

TRAUMA

PHYCO-EDUCATION





DEFINING TRAUMA

The sympathetic nervous system goes into full alert sending stress hormones to the respiratory system, cardiovascular system, and muscles preparing us to either fight or flee.

The neo-cortex (thinking part of the brain) shuts down, including Broca's area for speech. This is because instinct is faster than thought and in a dangerous situation creating words and taking time to contemplate our choices is a luxury we cannot afford! This is also why often when we feel threatened it is hard to communicate both hearing information accurately as well as finding the right words to use.

If we cannot fight or flee, all mammals, including humans prepare to die; this is called the freeze response. Endorphins are released to manage pain and the mind dissociates from the body and from the experience. This means that the trauma has overwhelmed our resources to cope. The trauma does not have to be from physical violence or natural disaster; it can be anything that causes the mind/body/spirit to be overwhelmed and shut down.

When this happens the traumatic experience is encoded in implicit memory; this means that instead of in words and story the memory is laid down in the brain in fragments-pieces of images, thoughts, sounds, smells, physical sensations, and with highly charged emotions. When the threat has ended all mammals, including humans, need to discharge the energy physically by shaking, pacing, running, or crying. Humans have the added task of moving the experience from implicit memory into explicit memory by adding words and creating a meaningful narrative/story that describes not only the experience but also how we see ourselves-what we believe about life and ourselves after the event.



Implicit memory has no sense of time; this means that every time something reminds us of a traumatic incident it is not just remembered but is re-experienced. Stress hormones are released again. The sympathetic nervous system goes into “alarm mode” causing the heart to race, muscles to tense, and the neo-cortex to go “offline”. Instead of remembering the past, it feels like it is happening in the present. This is what defines a traumatic memory. Traumatic memory is the result of a traumatic experience being blocked from moving out of implicit into explicit memory; this is especially likely if the freeze response occurred. The mind continues to attempt to heal by “knocking on the door” of the conscious verbal brain; however when that part of the brain “looks out the window” it sees a bunch of neural memory networks filled with upsetting information and so it barricades the door and hides instead of inviting them in!

INTRUSION SYMPTOMS INCLUDE:

- ◆ Trauma flashbacks
- ◆ Uncomfortable feelings with no apparent source
- ◆ Emotional over-reactions
- ◆ Physical sensations that don't make rational sense
- ◆ Anxiety about performance when you know you are prepared
- ◆ Negative self talk
- ◆ Slips of speech
- ◆ Self-sabotaging behaviors



These are often implicit memory “knocking”; avoidance symptoms like dissociation, self-destructive behaviors, isolating, and denial are the neo cortex trying to ignore the “unwelcome visitors”!

It takes an enormous amount of psychological and physical energy to keep this door shut and guarded. EMDR works by helping implicit and explicit memory talk to one another while keeping the body relaxed. The traumatic incident(s) become narrative history instead of wordless terror without end.

SYMPTOMS OF TRAUMA

PHYSICAL

Extreme alertness - easily startled, hyper-vigilance, hyper-arousal, edginess, jumpiness, agitation, restlessness, feeling 'on guard' or on 'red alert'. Sleep problems - sleep disturbances, nightmares and bad dreams, insomnia. Eating problems - eating more or less than normal, a loss of appetite, overeating, comfort eating. Loss of energy - fatigue, tiredness, exhaustion. Physical sensations - aches and pains, unexplained pain (especially chest and stomach pain and headaches), chronic pain, muscle tension, nausea, sweating, racing heart, trembling, dizziness. Sexual dysfunction - loss of libido.

COGNITIVE

Amnesia - memory lapses, difficulty in recalling information or past events (especially events leading up to, during and after the traumatic event.)
Disturbing, intrusive, repetitive and uncontrollable flashbacks, thoughts, visions, sensations and emotions. Difficulty concentrating, feelings of being distracted. Difficulty in decision-making. Confusion and disorientation, an altered sense of time.

