Thoughts & Mind

Flashbacks

When the past suddenly feels like the present

A flashback is more than simply remembering something difficult. During a trauma flashback, part of the brain and body can respond as though the danger is happening again now. Some flashbacks are vivid images or scenes. Others are mainly physical sensations, emotions, sounds, smells, fragments of memory or a sudden overwhelming sense of fear, shame, helplessness or danger.

Key idea: A flashback is a trauma response. The feeling of danger can be intensely real even when the original event is no longer happening. Grounding works by helping the brain notice the difference between *then* and *now*.

What can a flashback feel like?

You may see an image, hear a sound, feel a body sensation, suddenly lose track of where you are, feel much younger, freeze, become unable to speak, feel detached from your surroundings, or experience intense emotion without immediately knowing why. Not everyone experiences a complete visual replay.

Why can the past feel present?

Traumatic memories can be strongly linked with sensory and emotional information. A present-day cue may activate parts of the memory network before the thinking brain has identified the connection. The nervous system responds to the perceived threat, which can make the memory feel immediate rather than safely located in the past.

Triggers are not always obvious

A trigger may be a place, date, voice, smell, touch, facial expression, news story, conflict, physical position, feeling trapped, loss of control, pain, tiredness or even a positive event that resembles something connected with the trauma. Sometimes the trigger is not identified at all.

My early signs that a flashback may be beginning:

Finding your way back to the present

During a flashback, complicated instructions may be difficult to follow. Use whichever steps are accessible and skip anything that increases distress.

1. Name where you are

If you can, say the place out loud or silently: 'I am in my living room', 'I am at work', or simply 'I am here'. Look for something that clearly belongs to the present.

Where am I?

2. Add present-day information

Notice the date, your current age, who is with you, what you were doing immediately before the flashback, or one thing that is different now. You do not need to argue with the memory; add information from the present.

What tells me this is now?

3. Orient through the senses

Choose neutral sensory information: the colour of a wall, the texture of clothing, a familiar object, sounds outside the room or the temperature of a drink. If closing your eyes makes things worse, keep them open.

Sensory anchors I can use:

4. Notice physical support

Feel your feet, chair, bed or another stable surface. You might press your hands together, hold a familiar object or move slowly. Avoid forcing yourself to remain completely still if movement helps you orient.

What helps my body recognise the present?

5. Use one believable sentence

Examples: 'This is a memory', 'That happened then; I am here now', or 'My body is reacting to something from the past'. Choose words that feel credible rather than demanding that you instantly feel safe.

My present-day phrase:

After a flashback

A flashback can leave the nervous system activated or depleted. You may feel shaky, tired, tearful, numb, confused, embarrassed, angry or physically sore. Recovery time is part of the response, not evidence that you handled it badly.

Aftercare	What this might look like
Orient	Look around again, check where you are and allow time for the present to feel more solid.
Reduce demands	Where possible, postpone non-essential decisions or tasks while your nervous system settles.
Meet physical needs	Water, food if appropriate, warmth, cooling, rest, movement or a quieter environment may help.
Connect	Tell a trusted person what you need: company, fewer questions, practical help, space or reassurance about the present.
Record briefly	If useful, note the trigger and what helped. Avoid forcing yourself into a detailed trauma account immediately afterwards.
Return gently	Resume ordinary activity gradually rather than judging yourself for needing recovery time.

Supporting someone during a flashback

Use a calm voice and simple language. Introduce yourself if needed, remind them where they are, ask before touching, reduce unnecessary people or noise, and avoid demanding details about the trauma. Offer choices rather than taking control: 'Would you like me to stay here or give you more space?' What helps varies, so a plan made when the person is settled can be valuable.

When to seek professional support

Professional assessment is worth considering when flashbacks are frequent, worsening, causing substantial avoidance, disrupting sleep, work or relationships, or leaving you regularly disconnected from the present. NICE recommends trauma-focused CBT and EMDR for PTSD in appropriate circumstances, delivered by trained practitioners within an individual treatment plan.

My aftercare choices:

Safety

If you are in immediate danger, unable to keep yourself or someone else safe, or experiencing symptoms that may have a medical cause, seek urgent local support.

My interactive Flashback Plan

Complete this while you are relatively settled. Keep it somewhere accessible if that feels useful.

EARLY - What tells me a flashback may be starting?

GROUND - Which present-day anchors work best for me?

SUPPORT - What do I want another person to do or avoid doing?

AFTER - What helps my nervous system recover?

REMINDER - What do I want to hear when the past feels present?

A message from Maggie

A flashback can make something from the past feel frighteningly immediate. In that moment you may not be able to reason your way out of the reaction, and you do not need to. Begin with what is around you now: the room, the floor beneath you, a familiar voice, an object you recognise. Little pieces of present-day information can help your nervous system find its way back. Afterwards, give yourself time. Getting through a flashback is work.

Books, resources & clinical sources

NICE NG116: Post-traumatic stress disorder. NHS information on PTSD. Ehlers & Clark's cognitive model of PTSD. Babette Rothschild, *The Body Remembers*. Judith Herman, *Trauma and Recovery*. Trauma-focused CBT and EMDR are evidence-based PTSD treatments recommended in appropriate circumstances after assessment.

This guide is educational and does not replace individual medical or psychological assessment, diagnosis or treatment.