Disorders of Trauma and Stress

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What is Stress and Trauma?



Stress: The body's reaction to any change that requires an adjustment or response. The body reacts to these changes with physical, mental, and emotional responses.



Trauma: Damage to the mind that occurs as a result of a distressing event. Trauma is often the result of an overwhelming amount of stress that exceeds one's ability to cope, or integrate the emotions involved with that experience



The state of stress has two components:



Stressor: The event that creates the demands (Rush-hour traffic, turning-point events, college graduation, marriage, poverty or poor health; or traumatic events.



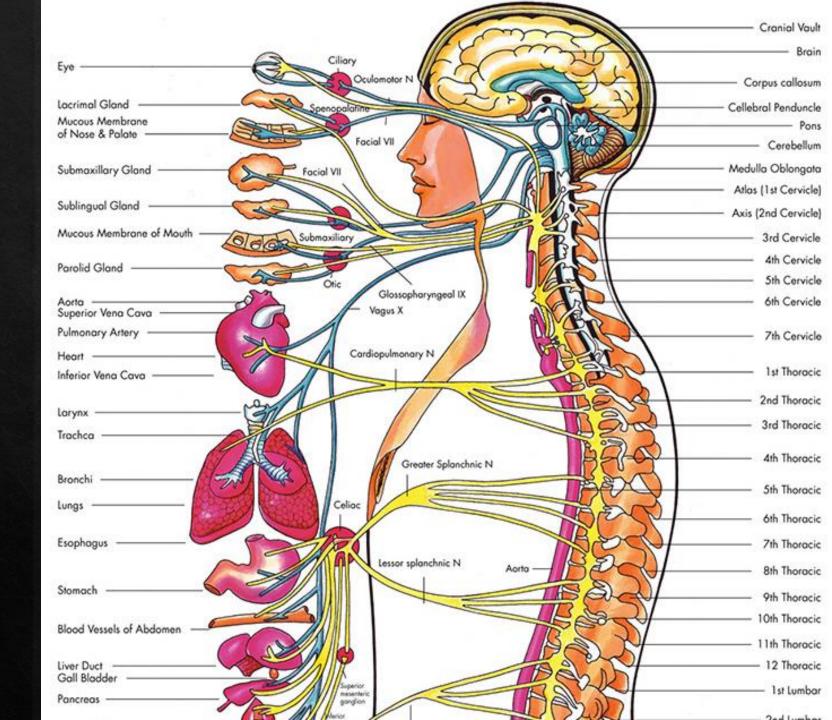
Stress Response: The person's reactions to the demands.

- The response to such Stressors are influenced by the way we judge the event and our capacity to react effectively.
- When we view the stressor as threatening, a natural reaction is arousal and a sense of fear.
- Solution As we discussed in chapter 5, fear is a package of responses that are physical, emotional, and cognitive.
- Physical Response: We begin to develop goose bumps, turn pale, muscles tense and our heart beats faster.
- Semotional Response: Dreading, Afraid and/or Panic.
- Cognitive Response: Fear can disturb our ability to concentrate and remember and may distort our view of the world.

Stress and Arousal: The Fight-or-Flight Response

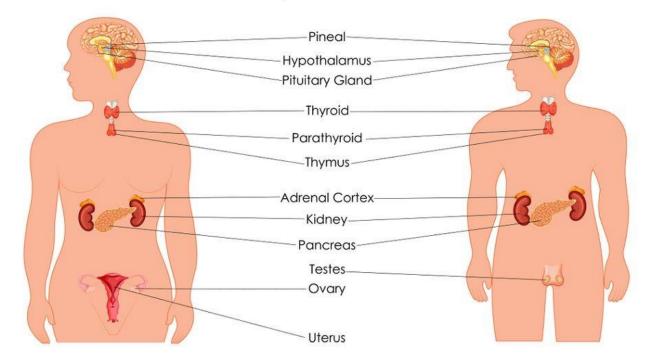
- * Arousal has features that are set in motion by the brain structure called the HYPOTHALAMUS.
- * HYPOTHALAMUS: plays a crucial role in many important functions, including releasing hormones, regulating body temperature. It also activates two important systems the Autonomic Nervous System and Endocrine System.
- When our brain interprets a situation as dangerous, neurotransmitters in the hypothalamus are released, triggering the firing of neurons throughout the brain and the release of chemicals throughout the body.
- Autonomic Nervous System: Is the extensive network of nerve fibers that connect the central nervous system (The brain and spinal cord) to all the other organs of the body. The fibers help the involuntary activities of the organs such as breathing, heartbeat, blood pressure, perspiration, etc.
- Sendocrine System: The network of glands located throughout the body.

Autonomic Nervous System Diagram



The Endocrine System Diagram

Endocrine System Male-Female



Follow up

* There are two brain-body pathways that produce arousal which are the sympathetic nervous system pathway and Hypothalamic-pituitary-adrenal pathway

* When we face dangerous situations, the sympathetic nervous system is first excited by the Hypothalamus, a group of ANS fibers that work to quicken our heartbeat and produce the other changes that we come to experience as fear or anxiety.
* The fibers stimulate the organs of the body such as the heart and increase heart rate.

