

Medical Trauma Processing: Pacing Map

Trauma processing does not have to mean opening everything at once. Before we begin, we can create a shared map for how we want to approach your medical experiences, how we will recognize when the pace feels right, and what we will do when something needs to change.

This plan is not set in stone. We can change it as we learn more about what helps you approach difficult experiences while remaining connected to yourself, your body, what matters to you, and what is happening here in the room.

There is no single “right” way to experience this work. We will pay attention not only to symptoms and activation, but also to emotions, thoughts, body sensations, images, memories, meaning, and whatever else your experience brings forward. Medical trauma can include not only what happened in your body or during medical care, but what happened when you tried to communicate your experience and did not feel heard, believed, or taken seriously.

1. Start With: What Does “Pacing” Mean to You?

Before deciding how we will pace this work, let’s understand what you want pacing to provide.

- What feels important about having a pacing plan?
- What are you worried might happen if we move too quickly?
- What would moving too slowly feel like?
- How will we know when we’re moving at the right pace?
- What helps you feel that you still have choice and control?
- What helps you feel heard and taken seriously?
- What would make this work feel difficult, but manageable?
- What makes approaching this important to you?
- If this work were helpful, what might it allow you to move toward in your life?

Remember: Pacing ≠ Avoiding

Our goal is not to make sure you never feel activated or uncomfortable. Trauma processing can bring up strong emotions, memories, thoughts, images, and body sensations.

Instead, we are looking for a pace where you can **approach, experience, process, and integrate** what happened while still being able to participate in what is happening now.

Sometimes we may also ask, “**Is slowing down helping you stay connected to the work, or is something understandably trying to protect you from approaching it?**”

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We do not have to fight that protective response or immediately decide what it means. We can become curious about it together.

2. Map Before We Move

We can identify the territory without walking into all of it today.

Together, we might map:

- Medical events, diagnoses, procedures, hospitalizations, symptoms, providers, losses, or periods of uncertainty
- Experiences that feel less activating and those that feel more activating
- Current triggers or upcoming medical experiences
- What you first noticed in your body or experience
- When you first knew or sensed that something did not feel right
- What happened when you tried to communicate what you were experiencing
- How other people responded
- Whether there were moments when you began questioning your own perception
- What happened when you tried again, sought additional help, or advocated for yourself
- Whether someone eventually listened differently or new information became available
- What it was like if something was eventually identified, diagnosed, or confirmed
- Themes that may run beneath different experiences, such as helplessness, pain, fear, loss of control, bodily autonomy, not being believed, vulnerability, betrayal, grief, anger, shame, self-doubt, or mortality

We can ask, **“If we don’t have to process everything at once, where does it make sense to begin?”**

Map the Inner Territory, Too

Medical trauma is not always carried as a straightforward story about what happened. Sometimes it remains through body memories, images, dreams, beliefs, metaphors, emotions, or a felt sense of who you became because of what happened.

Being dismissed or not believed can also affect how much you trust your own experience. We can become curious about what you learned about your body, your voice, asking for help, authority, and your right to take yourself seriously.

We might explore:

- What did this experience come to mean to you?
- What story about yourself, your body, other people, medical care, or the world grew around it?
- When did you begin doubting yourself?

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- What did you learn about trusting your body?
- What did you learn about asking for help?
- Do you notice yourself needing evidence before you feel allowed to trust what you experience?
- Do you find yourself minimizing what you notice or worrying that you are overreacting?
- Is there a part of you that feels it has to prove everything?
- Is there a part that becomes vigilant, angry, or highly prepared so you will not be dismissed again?
- Is there a part that becomes quiet, agreeable, apologetic, or uncertain around authority?
- Are there images, dreams, memories, sensations, or metaphors that seem connected to what happened?
- What feels unfinished, unheard, unseen, or still asking for your attention?
- What feels different about who you were before, during, and after these experiences?

We do not have to immediately interpret any of this or decide which response is “right.” Sometimes noticing what appears is enough.

Remember: Mapping Is Not Processing

Naming something does not mean we have to open it today.

3. Use the Traffic Light

As we work, we can use a simple traffic light to describe what is happening.

The colors are not a measure of how well you are doing. They help us notice whether the processing still feels workable.

GREEN: Activated + Connected

Green does not necessarily mean calm.

You may be sad, angry, afraid, tearful, shaking, grieving, or experiencing strong thoughts, images, memories, or sensations while still being able to:

- Know where you are and feel connected to the present
- Stay connected to yourself, me, and the room
- Notice thoughts, emotions, memories, images, and body sensations
- Communicate what you need
- Make choices about what happens next
- Disagree, correct me, or tell me when something does not fit
- Stay with something difficult in a way that still feels workable

GREEN DOES NOT MEAN CALM.

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Strong emotion does not automatically mean we need to stop. Anger, grief, fear, or other intense emotions may be meaningful parts of processing what happened.

