

Trauma and PTSD

What is Trauma?

Trauma responses may be defined as a non-pathological process – an adaptation that eventually becomes maladaptive.

A normal reaction to abnormal circumstances and overwhelming horror or terror



What is traumatic to one person may not be to another person. Some things are obviously traumatic like assaults and serious accidents, severe natural disasters. Some incidents are traumatic in subtler ways, particularly to children and young adults. If the person feels overwhelmed and powerless to stop something that is extremely unpleasant (like bullying, or emotional neglect) this may be considered a trauma. In fact, that could be considered the aspect that draws all trauma together: it is feeling *helpless* in the face of something *horrible* that is overwhelming our ability to cope at that time.

Exposure to some form of trauma is quite high. Australian figures suggest 50% of women and 65% of men will be exposed to trauma over a lifetime. In a smaller percentage of people this will result in PTSD – Post Traumatic Stress Disorder. For some there will be post trauma responses that do not fit with a PTSD diagnosis. However, the person may have serious chronic issues as a result of being exposed to the trauma.

Some groups are more likely to develop PTSD such as combat veterans, first responders, victims of sexual assault, domestic violence and chronic childhood trauma and neglect. The more exposure a person has, the more likely they will develop distressing symptoms. Having experienced a lot of adverse experiences in childhood can put a person at higher risk of later trauma and PTSD.

Trauma Responses

Traumatic events can produce a range of trauma responses, some which occur immediately, and others that develop hours, days, weeks or even months or years after the event.

When faced with a sudden crisis, the human has two defensive responses. One is it triggers its 'fight or flight' response, or if fight or flight is not possible then freeze. That is your sympathetic nervous system activating to keep you safe by running or fighting, or in some cases freezing and not moving. This is something that we developed as mammals. Another and older defensive system is to shut down entirely. Confusingly this is sometimes also referred to as freeze but is a more complete shut down where we become completely immobilized. This is a parasympathetic response and it shuts down parts of the organism. This is a reptilian and older response. It is our most primitive response to threat. It may be triggered particularly when the situation is so overwhelming that our system has no other way of coping or surviving intact. When trauma occurs in childhood it is common that the child will freeze or shut down. None of these are consciously chosen responses; they are our systems automatic

response in order to survive. Our rational higher cortex does not have a lot of involvement when we are feeling under serious threat.

The fight, flight, freeze response is caused by a collection of chemicals including cortisol and adrenalin that put the mind on high alert and prime the nervous system, circulatory system and muscles to respond to the threat. All threat is perceived as physical to the brain. So your system responds by putting you in fight flight or freeze mode in order to survive the threat. This instinctive reaction helps us perform at our best (in the short term) in the face of trauma or danger. It helps us to survive.

It is important to emphasise that in *extreme* situations we have very little conscious control over how we respond unless we have had a lot of training, such as in the military. Your system is in survival mode and will do whatever is deemed most effective to survive. In some situations, we are forced into a freeze response. Eg inter-operative awareness, accidents like MVA's where we cannot do anything as it is happening too fast, situations where we are physically overpowered etc. It is important to remember that this is your system keeping you safe. You did, in fact, survive. Your rational brain would take too long to analyse the situation and work out what to do. So your system switches into automatic.

SHOCK Immediately after a trauma a person may be in a state of shock – unable to comprehend what has happened as it is outside of normal expectations.

Once the reality of the situation has sunk in, there is a state of high alert. Responding to a distressing or frightening event requires vast amounts of physical and mental energy. After the crisis is over, exhaustion may become obvious.

Feeling distressed is exhausting. Nobody can keep going for long periods without a drop in physical and mental efficiency. Once the worst is over the people involved usually feel exhausted and emotional.

How long these reactions last depend on many factors such as the individual's personality, the nature of the event, the intensity of the person's involvement, and the support they receive in the aftermath.

In some cases, this "emergency" phase can go on for days like when in a situation such as a bushfire or acute illness of a loved one. Once the crisis is over being when we go into the let down phase and other reactions hit.

People differ somewhat however the effects of trauma can include a range of reactions

- Physical Reactions
- Mental Reactions
- Emotional Reactions
- Behavioural Reactions

Physical Reactions:

- Fatigue
- Nausea and vomiting
- Dizziness
- Headaches
- Grinding the teeth
- Shaking

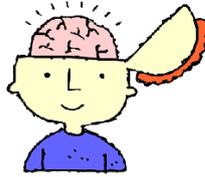


- Excessive sweating
- Trembling muscles
- Increased heart rate

- Muscle tension
- Aches and pains
- Vision abnormalities

Mental reactions:

- Startling easily and being overly aware of surroundings (hypervigilance)
- Confusion and disorientation
- Unwanted and upsetting mental images of the distressing event
- Nightmares