* The nerves may also influence the organs indirectly by stimulating the adrenal glands which are released and act as hormones that travel through the bloodstream to various organs and muscles to further produce arousal.

Acute and Post-Traumatic Stress Disorders

- When we undergo a stressful situation we are not aware of the side effects we are about to endure.
- We feel psychologically and physically aroused without any hesistation and experience a growing sense of fear.
- Sometimes when a stressful situation is perceived as extraordinary or unusually dangerous, we may experience levels of arousal, fear, and depression that are beyond anything we may ever know.
- Some people may experience such reactions after the danger passes which means they may be suffering from acute stress disorder or posttraumatic stress disorder.
- What are Acute and Posttraumatic stress disorders?

<u>Acute Stress Disorder</u>

A disorder in which a person experiences fear and related symptoms soon after a trauma but for less than a month.

* Symptoms begin within four weeks of the traumatic event and last for less than a month.

* Studies have shown that half of all acute stress disorder cases develp into posttraumatic stress disorder.

Posttraumatic Stress Disorder (PTSD)

A disorder in which a person experiences fear and related symptoms long after a traumatic event.

* Symptoms usually continue longer than a month. Sometimes the symptoms of PTSD may begin either shortly after the traumatic event has happened or months or years.

* According to Abnormal Psychology textbook, 25% of people with PTSD do not develop a full clinical syndrome until 6 months or more after their trauma.

Symptoms of Acute and Posttraumatic Stress Disorders

- Increased Arousal, Negative emotions, and guilt: Excessively alert, easily startled, trouble concentrating, and sleeping problems. People can also experience anxiety, anger or depression which come from feeling extremely guilty that they survived the traumatic event while others did not and some feel guilty about what they did to survive.
- Reexperiencing the traumatic event: having to relive the trauma in your dreams, thoughts, memories, or nightmares. Ex: Soldiers and War.
- Avoidance: Avoiding all types of activities that remind them of the traumatic event.
- Reduced Responsiveness and Dissociation: Feel detached from other people, be unresponsive to external stimuli, and lost interest in activities that once brought enjoyment.

What triggers Acute and Posttraumatic Stress Disorder?

- Combat: Many soldiers develop symptoms of severe anxiety and depression during combat. During World War I the phrased being used was "Shell Shock," World War II and Korean War "Combat Fatigue."
- Sy the late 1970s, clinicians learned that soldiers began developing psychological symptoms after the war was over. According to Abnormal Psychology textbook, 29% of all Vietnam veterans, both male and female suffered from acute and posttraumatic stress disorder. As for 22% have experienced some stress disorder and 10% still experience posttraumatic stress symptoms such as flashbacks, night terros, nightmares, and persistent images and thoughts.
- Disasters and Accidents: Natural and accidental disasters such as earthquakes, floods, tornados, fires, airplane crashes and serious car accidents.

- Victimization: People who have been abused or victimized often have stress symptoms that linger. One third of all victims of physical or sexual assault develop PTSD. "People who have been sexually assaulted have been forced to engage in a seuxual act against their will," people who have been raped develop physical and psychological symptoms that lead to PTSD.
- ♦ <u>Terrorism</u>
- ♦ <u>Torture</u>

How do you treat it?

- One third of posttraumatic stress disorders improve within 12 months of treatment as for the remaider of cases takes years depending on the severity of the trauma.
- ♦ <u>Treartment for Combat Veterans</u>
- Anti-Depressant drug therapy: These medications are more helpful for the PTSD symptoms of increased arousal and negative emotions. (Stein, 2017)
- Cognitive-Behavioral Therapy: Therapists guide the veterans to examine and change the dysfunctional attitudes and styles of interpretation they have developed as a result of their traumatic experiences. Veterans learn to deal with difficult memories and feelings, come to accept what they have done and experienced, become less judgemental of themselves, and begin to trust other people once again. (Rothbaum, 2017)
- Couple or Family Therapy: With the help and support of their family members, they may come to examine their impact on others, learn to communicate better, improve their problem-solving skills, and reestablish feelings or closeness. (Sareen, 2015)
- Group Therapy: Veterans meet with others like themselves to share experiences and feelings, develop insights, and give mutal support.

Dissociative Disorders/Dissociative Amnesia

- People experience major changes in memory and identity that are not caused by clear physical factors but changes that often emerge after a traumatic event.
- People with Dissociative Amnesia are unable to recall important personal information or past events in their lives. Those with Dissociative Fugue which is the extreme form of dissociative Amnesia, not only fail to remember personal information but also flee to a different location and may establish a new identiy.
- Solution Structure A person that develops two or more distinct subpersonalities.

Treatment For It

- Solution Structure Amnesia may end on its own or may require treatment depends of the individual.
- Solution For Dissociative Identity Disorder clinicians use psychodynamic therapy, hypnotic therapy, and Sodium Amobarbital or Sodium Pentobarbital.
- Therapists that treat Dissociative Identity Disorder use the same treatment and help their cleint recognize the nature and scope of their disorder, recover the gaps in their memory and intergrate their subpersonalities into one functional personality.

