

Understanding the Effects of Trauma: Post-traumatic Stress Disorder (PTSD)

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The essential psychological effect of trauma is a shattering of innocence. Trauma creates a loss of faith that there is any safety, predictability, or meaning in the world, or any safe place in which to retreat. It involves utter disillusionment. Because traumatic events are often unable to be processed by the mind and body as other experiences are, due to their overwhelming and shocking nature, they are not integrated or digested. The trauma then takes on a life of its own and, through its continued effects, haunts the survivor and prevents normal life from continuing until the person gets help.

Post-traumatic stress disorder (PTSD) is a condition created by exposure to a psychologically distressing event outside the range of usual human experience, one which would be markedly distressing to almost anyone, and which causes intense fear, terror, and helplessness. The trauma is an assault to the person's biology and psyche. The event may have happened recently or a long time ago. There are 3 categories of PTSD symptoms: 1) hyperarousal, 2) re-experiencing, and 3) avoidance/numbing.

Hyperarousal is when the traumatized person's physiology is in high gear, having been assaulted by the psychological impact of what happened and not able to reset. The symptoms of hyperarousal include: difficulty sleeping and concentrating, being easily startled, irritability, anger, agitation, panic, and hypervigilance (being hyper-alert to danger).

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Symptoms of **re-experiencing** include: intrusive memories, nightmares, flashbacks, exaggerated reactions to reminders of the event, and re-experiencing (including re-experiencing physical symptoms when the body 'remembers').

Numbing includes feeling robotic or on "automatic pilot" – disconnected from feelings and from vitality, which is replaced by a sense of deadness. Symptoms of numbing/avoidance include: loss of interest in life and other people, hopelessness, isolation, avoidance of thoughts and feelings associated with the traumatic event, feeling detached and estranged from others, withdrawal, depression, and emotional anesthesia. Preoccupation with avoiding trauma or feelings and thoughts related to trauma can become a central focus of the survivor's life.

Following trauma, it is normal to experience the range of symptoms typical of PTSD. However, when these symptoms persist longer than 3 months, they are considered part of the syndrome of posttraumatic stress disorder. In some cases, however, symptoms may take a long time to appear. Delayed PTSD is often typical in cases of childhood sexual or physical abuse and trauma. Symptoms can be hidden by emotional constriction or dissociation and then suddenly appear following a major life event, stressor, or an accumulation of stressors with time that challenge the person's defenses. Risk factors for PTSD include lack of social support, lack of public acknowledgment or validation of what happened, vulnerability from previous trauma, interpersonal violation (especially by trusted others), coping by avoiding – including avoiding feeling or showing feelings (seeing feelings as a weakness), actual or symbolic loss – of previously held beliefs, illusions, relationships, innocence, identity, honor, pride.

Many people suffering from post-traumatic stress disorder fail to seek treatment because of not having correctly identified or recognized their symptoms as trauma-related or not knowing their symptoms are treatable. Also, the inherent avoidance, withdrawal, memory disruption, fear, guilt, shame, and mistrust associated with PTSD can make it difficult to come forward and seek help.

Post-traumatic stress disorder is treatable. Treatment for PTSD through psychotherapy involves helping the trauma become processed and integrated so that it ultimately functions as other memories do, in the background, rather than with a life of its own. Therapy for PTSD initially focuses on coping and comfort, restoring a feeling of safety, calming the nervous system, and educating the person about what they are experiencing and why and – through the process of talking – interrupting the natural cycle of avoidance (which actually perpetuates PTSD symptoms though it is initially adaptive and self-protective). Therapy provides a safe place for trauma survivors to tell their story, feel less isolated, and tolerate knowing what happened. Psychologists help patients make connections between feelings and symptoms occurring in the present and aspects of the traumatic event(s). Through treatment, survivors begin to make sense of what happened and how it affected them, understand themselves and the world again in light of it, and ultimately restore relationships and connections in their lives.

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Even in the absence of full-blown PTSD, people may also be traumatized by an event, such as the death of a loved one, in a way that continues to be painful or interfere with their lives. Trauma and unresolved grief can cause overwhelming feelings, depression, agitation and anxiety, mistrust of others, difficulty in relationships, shame, guilt, despair or a sense of meaninglessness, and helplessness and hopelessness. Trauma involves feelings of grief and loss. And grief can be traumatic, especially when it involves sudden or unnatural deaths.

Successful [treatment of PTSD](#) allows the traumatic feelings and memories to become conscious and integrated – or digested – so that the symptoms are no longer needed and eventually go away. This process of integration allows the trauma to become a part of normal memory rather than something to be perpetually feared and avoided, interfering with normal life, and frozen in time. Recovery involves feeling empowered, reestablishing a connection to oneself, feelings, and other people, and finding meaning in life again. Recovery allows patients to heal so that they can resume living.