PSYCHOLOGICAL/ EMOTIONAL

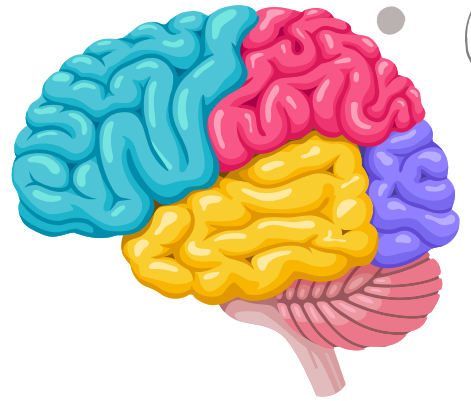
Anger, hostility, irritability, resentment, mood swings, emotional reactivity, frequent arguing with loved ones, unprovoked aggression. Anxiety and fear - general and chronic anxiety, worry, panic attacks, difficulty relaxing. Depression, despair, sadness, loss of hope, feeling permanently damaged or defective, feeling ineffective, spontaneous crying. Grief. Guilt, including survivor's guilt, shame, self-blame. Emotional numbness, shock, disbelief, denial, dissociation, detachment. Sexual problems. Feeling out of control.

BEHAVIORS

Obsessive and compulsive behavior patterns, including an obsession with death. Impulsive behaviors. Symptoms of ADHD (hyperactivity, inattention, and impulsiveness). Addictions - Substance abuse, alcoholism, gambling, sex, food, exercise, etc. Self-harm. Inability to develop and maintain healthy relationships. Making self destructive lifestyle choices. Avoidance of people, places and activities that are both related and unrelated to a traumatic event. Detachment from other people and emotions, social withdrawal and isolation.

RESPONSES TO TRAUMA

After a trauma, people may go through a wide range of normal responses. Such reactions may be experienced not only by people who experienced the trauma first-hand, but by those who have witnessed or heard about the trauma, or been involved with those immediately affected. Persons, places, or things associated with the trauma can trigger reactions. Some reactions may appear totally unrelated.



PHYSICAL REACTIONS

- Aches and pains like headaches, backaches, stomach aches
- Sudden sweating and/or heart palpitations (fluttering)
- Changes in sleep patterns, appetite, and interest in sex
- Easily startled by noises or unexpected touch
- More susceptible to colds and illnesses

EMOTIONAL REACTIONS

- Shock and disbelief
- Fear and/or anxiety, expectation of doom and fear of the future
- Grief, disorientation, denial
- Hyper-alertness or hyper vigilance
- Emotional swings -crying then laughing, irritability, restlessness, and outbursts of anger or rage.
- Nightmares

HELPFUL COPING STRATEGIES

- Reach out and connect with others, especially those with whom you may share the stressful event
- Cry
- Hard exercise like jogging, aerobics, bicycling, walking
- Relaxation exercise like stretching, massage, swimming
- Humour