→ **We can keep going if you want to.**

When useful, we might ask:

- “Can you notice what is here without needing to make it disappear?”
- “Can we make a little room for this and see what happens next?”
- “What do you notice when you make a little room around that thought without needing to immediately prove it, disprove it, or decide what it means?”
- “Can we take what you’re noticing seriously while also making room for not knowing exactly what it means yet?”

The goal is not to force yourself to tolerate something or teach yourself to distrust what you notice. It is to create enough space around what you are experiencing that you can remain curious and continue choosing what happens next.

YELLOW: Approaching Your Edge

Yellow means something is changing and we should pay attention.

You might notice:

- Activation increasing quickly
- More difficulty staying present
- Feeling increasingly disconnected, far away, shut down, or pulled out of the experience
- Difficulty tracking what is happening
- A growing urge to escape
- More difficulty knowing or communicating what you want or need
- Beginning to question whether your memory or experience is valid
- Minimizing what happened while describing it
- Apologizing for being upset or worrying that you are “making too much of it”
- Looking to me to tell you what you should think, feel, or believe about your experience

We can ask, **“Are we in something difficult that still feels workable, or are we getting close to your edge?”**

We might also pause and notice:

- “What is your mind telling you needs to happen right now?”
- “What is your body telling you?”
- “Did you notice what just happened there?”
- “What changed when we got closer to this part?”
- “Is something trying to protect you from this experience?”

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- “What does that protective response seem to need us to know?”
- “Does this response feel familiar from other times when you tried to talk about what you were experiencing?”
- “Whose voice does ‘maybe I’m overreacting’ sound like?”

We do not have to automatically obey the urge to escape, nor do we have to push through it. We also do not have to immediately decide whether every thought or sensation is accurate, inaccurate, rational, irrational, medical, or psychological.

We can notice what is happening, take your experience seriously, become curious about it, and choose together what happens next.

→ **We slow down and check in together. We might continue, change how we are approaching it, step back, or pause.**

RED: This Isn’t Workable Right Now

Red means the processing has become too much to meaningfully stay with right now.

You might feel overwhelmed, panicked, significantly disconnected, shut down, disoriented, very far away, or unable to stay meaningfully connected to what we are doing.

RED DOES NOT MEAN FAILURE.

It means your nervous system has given us important information about **this moment, this material, this dose, and this day.**

→ **We pause the processing, reconnect with the present, and decide together what you need next.**

We might orient to the room, notice our feet on the floor, move our bodies, identify what we can see and hear, connect with the breath without forcing it to change, or simply talk together until you feel more present.

We can return to the material when and if it becomes workable again.

4. You Have the Steering Wheel

Medical trauma can involve experiences in which choice, control, consent, ownership of your body, or trust in your own experience felt diminished. You may have known something did not feel right and struggled to be heard, believed, or taken seriously. Over time, experiences like these can affect not only how safe medical care feels, but how much you trust what you notice in your own body.

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We want therapy to offer something different.

We can establish shared language that you can use at any point:

KEEP GOING • SLOW DOWN • STEP BACK • PAUSE • STOP

We can talk about:

- How will I know when you want me to slow down?
- What signs might we notice together?
- What would help you feel comfortable telling me something is becoming too much?
- What would help you trust that if you say stop, I will stop?
- What helps you feel heard and taken seriously?
- What helps you feel accompanied rather than managed?
- What happens for you when someone sees your experience differently than you do?
- What would help disagreement or uncertainty feel different here?

You can also disagree with me. You can tell me when an interpretation does not fit. You can correct me. You can change your mind. You can be uncertain. You can know that something feels important without already knowing exactly what it means.

Remember: You Have the Steering Wheel. We Read the Map Together.

Stopping is not failing. Slowing down is not automatically avoiding. Continuing is not proving anything. Disagreeing with me does not mean you are doing therapy incorrectly.

My role is not to decide what your experience means for you or how quickly you should move through it. We can be curious about it together.

5. Choose Today's Dose

We do not have to make the same decision every session.

Before going deeper, we can ask:

- Does today feel like a processing day?
- What feels important to approach today?
- What are we **not** opening today?
- How much feels workable?
- What else is happening in your life right now?
- Are there medical appointments, procedures, test results, anniversaries, work demands, caregiving responsibilities, illness, or other stressors we should consider?
- Have you recently had a medical experience that left you feeling heard, dismissed, uncertain, frightened, angry, or activated?

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- How much time do we want to leave at the end for integration and transition?
- What matters enough to you that approaching this feels worth doing?

Remember: Enter the Trauma, Don't Drown in It

Orient → Approach → Process → Check → Adjust → Integrate → Close

We are not measuring success by how much trauma we can cover in a session. Sometimes meaningful work involves going deeply into one moment, image, sensation, emotion, interaction, or meaning rather than trying to finish an entire story.

6. Check In Without Constantly Pulling You Out

We do not need to stop the processing every few minutes to analyze how you are doing. Sometimes the work needs room to unfold.

At different points, however, we may check our compass together.

