilance that once served protection but now costs daily functioning. Nervous system regulation is not about achieving constant calm. It is about developing the flexibility to move between states, the capacity to feel intensity without being overwhelmed, and the ability to return to baseline after being activated. This section describes dysregulation from the inside, the signs that a system may be stuck in survival mode, and what regulation actually means.

IN THIS SECTION

Three infographics follow on the pages ahead.

NERVOUS SYSTEM REGULATION

What dysregulation feels like from the inside.

Not the clinical mechanics. The lived texture of a nervous system that can't find rest.

CHRONIC ACTIVATION

Living as though the threat hasn't passed. A background hum of urgency that never fully quiets. Sleep that doesn't restore. A body that seems to be bracing for something.

The alarm stayed on after the danger left.

EMOTIONAL REACTIVITY BEFORE THOUGHT

Responses that arrive faster than thinking. An emotional flood that seems disproportionate. Being hijacked by your own nervous system before you could choose how to respond.

Not a character flaw. A nervous system responding as designed.

HYPERVIGILANCE AS A DEFAULT

Scanning constantly for what might go wrong. Reading faces for signs of displeasure. Noticing exits. Not paranoia, but a nervous system that learned to surveil.

This was once a survival skill. It became a way of living.

SHUTDOWN AND NUMBNESS

The other face of dysregulation. Exhaustion giving way to flatness. Difficulty feeling. Low motivation. A sense of being cut off from your own experience from the inside.

Hypoarousal is not laziness. It is the system conserving itself.

A regulated nervous system isn't one that never responds.
It's one that can come back.

Center for Mindful Psychotherapy · mindfulcenter.org · San Francisco Bay Area

NERVOUS SYSTEM REGULATION

Six signs your nervous system may be stuck in survival mode.

Not a diagnosis. Recognition of a pattern worth bringing into the conversation.

01

You can't fully relax even when things are fine.

A low-level sense of something wrong or about to go wrong.

Even in safety, the system stays ready.

02

Your sleep doesn't restore you.

You fall asleep but wake exhausted. Or lie awake with a mind that won't quiet.

The body won't stand down.

03

Small things produce large responses.

A tone, an expression, a sound triggers a flood of feeling that seems disproportionate.

Sized to a history, not the moment.

04

You startle easily and frequently.

Sounds, sudden movement, unexpected touch. More than the people around you.

A hair-trigger is chronic readiness.

05

You can't stay present.

Your mind is always reviewing the past or preparing for a future threat.

Presence feels risky when on guard.

06

The ordinary is exhausting.

Basic daily life takes more than it seems to take for others around you.

The vigilance system costs energy.

These are not personality traits.
They are nervous system patterns that can change.

Center for Mindful Psychotherapy · mindfulcenter.org · San Francisco Bay Area

NERVOUS SYSTEM REGULATION

Regulation doesn't mean calm.

What people think regulation means, and what it actually is.

THE MISCONCEPTION		WHAT IT ACTUALLY IS
Always feeling calm and in control. *"I failed at regulation today."*	→	Flexibility. Moving between states and returning to baseline. *Range, not flatness.*
The absence of intense emotion. *"If I were regulated I wouldn't feel this."*	→	Experiencing intensity without being overwhelmed or shut down by it. *Full feeling, not suppressed feeling.*
Managing or suppressing your feelings better. *"Just breathe through it and move on."*	→	A system with enough capacity to feel fully without flooding. *More room, not a tighter lid.*

Regulation is not a destination.
It is an ongoing relationship with your own nervous system
that becomes more flexible over time.

Center for Mindful Psychotherapy · mindfulcenter.org · San Francisco Bay Area

Relational Trauma

Relational trauma is trauma that occurs within the context of a significant relationship: a parent, partner, caregiver, authority figure, or community. Because it happens inside connection, it leaves particular imprints on how a person relates to others in adulthood. The nervous system learns its lessons about closeness, safety, and trust inside early relationships. When those relationships were the source of harm, the very mechanisms of attachment become associated with danger. This section describes how relational trauma reshapes the way a person does relationships, the specific ways it shows up in adult partnerships and friendships, and how it changes the architecture of trust itself, not just the ability to trust individual people but the entire system through which trust operates.

IN THIS SECTION

Three infographics follow on the pages ahead.

RELATIONAL TRAUMA

How relational trauma changes the way you do relationships.

The specific ways past harm reshapes how present connection works.

HYPERVIGILANCE TOWARD THE PEOPLE YOU LOVE

Scanning faces, voices, and moods of close people with the same intensity once used to detect threat. Makes real rest inside a relationship very difficult.

The surveillance doesn't know the danger has changed.

THE PUSH AND PULL OF INTIMACY

Needing closeness urgently while finding it frightening. Moving toward someone and then pulling back just as things get warm. Wanting without being able to rest in it.

Closeness learned as unsafe doesn't simply unlearn itself.

THE FEAR OF NEEDING ANYONE

Your own needs feel like weaknesses or impositions. Far easier to give care than receive it. A kind of shame arrives when you need something from another person.

Needing was once dangerous. That lesson runs deep.

