



Disorders of Trauma and Stress

Olivia Elias
Abnormal Psychology
Professor McDonald

When it comes to stress and trauma both come in all sizes and shapes, we are all greatly affected by it. *What is trauma and stress?*

Trauma is 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. Stress is 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. The state of stress has two components known as a stressor which is the event that creates the demands (Rush-hour traffic, turning-point events, college graduation, marriage, poverty, poor health and traumatic events. Then comes the stress response which is the person's reactions to the demands.

The way we react to the stressor influences the way we judge the event and the capacity to react effectively. In certain cases people view the stressor as threatening which is a natural reaction of arousal and a sense of fear they begin to experience. Fear is part of a package of responses that become physical, emotional and cognitive. When people experience a physical response through fear we begin to develop goose bumps, turn pale, our muscles tense and heart beats faster than the normal. As for emotional and cognitive response people begin to dread their decision making, develop fear or panic and this can lead to disturb their ability to concentrate and distort their view of the world. Looking back to Latrell's case, after his traumatic event took place at a convoy mission in Iraq back 2003, he began to experience insomnia, hypervigilance and a startle response; this was just the beginning for Latrell as he later on began to have vivid dreams of his attack which caused him to have intrusive thoughts, flashbacks and anhedonia. Latrell eventually withdrew from his friends and family and feared that his future would be cut

short. After being screened for psychiatric symptoms he was diagnosed with acute posttraumatic stress disorder, I will elaborate more on this as you read along.

In order to understand stress related disorders we need to start off by learning about *Stress and Arousal: The Fight or Flight Response*. Arousal has features that are set in motion by the brain structure called the hypothalamus. The hypothalamus is located in the base of the brain playing a crucial role for our bodies and everyday lives such as when the brain interprets a situation as dangerous, neurotransmitters begin releasing hormones to then trigger the firing of neurons throughout the brain and chemicals throughout the body. The hypothalamus can also regulate body temperatures and it also activates two important systems 1. The Autonomic Nervous System and 2. The Endocrine System. (Comer, Ronald & Jonathan., 2018, P.155)

The 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, and perspiration.” (Comer, Ronald & Jonathan., 2018, P.155) An example of this would be when the Autonomic Nervous System sympathetic division is activated, organs are stimulated which leads to a state of arousal. As for the Endocrine System is “the network of glands located throughout the body.” (Comer, Ronald & Jonathan., 2018, P.155) In the situation that a person perceives a stressor, the hypothalamus activates the pituitary gland which then leads to secrete the adrenocorticotrop hormone. The adrenocorticotrop hormone is stimulated through the pituitary gland and causes the stimulation of the adrenal cortex causing to trigger arousal and fear reactions.

Now, when it comes to both of these systems producing arousal and fear there are two very important pathways known as sympathetic nervous system pathway and hypothalamic-pituitary-adrenal pathway. When someone endures a dangerous situation the sympathetic nervous system pathway, a group of The Autonomic Nervous System (ANS) fibers, is the first to be excited by the hypothalamus which can then stimulate the heart in order to increase heart rate. The nerves can also stimulate the *adrenal glands* particularly an area called the *adrenal medulla* and when this area is stimulated, chemicals such as *epinephrine* (*adrenaline*) and *norepinephrine* (*noradrenaline*) are released through the bloodstream to further produce arousal. Once someone perceives danger passes, the parasympathetic nervous system helps the simulated heartbeat and other body processes control the arousal reaction. (Comer, Ronald & Jonathan., 2018, P.156)

As for hypothalamic-pituitary-adrenal pathway which is where arousal is produced and signals the pituitary gland to secrete the adrenocorticotropic hormone, known as the body's major stress hormone. An area called the Adrenal Cortex is stimulated which triggers the release of a group of hormones known as corticosteroids that travel through various body organs which causes the further production of arousal reaction. The fight or flight response is the reaction caused by these two pathways to arouse and prepare the body for a response to danger. When a person undergoes a stressful situation they are not aware of the side effects they are about to endure and feel psychologically and physically aroused without any hesitation to then experience a growing sense of fear. Sometimes when a stressful situation is perceived as extraordinary or unusually dangerous, people may experience levels of arousal, fear, and depression that are beyond anything they 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. (Comer, Ronald & Jonathan., 2018, P.156)

What are Acute and Posttraumatic stress disorders?

