Why Trauma Doesn't Expire

The myth of passive recovery, and why unresolved trauma can follow us further than we think.

Austan Sloan • Recover-You

A note before you begin. This guide discusses the long-term biological and psychological effects of unresolved trauma, including content that may be difficult for survivors of serious or prolonged abuse. It also looks directly at aging, dependence, and what surfaces in later life. If you're in a fragile place right now, it's okay to come back to this when you're ready.

Feeling overwhelmed by what you're reading? Support is here. Call or text 988, Canada's 24/7 Suicide Crisis Helpline • In Alberta, call or text 211 for community, social, health, and government services • In Edmonton and area, call the 24/7 Distress Line at 780-482-HELP (4357) • Call 911 in an emergency.

You've Heard the Lines

Time heals all wounds. You just need distance. Focus on the future. Maybe you've said them to yourself. Maybe you needed to believe them. Maybe believing them was the only way you could keep moving. But when it comes to unresolved trauma, those lines are not harmless. They can become a trap.

Not because time never helps. Sometimes it does. Safety helps. Distance helps. Stable relationships help. A life that becomes less dangerous than the one you came from can give the nervous system room to settle. But that is not the same thing as saying trauma heals itself just because enough years pass.

That is the myth this guide is challenging: the belief that if you keep working, keep parenting, keep surviving, keep staying sober, and keep putting years between yourself and what happened, the wound will eventually dissolve on its own.

I spent years operating on exactly that logic. If I wasn't actively thinking about it, I assumed it couldn't still be affecting me. If I had put enough distance between myself and what happened, surely that distance counted for something. It did. It helped me function. It helped me survive. It just wasn't the same thing as healing.

This is for anyone wrestling with that same logic. The person who got sober and figured that was the whole war. The person who has put decades between themselves and what happened and wonders if distance is doing the work. The person who is functional, maybe even successful, but privately knows there are rooms inside themselves they still do not enter.

> *The question is not whether you survived it. The question is whether your future self should have to keep surviving it too.*

Henry: What Survives Everything Else

In 2014, a documentary called Alive Inside introduced the world to a man named Henry. At the age of 94, Henry was in a late stage of dementia: largely unresponsive, slumped in his

wheelchair, absent from the room in most of the ways we use to measure presence. Then someone put headphones on him and played the music of his youth.

He came back. Not permanently. Not fully. But the footage is unmistakable: Henry singing, moving, there in a way he hadn't been. And for a short time after the music stopped, he could hold a conversation. The emotional and autobiographical memory systems that dementia hadn't yet reached were briefly, powerfully online. Dementia had stripped away every layer of cognition and left the emotional core standing.

I watched that documentary for the first time about ten years ago. I was younger then, and Henry was old, and there was a comfortable distance between us that let me watch it as something moving but essentially remote. Except it wasn't remote. Because I watched him light up with joy and I couldn't stop the question that followed: if that's what joy does, if positive emotion survives that intact, what about the other end of the spectrum?

I was not, at that point, far into any meaningful recovery. What I knew with certainty was that my most painful memories had not faded with time. They had not softened. If anything, certain ones had intensified, arriving with the same force, sometimes more, as the day they were made. I could not rationally convince myself that by the time I was Henry's age, they would simply be gone. Nothing in my experience suggested that was how this worked.

I'm 40 now. By most reckonings, roughly halfway. Henry is no longer a distant old man I watched on a screen. He's a mirror. And watching him come alive with something as simple as a song, I found myself less focused on Henry and more focused on a quieter question: if I make it to 94 without addressing what I've been carrying, what gets to the surface when everything else is gone?

> **A note on Henry specifically.** I'm not drawing a line from trauma to dementia. That's not the argument. Henry matters because he shows something narrower, but still profound: even when cognition is deeply impaired, emotionally charged autobiographical memory can still be reachable. Music found something in him ordinary conversation could not. Joy found a pathway through. That does not mean trauma works exactly like music. Fear is not joy. Pain is not a song from childhood. But anyone who has carried trauma knows this much: some memories live deeper than explanation. Henry does not prove the argument. He gave me the question that started it: if joy can survive that deep, what else can?

The Brain Has Been Covering for You

> *What you call "being fine" may actually be years of regulation, suppression, distraction, and override. That is not failure. It is survival. But survival has a cost.*

Here's what most people don't account for when they decide to wait trauma out: the brain may already be working overtime to help them function.

Trauma is not just an "amygdala problem" or a "prefrontal cortex problem." It involves memory, threat detection, nervous system arousal, stress hormones, attachment patterns, body states, and meaning. But as a simple working model, many survivors recognize this pattern: something inside fires as if the past is still happening, and another part of the brain has to step in and manage the alarm. Not now. Not here. Keep moving.

That can look like healing from the outside. It can look like maturity. It can look like high functioning. But sometimes it is containment: a person building enough structure,

responsibility, noise, pressure, and purpose around the wound that they no longer have to hear it clearly.

The problem is that containment depends on scaffolding. For some people, that scaffolding is work. For others, it is parenting, school, achievement, caretaking, crisis, addiction, busyness, or always having someone else's needs in front of their own. The nervous system stays oriented outward because life keeps demanding it.

