Emotional Patterns • women's trauma • Therapy • Intensives May 24

When One Hour Is Not Enough

Imagine a woman named Emily. In 2010, her life changed in a single afternoon. It was raining hard, the traffic light was out, and rush-hour traffic was moving in every direction. Within seconds, Emily was on her way to intensive care. Her daughter Amanda, who had been sitting in the back seat, did not survive.

A year later, Emily could still walk through the front door and feel the whole day waiting for her. Amanda's urn was there. The house was quiet. Dinner was often for one. Her husband John loved her, but he was grieving too. He did not know how to reach her, and Emily did not know how to let herself be reached. Eventually, he moved out, not because he stopped loving her, but because neither of them knew how to live inside the wreckage.

At her doctor's suggestion, Emily found a therapist. She wanted help. She wanted to understand the panic, the guilt, the anger, the numbness, and the memories that still arrived without permission. Therapy helped. She learned language for what was happening inside her body. She began to understand that trauma was not only something she remembered. It was something her nervous system was still carrying.

But there was one problem. Every time Emily felt close to saying the darker thing, the harder thing, the thing she could barely admit to herself, the hour was almost over. So they slowed down. They grounded. They made sure she could leave safely. That was good therapy. But Emily began to wonder if the work needed more room than one hour could hold.

When Trauma Has Many Layers

In my work as a therapist, I have learned that trauma is rarely one clean wound. A car accident may begin as one terrible event, but the pain does not always stay inside that event. It can spread into grief, guilt, fear, anger, shame, isolation, and questions a person does not know how to answer. What happened may be over, but the body may still respond as if danger is nearby.

For Emily, the wreck was not only about the crash. It was also about the empty seat in the back of the car. It was about walking past Amanda's urn every day. It was about the sound of rain on the windshield, the fear of intersections, the smell of hospitals, and the quiet ache of a house that used to hold more

life. Trauma can attach itself to ordinary things, which is part of what makes it so painful and confusing.

It was also about the thoughts she did not want to say out loud. A woman may wonder why she survived when someone she loved did not. She may replay the day over and over, searching for the one decision that could have changed everything. She may feel anger at herself, at another driver, at God, at her body, at her spouse, or at people who seem able to keep living normally. Then she may feel ashamed for having those thoughts at all.

That is why trauma work has to be handled carefully. For some women, trauma comes from a single event, such as a car accident, assault, medical emergency, or natural disaster. For others, it comes through repeated experiences over time, especially when there was no safe way to leave, speak, fight back, or be protected. Some trauma is tied to grief. Some is tied to childhood. Some is tied to a marriage, a betrayal, a diagnosis, a loss, or a season of life that overwhelmed everything.

The details may be different, but the question is often similar: why do I understand what happened, but still feel trapped inside it? That question is not weakness. It is information. It may mean the trauma has not only been remembered. It may still be carried.

When Weekly Therapy Helps, But Still Feels Too Small

Traditional therapy can be a powerful and steady part of healing. For many women, a weekly therapy hour provides support, structure, emotional safety, accountability, and a place to keep working through life as it happens. One hour can be enough to check in, talk through a difficult week, notice patterns, practice boundaries, and stay connected to ongoing support. I continue to believe in that kind of therapy, and I continue to offer it.

At the same time, there are moments when the weekly rhythm can begin to feel too small for the kind of work a client is ready to do. A woman may come into session carrying the week on her shoulders. She may need time to settle, breathe, and explain what happened at home, at work, in her body, or in the quiet moments when no one else was watching. By the time the deeper wound begins to surface, the session may be nearly over.

When that happens, a good therapist does not force the client into the hardest part of the story and then send her back into the world raw and unsupported. The responsible thing is often to slow down, ground, and help her return to the present before she leaves. That is not failed therapy. That is careful therapy inside the limits of the hour.

But for some women, the stop-and-start rhythm can become frustrating. The same wound appears near the end of session again and again. The same story gets close to the surface, then has to be tucked away. Over time, she may begin to feel like she is circling something important without having enough time to stay with it safely.

What Research Helps Us Understand

Research continues to support structured, trauma-focused therapies for Post-Traumatic Stress Disorder (PTSD). The 2023 VA/DoD Clinical Practice Guideline recommends individual trauma-focused psychotherapy, including Prolonged Exposure, Cognitive Processing Therapy, and Eye Movement Desensitization and Reprocessing (EMDR), over medication when appropriate. That does not mean every client needs the same method, but it does show the importance of using approaches that do more than simply retell a painful story.

Researchers have also studied intensive outpatient treatment models for PTSD. One 2024 follow-up study looked at an intensive program that combined Prolonged Exposure, EMDR, physical activity, psychoeducation, preparation sessions, and follow-up care. The study found that many participants maintained improvement 12 months later, while also noting important limits, including the need for more research and stronger study designs.