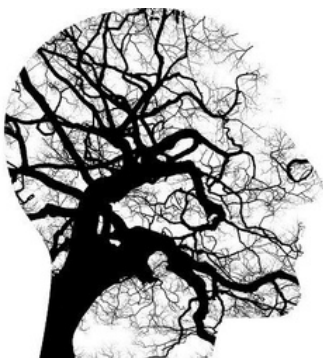
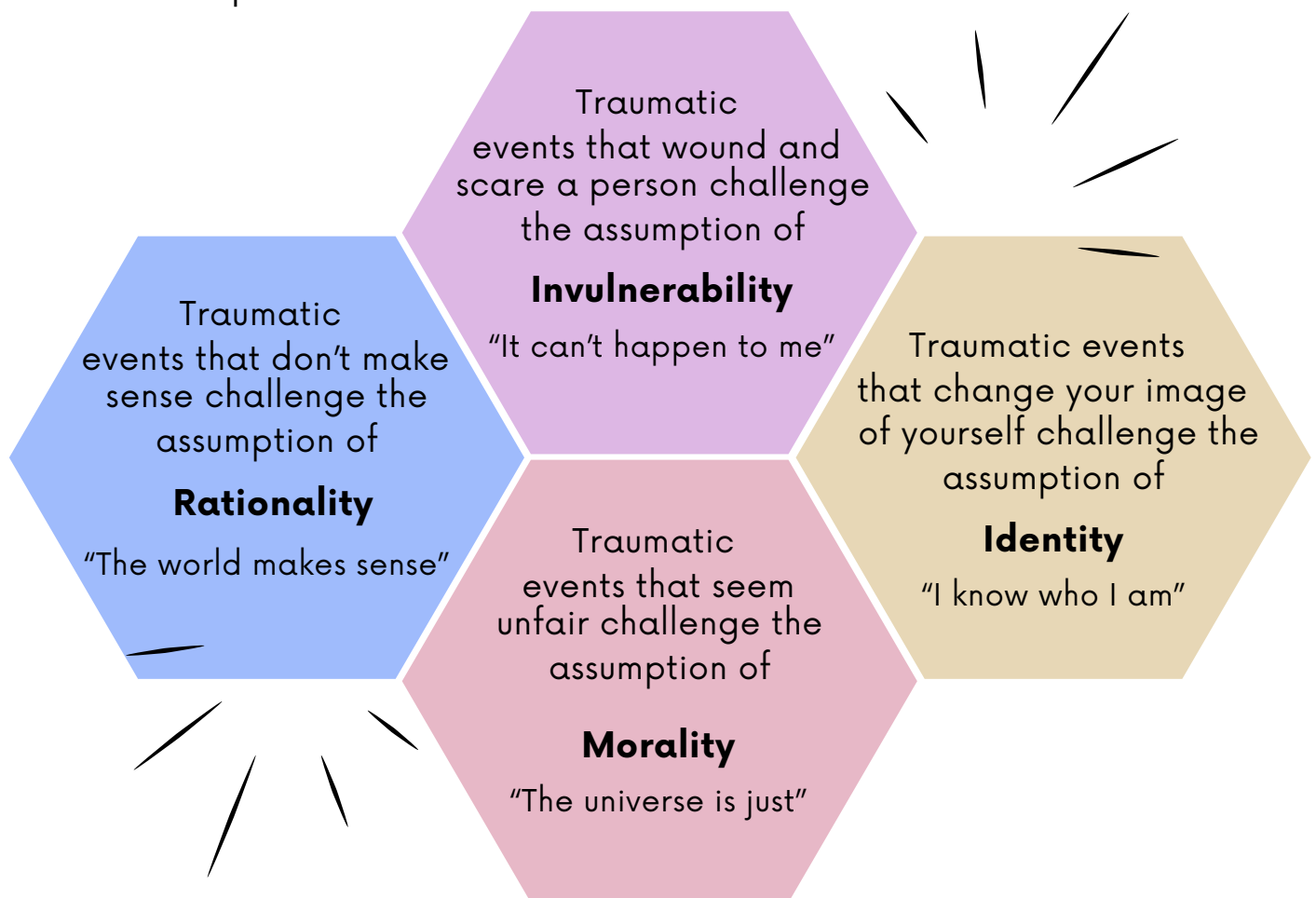
UNHELPFUL COPING STRATEGIES

- Avoidance through alcohol, substance abuse or social withdrawal
- Aggressive attitudes or acts
- Acting out through promiscuity, spending or gambling
- Self-harm
- Depressive symptoms
- Excessive worrying
- Displacement of anger

THE IMPACTS OF TRAUMA (ADULTS)

The word trauma is derived from a Greek Word meaning 'wound'. Its pure definition is an event that threatens ones life. The broader definition refers to any physical, sexual, emotional or spiritual wound that involves threat to ones life or sense of self.

Traumatic events often shatter our assumptions about the world and ourselves. The following table adapted from Hicks (1993: p.17) outlines the common assumptions that are commonly shattered as a result of a traumatic experience.



Trauma always leaves people changed, either positively or negatively. If the normal trauma response can be modulated effectively then evidence suggests that change following trauma can have positive aspects. For example Michael Christopher (2004: 83) outlines the following positive changes that can occur following a trauma:

- "The first type of change entails a more integrated sense of self, to be more specific, a greater competence and resilience when dealing with life's challenges.
- The second type of change entails relationships with others, more specifically, closer relationships with family and significant others, reconciliation of estranged relationships, an increased ability to protect oneself and prevent abusive relationships, greater altruism, increased willingness to help, increased sensitivity to others and increased openness to new behaviours.
- The third type of change involves a more integrated philosophy of life. That is, the third type of positive change following trauma includes an increased appreciation of one's existence, changed priorities, stronger beliefs, a greater sense of meaning, and a whole new comprehensive perception of reality"

Trauma can be survived and most people will eventually come through a trauma back to full functioning. The human spirit is resilient. Ernest Hemingway states, "The world breaks everyone, then some become strong at the breaks". However, if pain is buried or a person fails to process their grief adequately then healing is blocked and the pain remains. The ongoing pain, (either buried or overtly expressed through emotions such as anger, resentment, and helplessness) will then negatively impact the person and often their family and friends.

Most psychological responses that are unhealthy are due to a breakdown in the modulation of the normal stress response and the specific dynamics of the response will be an interaction between the individual's socio-cultural environment and psychological makeup (Christopher, 2004).

