Why Anxiety and Trauma Therapy Often Go Hand in Hand

When Self-Help Isnt Enough

You have read the books, tried the breathing apps, maybe even downloaded a mood tracker. Yet that familiar tightness in your chest still shows up uninvited, or sleep feels like a luxury you cannot afford. If you are a woman who has been quietly managing persistent anxiety for years, you are far from alone. Many of my clients in Glasgow arrive after months or years of doing everything right on paper, only to find their nervous system simply will not cooperate. That is often the first clue that something deeper is at play.

Anxiety does not always arrive alone. For a significant number of women, it sits on top of earlier experiences the body has not fully processed. This is where the connection between anxiety and trauma therapy becomes crucial, because treating only the surface symptoms rarely works when the roots are tangled in past events.

How Trauma Rewires the Alarm System

The human nervous system is designed to keep us safe. When you experience something overwhelming, especially in childhood or during a period of vulnerability, your brain makes a note. It stores sensory information sounds, smells, body sensations alongside the memory. Later, something as ordinary as a certain tone of voice or a crowded room can trigger that old alarm, even when the conscious mind knows there is no danger.

This is why cognitive behavioural therapy alone sometimes falls short for women with a trauma history. CBT is excellent for challenging distorted thoughts, but it works mainly with the thinking brain. Trauma lives in the body, in the vagus nerve, in the habitual tension of your shoulders, in the way your breath becomes shallow without you noticing. Cortisol levels stay elevated, the sympathetic nervous system stays on alert, and what looks like generalised anxiety disorder may actually be a trauma response wearing a different name.



The Overlap with Panic Disorder and PTSD

Panic disorder and PTSD share more than people realise. Both involve a sense of imminent threat, both hijack the rational mind, and both respond well to approaches that honour the body as well as the mind. EMDR therapy, for instance, uses eye movement desensitisation to help the brain reprocess traumatic memories so they no longer feel current. I have seen women who spent years on NHS waiting lists for talking therapy find real relief through EMDR, often in fewer sessions than they expected.

Somatic experiencing is another approach that works directly with physical sensation. Instead of retelling the story of what happened, you learn to track the bodies response in the present moment. That might mean noticing the urge to tighten your jaw and gently allowing it to

release. Over time, the nervous system learns that it can complete the protective responses that were frozen during the original event. This is not about forcing yourself to feel worse; it is about building capacity to stay present with discomfort without being overwhelmed.

Why Women's Mental Health Requires a Specific Lens

Women are statistically more likely to experience certain types of trauma, from interpersonal violence to the subtle, chronic stress of unequal caregiving loads. Yet many standard therapies were developed with male participants in mind. Trauma-informed care recognises that safety, choice, and collaboration are not optional extras; they are the foundation of effective treatment. A therapist who understands attachment theory, for example, knows that a woman who learned early that relationships are dangerous may struggle to trust a clinician. That distrust is not resistance; it is a survival strategy that deserves respect, not a label.

In Glasgow, where I practice, there is growing recognition that one-size-fits-all approaches do not serve women well. The NHS offers excellent resources, but waiting times can stretch for months, and the model often prioritises symptom reduction over the deeper work of nervous system regulation. Private options like anxiety and trauma therapy fill a gap by offering continuity and a wider range of methods, from compassion-focused therapy to grounding techniques that you can use in real time when the world feels too loud.

Concrete Tools That Make a Difference

Let me share a few practical things that often help women who feel stuck. These are not cures, but they create the conditions for deeper work to take hold.



- **Grounding techniques** that engage the senses, like pressing your feet into the floor or naming five things you can see. They shift attention away from internal alarm signals and back to the present environment.
- **Psychoeducation** about the vagus nerve and how the polyvagal theory explains why you sometimes freeze or fawn instead of fight or flight. Understanding the mechanism reduces shame.
- **Mindfulness** practices that do not require sitting still, such as walking meditation or focusing on the sensation of water on your skin during a shower. For women with trauma, stillness can feel unsafe.

These tools are not meant to replace professional support, but they build a bridge between sessions. When you know your nervous system is not broken, just responding to old information, the shame lifts. That alone can lower baseline anxiety.

The Role of the Body in Lasting Change

One of the most promising developments in recent years is the integration of body-based methods with traditional talking therapy. The Havening technique, for example, uses gentle touch to create a sense of safety and reduce the emotional charge around distressing memories. Neurolinguistic programming offers ways to reframe internal narratives, though its evidence base is thinner and it works best as part of a broader plan. What matters is finding the combination that fits your specific history and preferences.

I have worked with women who came in for help with what they called mild anxiety, only to discover during the first few sessions that their bodies were holding onto experiences they had minimised for decades. That is not uncommon. The mind can intellectualise and move on; the body keeps the score. When we address both together, through a thoughtful blend of cognitive behavioural therapy, EMDR therapy, and somatic work, the shift can be profound.

What Recovery Actually Looks Like

Recovery from persistent anxiety with a trauma component is rarely a straight line. There are good days and days when old patterns flare up. The difference is that you know why, and you have tools to respond instead of spiralling. You might still feel nervous before a presentation or uneasy in a crowded pub, but the recovery time shortens. Your nervous system learns that it can come back to baseline.

This is where anxiety and trauma therapy shows its real value. It does not promise you will never feel anxious again. It offers something more useful: the ability to recognise when anxiety is a messenger from the past and when it is a valid signal about the present. That discernment changes everything.



Finding the Right Support in Glasgow

If you are in Glasgow and wondering whether your anxiety is trauma-related, the first step is often a conversation with someone who understands both. A therapist trained in trauma-informed care will not rush you into techniques you are not ready for. They will help you build stability first, then gently explore what lies beneath. Whether that involves EMDR therapy, compassion-focused therapy, or a combination of approaches, the goal is the same: to help your nervous system find a new baseline.

You do not have to figure this out alone. Many women I have worked with tried everything before they found the right fit. The fact that you are reading this, still looking for answers, is a

sign of resilience. It is also a sign that your body knows what it needs: a way to process the past so you can live more fully in the present.