Then something changes. A relationship ends. The kids leave. Sobriety removes the chemical escape hatch. The job disappears. The body slows down. Retirement arrives. The house gets quiet. The external pressure that kept everything pointed forward starts to loosen, and material that looked resolved suddenly has room to surface. Not because something new happened. Because something old finally has space.

Research on older veterans with PTSD has found that the transition into retirement can be associated with increases in psychological and physical symptoms. That does not mean retirement harms everyone with trauma. It means structure can be more than a schedule. For some survivors, structure has been regulation. Identity has been regulation. Responsibility has been regulation. And when that structure falls away, the nervous system may be left alone with what it never actually processed.

> *The distraction strategy has an expiry date. For a lot of people, it is called retirement.*

The Body Has Been Keeping Score

While the brain has been managing, the body may have been accumulating.

The Dunedin Study, a landmark longitudinal study that has followed people from birth into adulthood, found that childhood maltreatment predicted elevated levels of C-reactive protein decades later. CRP is a widely used marker of systemic inflammation. It is not a trauma test, and it does not prove a simple one-to-one pathway from pain to disease. But it does show something important: early adversity can leave measurable biological traces long after the original danger is gone.

That matters because trauma is still too often treated as if it lives only in memory. As if it is only a story. Only a mood. Only a mindset. But chronic threat can shape stress physiology. It can influence inflammation, sleep, metabolism, immune function, pain sensitivity, cardiovascular risk, and the way the body allocates resources. The body does not care that the danger is "over" if the nervous system never got the message.

The aging research adds another layer. Separate Dunedin work helped develop ways of measuring the pace of biological aging, showing that people can differ not just in how old they are, but in how quickly their bodies appear to be aging across multiple systems. When you put that beside the research on childhood maltreatment, inflammation, and long-term health risk, the implication is difficult to ignore: unresolved early adversity belongs in the conversation about lifelong physical health.

The more precise molecular evidence comes from epigenetic research. A 2023 McMaster-led study using data from the Canadian Longitudinal Study on Aging found that higher adverse childhood experience scores were associated with accelerated biological aging through DNA methylation patterns, often described as epigenetic clocks. That does not mean trauma seals your fate. But it does mean "the past is the past" is biologically naive.

A practical boundary. High-sensitivity CRP is a blood marker used mainly in cardiovascular-risk assessment. It is not a trauma test, and trauma history alone is not a reason to order it or buy a home kit. CRP rises for many reasons, including infection, smoking, metabolic illness, autoimmune disease, injury, and exercise. If a medical test shows elevated CRP, a clinician should interpret it in the full health context. Do not use inflammation as a way to prove your trauma was real. It was real before a lab value entered the room.

The takeaway: trauma can leave biological marks, in inflammation, immune response, and aging pathways. These are not just metaphors. They are measurable signals worth taking seriously.

What I'm Not Saying

I'm not saying everyone with trauma gets worse with age. I'm not saying time never helps. I'm not saying dementia is caused by trauma. I'm not saying sobriety, faith, family, purpose, or ordinary life changes cannot be deeply healing.

What I am saying is narrower, and more important: unresolved trauma does not reliably disappear just because enough years pass. If your entire strategy is avoidance, busyness, suppression, substances, achievement, or "I don't think about it anymore," time may not be healing the wound. It may only be helping you keep it covered.

What You're Actually Waiting For

Put it together and here is what the evidence describes: a nervous system that has been in low-grade threat response for decades, carrying inflammation as a background condition, possibly aging faster than the calendar reflects, held in functional shape by the structure and demands of a working life. And then retirement comes, or the kids leave, or the friends start dying, and the scaffolding comes down.

The world often gets smaller with age. Social networks shrink. Friends die. Mobility changes. Health becomes less predictable. Independence starts to feel more fragile. The days get quieter. For some people, quiet is peace. For others, quiet is the thing they have been outrunning.

And the relational patterns trauma installed do not automatically retire either. The walls, the suspicion, the reflexive withdrawal, the push-pull with closeness, the anger that comes up when you need someone too much: these are not just bad habits. For many survivors, they began as protection.

The tragedy is that late life can recreate the exact conditions that activate those old defences: dependence, vulnerability, loss of control, reliance on caregivers, fear of being a burden, fear of being trapped, fear of needing people who may not come through. From the outside, this can look contradictory. A person needs help but rejects it. They want connection but push people away. They are lonely but guarded. They are frightened but angry.

That is not cruelty. That is an old survival strategy still running in a new season of life. The social world shrinks partly because life takes people from us. But for many survivors, it can shrink faster because the nervous system keeps doing what it learned to do: protect through distance.

And the brain, meanwhile, may be less equipped to manage the old material than it once was. The mental flexibility that helped you reframe things can weaken. The energy required to suppress, distract, explain, and override can become harder to access. The defences that once looked automatic may start to fail.

That is the fear underneath all of this. Not that aging creates trauma out of nowhere. Not that every older survivor is doomed to collapse. But that the parts of us we never addressed may not disappear simply because the thinking brain gets tired.

