Signs of Unresolved Trauma

Inability to tolerate feelings or conflicts:
- Blunt or numbness, withdrawal, no obvious affect in appropriate situations
- Movement to intense or overwhelming feelings suddenly and rapidly (e.g., rage)
- Depression (problem sleeping, eating, poor energy, low motivation, poor self esteem, poor memory, anxiety)
- Panic feelings (trouble breathing, feeling as if having a heart attack, fearful, anxious, etc.)

A pattern of out-of-control and self-injurious behavior:
- Addictive behaviors (over/under-eating, gambling, drinking, smoking, etc.)
- Patterns of repeated behavior to avoid feelings (promiscuity, internet use, sleeping, etc.)
- Chaos in life (problems with relationships, employment, financial, etc.)
- Self-harmful behavior (often “alluded to” but not obvious) such as scratching and cutting, burning self, hair pulling, etc.

Intense self-blame and feelings of unworthiness or belief they are "ruined:"
- Belief that they were responsible for original trauma
- Irrational/illogical beliefs about responsibility for events in the present
- Belief that they are bad, a failure, unlovable, a loser, damaged, insignificant, worthless
- May induce others to treat them badly

Staying stuck in the victim, perpetrator, or rescuer roles:
- Seek out relationships with abusive people
- Induce abuse from others rather than waiting for it to happen
- Perceive abuse which confirms the belief that they are unworthy and unlovable
- Hurt others (different than appropriate self-protection)
- Act aggressively toward others who are weak and vulnerable
- Compulsively driven to help others, often to their own detriment
- Acts of generosity not in accord with the relationship

Disorganized attachment patterns:
- Inability to tolerate their ambivalence toward the perpetrator even after the trauma ceases
- Inability to tolerate their ambivalence toward other trusted figures, such as failed rescuers or those who denied the trauma
- Inability to tolerate their ambivalence toward significant persons currently in their lives
Difficulty maintaining healthy relationships:
- Avoid relationships altogether
- Avoid close relationships because of inherent risk
- Avoid situations that might lead to closeness
- Protect themselves, e.g., unfriendly to others before others are unfriendly to them
- Have intense but brief relationships
- Remain attached even when the relationship is unhealthy
- Perceive the relationship in a distorted manner

Black and white thinking and other cognitive distortions:
- Child-like, concrete, and magical thinking
- What they think is normal and real does not coincide with "real life"
- Derive "life rules" and “automatic thoughts” from childhood distortions
- Cling to the distortions despite challenge or contrary evidence
- Provoke a non-existent reality into being in order to verify a distortion
- Collect evidence to support the distortion while ignoring evidence to the contrary
- Patterns of distorted thinking (such as generalizations, all or nothing, discounting, jumping to conclusions, assuming, labeling, and emotional reasoning)

Intrusive thoughts, images, feelings, memories, and nightmares

Pathological dissociation:
- Loss of (long) spaces of time (can’t remember what they said or did)
- Appear to "switch" personalities, or be different people, even in speech and behavior
- Trances or sleepwalking
- Childhood companions, "voices," "too much noise in my head"
- Inability to recall important information, usually of a stressful or traumatic nature
- Confusion about personal identity or assumption of a new identity

Extensive comorbidity/multiple diagnoses, which may include addictions, mood disorders, and personality disorders

Suicidal ideation:
- Talk about suicide
- Wish they were dead
- Have a plan to end their life