ACUTE STRESS DISORDER



For a diagnosis of Acute Stress Disorder, symptoms must persist for a minimum of two days to up to 4 weeks within a month of the trauma. If symptoms persist after a month, the diagnosis becomes Post Traumatic Stress Disorder

SYMPTOMS INCLUDE:

- Lack of emotional responsiveness, a sense of numbing or detachment



- A reduced sense of surroundings



- A sense of not being real



- Depersonalisation or a sense of being dissociated from self



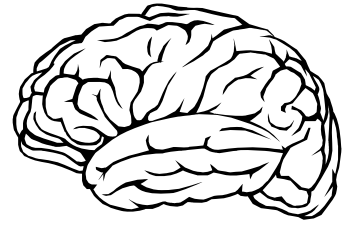
- An inability to remember parts of the trauma, "dissociative amnesia"



- Trouble experiencing pleasure



POST-TRAUMATIC STRESS DISORDER (PTSD)



PTSD is identified as a serious emotional disorder. It can very seriously damage a person's normal functioning. When diagnosing PTSD, psychologists are guided by textbooks, which require certain symptoms to be present. The following criteria have to be met for a person to have a formal diagnosis of PTSD. However, it is very important for us to be aware that a person may not meet all the criteria for PTSD, but still have their life severely affected by trauma. They will show some of the symptoms.

CRITERIA FOR PTSD

1. TRAUMA

- The person must have been involved in one or more traumatic experiences, or witnessed them, where either life was in danger or, at least, there was the danger of terrible injury to someone.
- The person's response must also have involved intense fear, helplessness or horror.

2. RE-EXPERIENCING SYMPTOMS

The traumatic event is persistently re-experienced in one or more of the following ways.

- The person keeps remembering what happened and can't get it out of their mind. Even if they try not to think about it they remember bits of the trauma – either as images, thoughts or perceptions.
- They keep having distressing dreams about what happened.
- They have experiences when they feel as if the event is actually happening again and they are "in it". These are called "flashbacks".

- The person reacts with intense psychological distress if they are exposed to “triggers”, (external or internal) that remind them of the trauma. e.g’s 1. People in Sri Lanka feeling strong fear when they hear water, even though the tsunami has been over for many months. 2. People feeling intense fear if they just think about some part of the trauma.
- The person has physiological reactions when they are exposed to these kinds of external or internal “triggers”. e.g. 1. Their heart starts to beat fast. 2. They start to sweat and breathe quickly.

3. AVOIDANCE SYMPTOMS

People do their best to avoid anything associated with the traumatic experience. This includes a numbing of their general responsiveness (not present before the trauma), as indicated by three or more of the following:

- Efforts to avoid thoughts, feelings or conversations associated with the trauma. e.g. As much as possible they avoid talking about it.
- Efforts to avoid activities, places or people that remind them of the trauma. e.g. As much as possible they keep away from possible “triggers”.
- Inability to recall an important aspect of the trauma. (It seems like an inbuilt mechanism sometimes “blocks” from conscious memory some especially horrible parts of what happened.)
- Markedly diminished interest or participation in significant activities. e.g. They no longer feel like meeting people, or going out of the house much.
- Even when they are with other people, they feel disconnected or detached from them.
- They have a restricted range of emotions (e.g. Usually able to feel anger and fear but not able to have loving feelings).

4. PHYSICAL HYPER-AROUSAL SYMPTOMS

It seems like the “Volume Knob” on people’s bodily reactions is turned up higher than normal and they tend to have physical over-reactions. They need to have two or more of the following:

1. Difficulties falling or staying asleep.
2. Irritability or outbursts of anger.
3. Difficulties concentrating.
4. Hypervigilance i.e. constantly looking around them for any signs of danger.
5. Exaggerated startle response.

The duration of the symptoms above must be more than one month for a diagnosis of full PTSD to be made.

ADDITIONAL NOTES

1. The majority of people who experience a trauma do not suffer from full-blown PTSD.
2. Most people’s trauma symptoms gradually settle down, so that they are not excessively troubled by them six months after the event.
3. About 20% of people experiencing a severe trauma continue to have distressing symptoms longer than six months, and these may continue for many years.
4. Symptoms of PTSD can appear soon after the event, but may not appear for years afterward. Usually they appear within 3 months.
5. If a person has PTSD it does not mean that they are weak.

If PTSD is severe it is a family condition, for all members of the family are affected.