> *Sometimes what fades is not the wound. Sometimes what fades is the defence.*

The Case for Now

This is not an argument for despair. The same research that shows trauma can leave long-term marks also shows that the brain and body are not fixed machines. The nervous system can learn safety. Patterns can change. Symptoms can soften. People can recover in ways they once thought were impossible.

But that work usually does not happen by accident. It does not happen just because another year passes. It does not happen by stacking sober time on top of untreated pain and hoping the distance will do the therapy for you.

Sobriety matters. Stability matters. Time matters. But if trauma is part of the engine underneath the addiction, then recovery eventually has to reach deeper than abstinence. At some point, the question shifts from "how do I stop using?" to "what have I been using, achieving, avoiding, controlling, or outrunning so I don't have to feel?"

You are not only recovering for the person you are today. You are recovering for the person you will be at 55, 65, 75, with less energy to suppress it, less noise to hide inside, fewer roles to disappear into, and more quiet around whatever was never faced. That future version of you deserves intervention now.

None of this means everyone needs to dig through every painful memory or force themselves into trauma work before they are ready. Good trauma therapy is not about ripping open the wound. It is about building enough safety, support, regulation, and trust that the nervous system can finally process what it had to store. But if there are memories you still have to shove down because touching them feels unbearable, or if your body still reacts as if danger is present when your life says otherwise, that is worth taking seriously.

Before You Go

> *Time alone does not heal every wound. Sometimes it just gives the roots more room.*

If you've been telling yourself that enough distance will eventually do the work, this guide was written to challenge that gently but honestly. Not to frighten you into anything, and not to suggest you've wasted the years you spent surviving. Those years kept you here.

The argument is only this: the strategy that got you this far may have a shelf life, and it's better to find that out now, while you still have the energy and the support to do something about it, than at seventy-five when the scaffolding comes down.

If this brought something up that feels too heavy to sit with alone, please don't sit with it alone. The lines below are open around the clock, and a full list of crisis and mental health supports is available at recover-you.ca.

Feeling overwhelmed by what you're reading? Support is here. Call or text 988, Canada's 24/7 Suicide Crisis Helpline • In Alberta, call or text 211 for community, social, health, and

government services • In Edmonton and area, call the 24/7 Distress Line at 780-482-HELP (4357) • Call 911 in an emergency.

Sources & Further Reading

These references support the argument that trauma does not passively resolve: that it leaves active biological, neurological, and relational signatures that compound across a lifetime, and that the window for intentional, effective recovery is not infinite.

Danese, A., Pariante, C. M., Caspi, A., Taylor, A., & Poulton, R. (2007). Childhood maltreatment predicts adult inflammation in a life-course study. Proceedings of the National Academy of Sciences, 104(4), 1319–1324. *Dunedin Study paper reporting an association between childhood maltreatment and elevated adult C-reactive protein. CRP is nonspecific, and the result is a population-level association rather than an individual biological record of trauma.*

Belsky, D. W., Caspi, A., Houts, R., Cohen, H. J., Corcoran, D. L., Danese, A., … Moffitt, T. E. (2015). Quantification of biological aging in young adults. Proceedings of the National Academy of Sciences, 112(30), E4104–E4110. *The Dunedin paper introducing the "pace of aging" measure, tracking not just where people end up biologically but how fast their bodies appear to be aging across multiple systems.*

Joshi, D., Gonzalez, A., Lin, D., & Raina, P. (2023). The association between adverse childhood experiences and epigenetic age acceleration in the Canadian Longitudinal Study on Aging. Aging Cell, 22(2), e13779. *McMaster-led study finding that cumulative ACE scores were associated with accelerated biological aging via DNA methylation measures in adults aged 45–85. Important Canadian evidence connecting early adversity with later-life biological aging markers.*

Schnurr, P. P., Lunney, C. A., Sengupta, A., & Spiro, A. (2005). A longitudinal study of retirement in older male veterans. Journal of Consulting and Clinical Psychology, 73(3), 561–566. *Documents the retirement transition as a destabilizing trigger for PTSD symptom escalation in older veterans: one of the clearest demonstrations that the structured demands of working life function as regulation for many survivors, and that its removal frequently surfaces material successfully suppressed for decades.*

Mikulincer, M., & Shaver, P. R. (2007). Attachment in Adulthood: Structure, Dynamics, and Change. Guilford Press. *A major research text on adult attachment across the lifespan, including how avoidant and anxious patterns shape help-seeking, closeness, dependence, and withdrawal. Essential context for how unresolved early relational trauma plays out in the life stage where support is most needed.*

Van der Kolk, B. A. (2014). The Body Keeps the Score. Viking. *Influential synthesis of how trauma may be expressed through sensation, action, implicit learning, emotion, and physiology. 'Stored in the body' is a metaphor for embodied responses, not proof that memory lives outside the brain or that cognitive treatment necessarily falls short.*

Rossato-Bennett, M. (Director). (2014). Alive Inside: A Story of Music & Memory [Documentary]. Projector Media. *The documentary that introduced Henry to a broad public audience, making visible the resilience of emotional and autobiographical memory even in late-stage dementia.*