An *Acute stress disorder* is a disorder in which a person experiences fear and related symptoms soon after a trauma but for less than a month. Posttraumatic stress disorder is “ a disorder in which a person experiences fear and related symptoms long after a traumatic event,” and 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. A traumatic event which is when a person is exposed to actual or threatened death, injury or sexual violation can psychologically arise symptoms of arousal, anxiety and depression. Studies show that 25% of people who experience PTSD do not develop a full clinical syndrome until 6 months or more after their trauma. *To further elaborate on the symptoms of both stress disorders people experience arousal; negative emotions; excessively alert; easily startled; trouble concentrating; sleeping problems; reexperiencing the traumatic event; avoidance; reduced responsiveness and dissociation and guilt.* Going back to Latrell, the novel national guardsman, he showed signs of these symptoms like trouble concentrating, negative emotions, reliving the traumatic event in his dreams and avoidance from any of his peers. (Comer, Ronald & Jonathan., 2018, P.157)

What are some traumatic events that can trigger Acute and Posttraumatic Stress Disorders?

Many soldiers develop acute and posttraumatic stress disorders and not until the late 1970s, clinicians learned that soldiers in fact develop psychological symptoms after war. After the end of the Vietnam War, 29% of both male and female veterans suffered from acute and

posttraumatic stress disorder, 22% of veterans experienced some stress disorder and 10% have suffered from stress symptoms such as flashbacks, night terrors, nightmares and persistent images and thoughts of their traumatic event.

Another form of stress disorders can be caused by disasters and accidents such as floods, tornados, fires, air plane crashes and serious car accidents. Lastly, victimization which is people who have been abused or victimized experience stress symptoms. “In the United States, approximately 91,000 cases of rape or attempted rape are reported to the police each year.”(Comer, Ronald & Jonathan.,2018, P.160) One third of all victims who have experienced physical or sexual assault develop PTSD. (Comer, Ronald & Jonathan.,2018, P.160)

How do you treat Acute and Posttraumatic Stress Disorder?

One third of Posttraumatic stress disorders improve within 12 months of treatment and for the remainder cases it may take years depending on the severity of the trauma. Treatment for people who experience these disorders are given four different therapies such as *antidepressant drug therapy, cognitive-behavioral therapy, couple or family therapy and group therapy*. Depending on the symptoms and traumatic events people go through their treatment is determined. (Comer, Ronald & Jonathan., 2018, P.168)

What are Dissociative Disorders/Dissociative Amnesia?

In dissociative disorders major changes in memory and identity are not caused by clear physical factors but changes that emerge after the traumatic event has occurred. A form of dissociative disorder is dissociative amnesia which is when people have a hard time remembering any important personal information or past events in their life. An extreme form of dissociative disorder is called dissociative fugue, this is when aside from forgetting personal information

people flee to different locations in order to establish a new identity. When a person reaches this point in their lives after their traumatic experience then comes dissociative identity disorder which leads to a person developing two or more subpersonalities. (Comer, Ronald & Jonathan., 2018, P.172)

How can you treat Dissociative Disorders/Dissociative Amnesia?

For some people who experience dissociative amnesia, such disorder may end on its own and others may require treatment. As for dissociative identity disorder clinicians use three different methods which are psychodynamic therapy a favorite for theorists as they believe is the most appropriate treatment for dissociative amnesia. Then you have hypnotic therapy where therapists hypnotize their patients in order for them to recall their forgotten events. Lastly, sodium amobarbital or sodium pentobarbital which are injections used to help regain their lost memory.

(Comer, Ronald & Jonathan., 2018, P.183)

In conclusion, abnormal behavior does not happen just because but instead there is a more logical reason as to why someone has a certain behavior and thoughts. Being a victim of trauma and stress there is a clear understanding that treatment is extremely important to pursue. It's also very important to be understanding when dealing with someone who has gone through trauma.