- Poor concentration
- Difficulties with making decisions or plans
- Feeling overly suspicious
- Forgetfulness
- Short attention span

Emotional Reactions:

- Fear
- Guilt
- Shame
- Anger
- Anxiety
- Insecurity
- Depression



- Tearfulness
- Feeling overwhelmed
- Inability to keep emotions under control (affect dysregulation)
- Emotional outbursts
- Feeling detached, numb or apathetic
- Irritability

Behavioural Reactions:

- Withdrawal from family and friends
- Seeking out people to talk to about it
- Blaming others/blaming self
- Changed appetite, such as eating a lot more, or a lot less



- Increasing risky behaviours
- Turning to substances such as alcohol, drugs
- Engaging in a lot of distracting activity or being listless
- Sleeping problems (too much or too little)
- Self harm

“In an apparent attempt to compensate for chronic hyperarousal, traumatized people seem to shut down: on a behavioural level, by avoiding stimuli reminiscent of the trauma; on a psychobiological level, by emotional numbing, which extends to both trauma-related, and everyday experience. Thus, people with chronic PTSD tend to suffer from numbing of responsiveness to the environment, punctuated by intermittent hyperarousal in response to conditional traumatic stimuli.

However, ... in PTSD, the stimuli that precipitate emergency responses may not be conditional enough: many triggers not directly related to the traumatic experience may (cause) extreme reactions. Instead of using feelings as cues to attend to incoming information, in people with PTSD arousal is likely to (bring about) flight or fight reactions. ... This makes them prone to freeze, or, alternatively, to overreact and intimidate others in response to minor provocations.” Bessel van der Kolk, *The Body Keeps the Score*, 1994

In other words, PTSD brings about what seem like opposite reactions – feeling jumpy and tense, as well as feeling numb and deadened. Not reacting at all to some things, while overreacting to others.

All of the above can be highly disconcerting and distressing for both the traumatised person as well as those around them who are sometimes confused by what is happening or how to help.

Once the distressing or frightening event is over, the person may spend a lot of time thinking about the event and trying to make sense of it e.g.

- How and why the event happened
- How and why they were involved
- How and why they survived
- Why they feel the way they do
- Whether the feelings they now have reflect on what kind of person they are
- Whether this experience has changed their view on life, and in what ways
- Whether the world around them is safe

The distress reaction is normal. Most people will recover and feel normal again given time and adequate support. However, some people may find themselves ‘stuck’. A prolonged distress reaction can cause other problems such as relationship difficulties. Without intervention, the reaction may become a way of life. In fact, it is very common with prolonged PTSD even at a less severe level to have profound impacts on interpersonal relationships.

Trauma and the body



We are understanding a lot more about the impacts of trauma with increasing research. We now understand that when we are traumatized it has profound neurobiological implications. Because a traumatic event is considered by your system to be a matter of survival, it is encoded in a different way to normal events. Your rational mind may have decided you are over it, that you have processed it and moved on. And rationally that may be true. However, trauma does not primarily live in the rational part of the brain as that part was mostly ‘disengaged’ during the trauma. The trauma lives on - in the body and in the unconscious. So your rational mind might be saying “I’m ok; I’m safe now. It’s over.” Or “It’s not that big of a deal” but your body is telling you a very different story.

Trauma memories



Trauma by its nature produces different memories to usual. They are laid down in a different part of the brain and more resemble *procedural memory*. Procedural memories are things like riding a bike or playing a musical instrument or anything that has become so practiced it is now what we can call a body memory. You do not forget procedural memories. Similarly, you do not forget trauma memories in most circumstances. Though they may become buried or pushed down because we don't wish to remember them. Trauma memories tend to be in flashes, and bits and pieces. In that sense they are not coherent but more like a jumble of intense bits. Also they are *embedded* with the emotions (usually fear, horror, helplessness and so on) and feelings (the associated bodily sensations that are the felt sense of the emotions) that accompanied the trauma at the time. This is problematic because any trigger or reminder of the trauma will come with the associated emotions and feelings. These can be internal reminders like thoughts/memories or external reminders like places/people/smells/sounds or events that cause similar feelings like feeling trapped, or helpless. The trapped feeling may be evoked by subtle things like being in a crowd or a social situation. So the person will likely respond with the same fear, danger, or sense of overwhelm that they did in the initial situation whenever they are triggered. Rationally the person may know they are not in danger however their system is telling them that the situation is dangerous.

Therefore, treating trauma most usefully involves treatments that defuse the trauma memories. This is most effectively and quickly done using techniques that interfere with the neurology of the memories – such as using the imagination or felt body sense. The imagination is often the best way to bypass the rational mind and access the unconscious and the body and emotions. Which is where the trauma is stored so to speak. Tuning in to the felt sense in your body can also be a way to get at where trauma is stored.