I do not believe intensive therapy should be presented as magic. It is not a shortcut, and it is not the right fit for every person in every season. What the research helps us see is that trauma work needs structure, safety, preparation, and time for the nervous system to remain connected to the work. For some clients, concentrated trauma-focused care may create meaningful movement because the work is not constantly interrupted by the end of the hour.

What More Room Makes Possible

A Personal Healing Retreat is not about forcing the story open faster. Trauma does not heal because someone pushes harder, talks louder, or digs deeper before the client is ready. In fact, moving too fast can leave the nervous system feeling the same thing it felt during the trauma: trapped, overwhelmed, and without choice. That is the opposite of what good trauma work should do.

In a longer therapeutic setting, I have more time to help the client prepare before approaching painful material. We can begin by noticing what her body is doing, what memories are connected to the issue, what beliefs have attached themselves to the trauma, and what support may be needed before deeper work begins. That preparation matters because the goal is not simply to open the wound. The goal is to approach it with enough safety, structure, and care.

The larger container also gives us time to close the work carefully. A client should not be rushed into deep trauma work and then hurried out the door while her nervous system is still wide open. In an intensive, there is more room to slow down, ground, notice what has shifted, and help the client return to the present before she leaves.

For a woman like Emily, this means the work might not begin with the crash itself. It may begin with the sound of rain, the guilt that rises when she sees another mother with a daughter Amanda's age, the anger she has never said out loud, or the part of her that still feels frozen in the hospital. The goal is not to make Emily relive the worst day of her life. The goal is to help her body and mind begin to understand that the worst day is no longer happening right now.

How EMDR, Sand Tray, and Parts Work Can Help

A Personal Healing Retreat may include several therapeutic approaches depending on the client, the wound, and what is clinically appropriate. EMDR may help a client process a painful memory so the emotional charge can begin to lower. In my teaching, I have

described the brain as wanting order, but difficult life experiences with strong emotion can remain unprocessed, almost like papers scattered across the floor instead of filed away. EMDR may use eye movement, tappers, or other forms of bilateral stimulation while the client is supported in a safe and intentional way. The goal is not to erase the memory. The goal is to reduce the emotional charge connected to it.

Sand tray therapy may also be part of the work because some things are difficult to explain with words alone. When a client can place parts of the story outside herself, she may begin to see what happened, what is missing, what feels stuck, and what support may be needed now. I have found that sand tray can help clients look at a problem without feeling everything inside the body all at once. It gives the story shape, and sometimes shape makes the next step easier to see.

Parts work may help a client notice the different parts of herself that are involved in the pain. For Emily, there may be a grieving part, an angry part, a guilty part, a numb part, a protective part, and a part that still feels frozen in the hospital waiting for someone to say something different. When those parts are recognized with curiosity instead of shame, the client may begin to understand why certain reactions have stayed so strong for so long.

Who May Benefit From Intensive Therapy

A Personal Healing Retreat may be helpful for a woman who has been in therapy but keeps circling the same wound. She may understand part of her story, but still feel stuck in her body. She may know what happened, but still react as if it is happening. She may be ready to focus on a specific memory, pattern, grief, or emotional block with more time than a weekly session can provide.

This kind of work may be especially helpful when the client is ready for more focused space, not because weekly therapy has failed, but because the work has reached a place that needs a longer container. Readiness matters. A client does not need to have everything figured out before considering an intensive, but she does need enough stability, support, and willingness to approach the work carefully.

A Personal Healing Retreat is not for every person in every season. Some women may need weekly therapy first. Some may need more stabilization before deeper trauma processing. Some may need ongoing support more than concentrated work. Some may need to use insurance benefits, which makes traditional hourly therapy the better option.

That distinction is important to me. My goal is not to move every client into an intensive. My goal is to help each woman find the kind of support that fits her needs, her readiness, and her circumstances.

One Hour Can Still Be Enough

One hour can still be enough, and traditional hourly therapy remains available for women who want ongoing support or need to use insurance benefits. Weekly therapy can provide steady care, emotional support, and a consistent place to keep working through what life brings. For many women, that rhythm is exactly what is needed, especially when safety, trust, and stabilization are still being built.

When one hour is not enough, a Personal Healing Retreat may offer a private-pay option for deeper, more focused work around a specific wound, pattern, or season of life. This is not about replacing weekly therapy for everyone. It is about recognizing that some work may need a different kind of structure.

If you are trying to decide whether this season calls for weekly support or more focused care, you do not have to sort through that question alone. We can talk about what you are carrying, what kind of support may fit, and whether this is the right time for traditional therapy or intensive therapy. Schedule a consultation to begin that conversation.

EMDR therapy • sand tray therapy • session • Trauma • PTSD

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