LEAVING BEFORE BEING LEFT

Ending relationships or creating conflict at the point when they become most important. Being the one in control of the loss feels safer than being left.

Anticipatory protection against a pain that already happened.

These patterns are responses to what happened.
They can be understood, worked with, and changed.

Center for Mindful Psychotherapy · mindfulcenter.org · San Francisco Bay Area

RELATIONAL TRAUMA

What trust looks like before and after.

Relational trauma changes the entire architecture of how trust works.

BEFORE RELATIONAL TRAUMA		AFTER RELATIONAL TRAUMA
Trust is the baseline. Doubt is the exception. *People are safe until shown otherwise.*	→	Doubt is the baseline. Trust must be earned against ongoing evidence. *And even then, it may not settle.*
Inconsistency is an occasional frustration. *People have off days.*	→	Inconsistency activates a threat search. What does this change mean? *Pattern detection locked onto danger.*
Vulnerability feels like a natural part of closeness. *Openness is how intimacy builds.*	→	Vulnerability feels like a liability that will eventually be used against you. *What was used as a weapon stays guarded.*

Learning to trust again is not a decision.
It is a gradual rewiring of what the nervous system learned to expect from people.

Center for Mindful Psychotherapy · mindfulcenter.org · San Francisco Bay Area

RELATIONAL TRAUMA

Six ways relational trauma shows up in adult relationships

Specific, recognizable moments that carry the fingerprint of an older wound.

01

Testing partners without knowing why.

Situations that will reveal whether they can be trusted. A very old question still asking.

02

Difficulty asking for anything directly.

Framing needs as suggestions or not mentioning them, because asking once cost.

03

Managing a partner's emotional state.

Monitoring moods, adjusting behavior to keep them regulated. Once a survival task.

04

Interpreting consistent care as a setup.

When someone is reliably kind, part of you is waiting for when it changes.

05

Recreating familiar dynamics despite intention.

Ending up in relationships that echo older ones, despite clear intention to do differently.

06

Struggling to believe you are loved.

Needing reassurance that doesn't fully settle, even with clear evidence.

These are not relationship failures.
They are the nervous system doing the only thing it learned.

Center for Mindful Psychotherapy · mindfulcenter.org · San Francisco Bay Area

Childhood Emotional Neglect

Childhood emotional neglect differs from other forms of childhood adversity in one important way: it is defined not by what happened, but by what didn't. When a child's emotional life is consistently overlooked, minimized, or not responded to, the developing self learns a set of lessons: that emotions are not worth attending to, that needs are impositions, that the inner life is less real or valid than external reality. These lessons do not announce themselves as wounds. They present as character traits, moods, or ways of being. Many adults with CEN histories do not recognize what they experienced as neglect at all. This section describes CEN from the inside, clarifies what it is and isn't, and names the specific adult experiences that trace back to an emotional life that never had a witness.

IN THIS SECTION

Three infographics follow on the pages ahead.

CHILDHOOD EMOTIONAL NEGLECT

What childhood emotional neglec feels like from the inside.

The specific interior texture of an emotional life that never had a witness.

SOMETHING IS MISSING WITHOUT KNOWING WHAT

A persistent sense of incompleteness that doesn't respond to external accomplishment or connection. What is missing was never added, not something taken away.

You can't fill an absence you can't name.

NOT KNOWING WHAT YOU FEEL

Not a vocabulary problem. A deeper disconnection from the emotional self. Knowing something is happening inside without being able to access what it actually is.

The inner life was there. It was simply never reflected back.

YOUR FEELINGS FEEL LESS VALID

Having learned that your emotions were not worth attending to, a default forms: what you feel doesn't fully count, or others' feelings are more legitimate.

This was learned. It is not true. Therapy helps tell the difference.

THE REFLEX TO BE FINE

An automatic "I'm fine" that precedes any real assessment of how you actually are. Learned minimization that doesn't feel like minimization. It feels like truth.

Fine became a default because anything else wasn't safe to say.

Therapy offers the witness your inner life has always deserved.

Center for Mindful Psychotherapy · mindfulcenter.org · San Francisco Bay Area

CHILDHOOD EMOTIONAL NEGLECT

"My childhood wasn't that bad."

Why CEN is so often dismissed, and why it's real and worthy of care anyway.

WHAT PEOPLE THINK		WHAT IS ACTUALLY TRUE
"Nothing bad happened. This can't be trauma." *Trauma requires an event.*	→	CEN is about what didn't happen. Absence shapes development as powerfully as what did. *What was missing is still a wound.*
"My parents loved me. They did their best." *Both things can be true.*	→	CEN is often caused by parents who didn't have the capacity to give what they didn't receive. *Love and attunement are not the same thing.*
"I would have known if something was wrong." *Children know what they know.*	→	Children have no reference for what they're missing. They adapt without knowing. *Normal was what they had.*

You don't need a dramatic history to have a real wound.
An emotional life that was not witnessed
is a life that deserves witnessing now.