Control

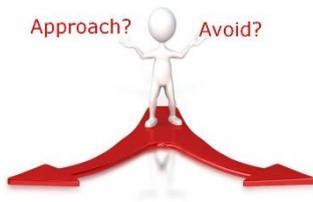
Because distress reactions can be triggered by so many things, both internal and external, many people with post trauma reactions also have issues around wanting to be in control. This is so that you do not feel vulnerable. This may show up as being uncomfortable in situations that you do not feel able to fully control – such as crowds, places where an exit or “escape” feels difficult, driving over bridges, being on a plane, etc. It may show up in needing things to be done your way so you know what to expect. Traumatic events are usually sudden and unpredictable, so the unpredictable can now become a source of anxiety.

I have CDO...

**it's like OCD but
all the letters are
in alphabetical
order as they
should be.**

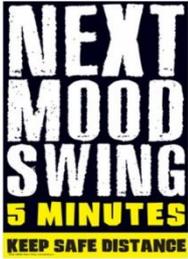
Sometimes this need for control gets played out in [symptoms of OCD](#) – Obsessive Compulsive Disorder - as the control you feel you need gets directed towards things you can more easily control. Such as having things a certain way in the house, or at work, routines, or checking that the doors are locked or the appliances are off etc.

Avoidance

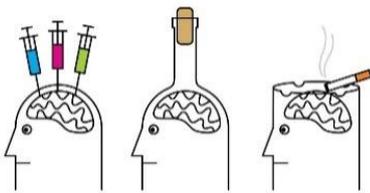


Because triggers can be ordinary things, and reactions can be severe and feel overwhelming, many trauma sufferers will attempt to avoid any internal or external reminders of the event(s). This may mean avoiding places, situations, people, events etc, as well as thoughts, dreams, memories, feelings, or any internal reminder. While this is a perfectly normal reaction to something unpleasant, it is unfortunately also not very helpful in recovering from the trauma in the long term. Treatment will work at gradually building up a sense of safety and how to deal with trauma reminders so that the person can regain a sense of healthy control and resilience.

Mood swings



Following a trauma or if you have developed PTSD it is common to experience mood swings and to feel out of control with your emotions. Often triggers come from out of nowhere and your responses can be intense and so this will impact your emotions. Intense frustration, anger, tearfulness, and other forms of emotional distress may be experienced. We can begin to be afraid of our emotions and this can lead to even more attempts at avoidance and control, or to the sense that we are going mad.



Numbing

One of the ways we can attempt to deal with the rollercoaster is to try to numb ourselves. We can tune out (the lights are on but no one's home). We might drink more alcohol than normal, take various drugs, smoke more cigarettes, or do things to zone out like play hours of video games. Also just the overstimulation and hypervigilance can take a toll and our system shuts down at times and we don't feel anything.

What to do about all of this?

Overcoming trauma means dealing with all of the above. In essence healing from trauma will often involve some or all of the following:

- Healing trauma memories which is often most effectively done using some form of trauma memory reprocessing so that the memories no longer elicit the same distressing response.
- Managing the bodily reactions that result. Learning to manage both the arousal symptoms (anxiety type reactions) and how to manage when there is too much damping down and depression, disconnection, exhaustion, and lethargy are the problem.
- Managing the mental reactions. Learning to be aware of thinking and noticing whether your thoughts are helping you to heal or keeping you stuck. Learning how to think in ways that are more helpful and will lead to recovery.
- Managing the emotional reactions. Learning to be aware of your emotional states. Becoming accepting of your emotions and not afraid of the intense ones. Learning ways to tolerate intense emotion and to begin to regulate your emotional states effectively. Dealing with any feelings of guilt or shame that are associated with the trauma or the aftermath. These are very common emotions following a traumatic incident or history.

- Managing your behaviour. Becoming aware of your behavioural reactions. Noticing where and how you avoid or attempt to control. Noticing your relationships and how they may have changed or been impacted following the trauma. Noticing what you do that is helpful and what you do that may work short term, but is not helpful in the longer term.
- If isolation has become a problem, then reestablishing connections with others is important. Trust is often a casualty of trauma and so rebuilding trust in others and yourself is vital.
- With severe, longer term, or developmental trauma, it is also important to heal the impact the trauma has had on self-concept, self-esteem, relationships more broadly, and what can often become a distorted view of the self and the world.

All of these systems interrelate and reinforce one another. Movement in one will impact the other systems. Having more understanding, acceptance, and better management of your bodily reactions for instance will impact how you think, feel and behave, and so on. Recovery is possible. No matter how long you have been suffering from post-trauma effects or symptoms you can begin to more effectively heal and recover.

Remember these reactions are normal in the face of trauma. It is your systems way of trying to cope and survive. Sometimes we just get stuck and assistance is required to get us unstuck.