We might ask:

- “What are you noticing?”
- “Where are you right now?”
- “More, less, or about right?”
- “Does staying here feel useful?”
- “Closer, stay here, or step back?”
- “What is happening in your body?”
- “What thoughts or images are showing up?”
- “What do you notice yourself wanting to do?”
- “What do you need from me right now?”
- “What seems important about what is showing up?”
- “Are you noticing yourself trusting or questioning what you are experiencing?”
- “Can we take what you’re noticing seriously without needing to know exactly what it means yet?”

Sometimes we may simply notice:

- “I’m having the thought that...”
- “I’m noticing fear is here.”
- “I’m noticing the thought that maybe I’m overreacting.”
- “My body is remembering something.”
- “An image keeps appearing.”
- “Part of me wants someone else to tell me whether what I’m feeling is real.”

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This can give us a little room to experience what is happening without requiring every thought, feeling, image, or sensation to become either an instruction we must follow or something we have to dismiss.

Remember: Distress Is Data, Not Automatically Danger

The question is not simply, “**How upset are you?**” It is also, “**Can you still be here with what is happening?**”

We might also ask, “**Can we be curious about what is happening without immediately needing to change it, dismiss it, prove it, or know exactly what it means?**”

7. Leave Room for the Landing

We do not want to use every minute of the session climbing the mountain and discover there are thirty seconds left to get back down.

Before we finish, we can notice:

- Where is your activation now?
- Do you feel sufficiently present and oriented?
- What are you noticing emotionally and physically?
- What emerged today?
- Did any particular thought, image, symbol, memory, interaction, or meaning stay with you?
- Did you notice anything about the way you relate to your own experience?
- Does anything feel unfinished?
- What does the rest of your day look like?
- What might support you afterward?
- What do you want to carry with you from today, and what can remain here until we return?

Remember: Don't Process to the Door

We will leave space for integration and transition back into the rest of your life.

The goal is not necessarily to leave feeling perfectly calm. The goal is to leave with enough **presence, orientation, agency, self-trust, and capacity** to move back into your day.

8. Let Tomorrow Tell Us About Today's Dose

How you feel during the session is only part of the information.

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The next time we meet, we can ask, “**How did the amount we did last time land afterward?**”

We might notice changes in:

- Symptoms or triggers
- Intrusive memories
- Dreams
- Body sensations
- Emotions
- Energy or exhaustion
- Avoidance
- Relief
- Anger
- New memories or associations
- Images or themes that continued to appear
- Your capacity to be with the material
- How much you trust or question what you notice
- How you respond when uncertainty appears
- Your ability to advocate for yourself or communicate what you need
- Movement toward or away from things that matter to you
- Anything else that surprised you

We can also ask:

- “Did anything continue unfolding after you left?”
- “Did the experience seem different when you looked back at it later?”
- “Did you notice yourself minimizing or second-guessing anything?”
- “Did anything feel more possible in your life because of the work we did?”
- “Did anything change in the way you trusted yourself?”

Then we can adjust our pace together.

Remember: The Map Is Written in Pencil

This pacing plan is a living conversation, not a contract. We can change it whenever we need to.

The Five Things We Can Remember

 **READ THE LIGHT:** Are we Green, Yellow, or Red?

 **MAP BEFORE WE MOVE:** Knowing something is there does not mean we have to open it. We can remain curious about what happened, what happened when you tried to communicate it, and the meanings, images, stories, and beliefs that grew around those experiences.

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 **YOU HAVE THE STEERING WHEEL:** We read the map together. You remain an active participant in choosing where we go, how quickly we move, when we pause, and what fits or does not fit your experience.

 **ENTER, DON'T DROWN:** We can make room for difficult thoughts, feelings, memories, images, sensations, and uncertainty without requiring them to disappear, dismissing them, or becoming completely consumed by them.

 **LEAVE ROOM FOR THE LANDING:** We will leave enough time to integrate what emerged and return to the rest of your life with presence, agency, and connection to yourself.

Underneath all of these is one question we can return to throughout the work: **“Are we still doing this together?”**

Medical trauma can involve moments when things happened to your body that you could not control, stop, understand, or choose. It can also involve knowing that something did not feel right, trying to communicate what you were experiencing, and not feeling heard, believed, or taken seriously. Over time, those experiences can affect not only how you feel about medical care, but how much you trust your own perceptions, your body, and your right to speak when something feels wrong.

Part of this work may be creating a different experience around those memories and rebuilding a relationship with your own knowing. We are not only asking, **“How do we make this hurt less?”** We can also remain curious about what happened, what it came to mean, what your mind and body learned from it, what parts of you emerged to survive or protect you, what you learned about trusting yourself, and what you want your relationship with yourself and your life to become now.

I can approach something frightening without surrendering ownership of myself. I can notice what is happening in my body and take it seriously without having to know immediately what it means. I can make room for uncertainty without automatically dismissing myself or assuming the worst. I can notice thoughts without having to obey them. I can listen to what my body, memories, images, emotions, and inner world may be communicating without forcing an interpretation. I can trust myself enough to remain curious. I can ask questions. I can disagree. I can change my mind. I can ask for more. I can ask for less. I can slow down. I can stop. I can choose what matters to me. And the person here with me will notice, listen, remain curious, and stay alongside me.

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