Center for Mindful Psychotherapy · mindfulcenter.org · San Francisco Bay Area

CHILDHOOD EMOTIONAL NEGLECT

Six adult experiences that often trace back to CEN.

These are recognizable. They are also healable.

01

You can't name what you're feeling.

Something is happening inside, but you can't reach what it is.

Not vocabulary. A connection problem.

02

You feel like a burden when you need anything.

Your needs feel like impositions. Easier to give than to ask.

Your needs were learned as too much.

03

Good in crisis. Struggling with ordinary joy.

Highly competent in emergencies. Difficulty resting in ease.

Performing was the skill. Being wasn't practice.

04

A harsh, relentless inner critic.

A voice that dismisses your feelings and tells you to get over it.

Often the internalized voice of emotional unavailab

05

Difficulty knowing what you actually want.

In relationships, in work, in life. The inner life was never consulted.

Preferences require practice to develop.

06

Feeling like everyone else got instructions you missed.

A specific CEN loneliness: watching others feel and connect, not knowing how.

You didn't miss the instructions. You never got ther

What was never learned can still be learned.
The emotional self is not fixed. It is still growing.

Sexual Assault and Abuse

Sexual violence is one of the most common and least discussed forms of trauma. Survivors face a particular set of challenges in seeking support: the false beliefs installed by the experience itself, the shame that belongs to the perpetrator but settles in the survivor's body, the fear of what therapy will require, and the nonlinear, often silent way that healing from sexual trauma actually unfolds. Many survivors function at a high level externally while carrying significant unprocessed pain. Many do not initially name what happened to them as sexual violence, particularly when it occurred in the context of a relationship or without physical force. This section addresses the longer, quieter reality of the aftermath, the false beliefs worth examining, and what trauma-informed therapy for sexual violence actually involves and doesn't require.

IN THIS SECTION

Three infographics follow on the pages ahead.

SEXUAL ASSAULT AND ABUSE

What the aftermath actually looks like.

The longer, quieter reality that many survivors carry.

THE SURFACE AND THE INTERIOR

Many survivors function at a high level while carrying significant unprocessed pain. The gap between how they appear and how they feel is often its own isolation.

Functioning well does not mean healed.

THE BODY'S MEMORY

Physical responses, tension, sensory triggers, and startle responses can persist long after the conscious mind has moved forward. The body processes on its own timeline.

The body is doing its own necessary work.

THE NONLINEAR PATH

Recovery from sexual violence is rarely a straight line. Some days feel like significant progress. Others can feel like returning to the beginning. Neither cancels the other.

Setbacks are part of healing. They are not the end of it.

THE RELATIONSHIP WITH SHAME

Shame after sexual violence is common and painful. It belongs to the perpetrator. It settled in the survivor's body as if their own.

Therapy helps return the shame to where it actually belongs.

Whatever your experience, however long ago,
however complicated it is to name,
you deserve support.

Center for Mindful Psychotherapy · mindfulcenter.org · San Francisco Bay Area

SEXUAL ASSAULT AND ABUSE

Six things survivors often believe that are not true.

These beliefs were installed by the experience. They feel like facts. They are not.

01

"It was somehow my fault."

Responsibility belongs entirely to the person who committed the act. Always.

02

"My body's response meant something."

Physiological responses during sexual violence are involuntary.
They are not consent.

03

"I should be over it by now."

There is no timeline for healing from sexual trauma.

Recovery moves at its own pace.

04

"I have to tell the whole story."

Many effective approaches do not require a detailed account.
Healing does not require full disclosure.

05

"It wasn't serious enough to get help."

Any experience with lasting impact on how you move through *the world counts.*

06

"Getting help means reliving everything."

Trauma-informed therapy works at the edge of tolerance, *not through it. Your pace. Always.*

None of these beliefs are true.
All of them can be gently, carefully worked with in therapy.

Center for Mindful Psychotherapy · mindfulcenter.org · San Francisco Bay Area

SEXUAL ASSAULT AND ABUSE

What therapy for sexual trauma is. What survivors fear it will be.

Specific fears. Specific realities.

WHAT SURVIVORS FEAR		WHAT IT ACTUALLY INVOLVES
Being required to describe what happened in detail. *"I can't say it out loud."*	→	A full account is never required. Many approaches work without a narrative. *Healing doesn't require telling.*
Being judged, disbelieved, or blamed by the therapist. *"What if they think it was my fault?"*	→	Trauma-informed therapy is grounded in complete validation and no blame. *Your experience is believed. Always.*
Losing control of what happens in the room. *"What if I can't stop it?"*	→	You hold significant authority over pace, topic, and depth. The therapist follows you. *You are in the lead. Always.*

Therapy for sexual trauma is not about reopening.
It is about building enough safety and capacity
that the wound can finally begin to close.

Center for Mindful Psychotherapy · mindfulcenter.org · San Francisco Bay Area

Healing is possible.

Even when the history is long.

Even when it is complicated.

Even when you don't yet have words for it.

CENTER FOR MINDFUL PSYCHOTHERAPY

mindfulcenter.org

(415) 766-0276

San Francisco Bay Area · Telehealth throughout California

In-person availability varies by therapist location