

Trauma and PTSD

Client: "What's wrong with me?"

Therapist: "Well, given your symptoms, I think you have Post Traumatic Stress Disorder."

Client: "Post Traumatic Stress Disorder? What are you talking about? Trauma? It doesn't make sense. What trauma did I have? I wasn't in a war or survive a holocaust or anything. I didn't even really get hurt."

This is a typical response following an assessment and diagnosis of this poorly understood disorder. It seems appropriate that this diagnosis- like any other serious medical diagnoses- would be initially met with denial to temporarily protect the person from the reality of his/her own vulnerability. However, in order to effectively treat the condition, the diagnosis eventually needs to be accepted, and in order to accept the diagnosis, one needs to understand it. To this end, I offer the following answers to the two most frequently asked questions: **What is trauma? And, how bad does it have to be to be considered traumatic?**

What Is Trauma?

According to one of the foremost experts in healing trauma, Dr. Peter Levine,

"Trauma is a basic rupture- loss of connection to ourselves, our families, and the world. The loss, although enormous, is difficult to appreciate because it happens gradually. We adjust to these slight changes, sometimes without taking notice of them at all...although the source of tremendous distress and dysfunction, it (trauma) is not an ailment or a disease, but the by-product of an instinctively instigated, altered state of consciousness. We enter this altered state let us call it "survival mode" when we perceive that our lives are being threatened. If we are overwhelmed by the threat and are unable to successfully defend ourselves, we can become stuck in survival mode. This highly aroused state is designed solely to enable short-term defensive actions; but left untreated over time, it begins to form the symptoms of trauma. These symptoms can invade every aspect of our lives."

The most effective to evaluate whether or not you have been traumatized is to answer this simple question: when you remember the incident, is the memory exactly the same every time? If the answer is yes, then the memory is a traumatic one. By no means does one traumatic memory constitute a diagnosis of PTSD; however it does indicate that the traumatic event has been dysfunctionally stored; remains inadequately processed; and continues to cause you distress.

What is a PTSD Diagnosis?

A diagnosis of PTSD is different from most mental-health diagnoses in that its four major types of symptoms - re-experiencing, avoidance, numbing, and arousal- are all tied to a to an overwhelming life experience.

Re-experiencing Symptoms involve a sort of mental replay of the trauma, often accompanied by strong emotional reactions:

- Intrusive imagery or "flashbacks"
- Nightmares and night terrors

Avoidance Symptoms or efforts to evade activities, places, or people that are reminders of the trauma:

- Dissociation: mental blankness or spaciness
- Avoidance behavior

- Amnesia and forgetfulness

Numbing Symptoms are typically experienced as a loss of emotions, particularly positive feelings:

- Constriction of affect
- Denial
- Feelings of helplessness, immobility, or freezing
- Inability to love, nurture, or bond with other individuals
- Depression; feelings of impending doom
- Feeling like the "living dead": detached, alienated, and isolated"
- Excessive shyness
- Exaggerated or diminished sexual activity
- Diminished emotional responses
- Inability to make commitments
- Chronic fatigue or very low physical energy
- Immune system and certain endocrine problems, such as thyroid dysfunction or psychosomatic illnesses particularly headaches, neck and back problems, asthma, digestive distress, spastic colon, severe premenstrual syndrome, and eating disorders

Arousal Symptoms or excessive physiological activation and include a heightened sense of being on guard as well as difficulty with sleep and concentration.

- Hyperarousal
- Hypervigilance (being "on guard" at all times)
- Sensitivity to light and sound
- Hyperactivity; restlessness
- Exaggerated emotional and startled reactions to noises, quick movements, etc.

Affect Dysregulation: abrupt mood swings (rage reactions, temper tantrums, shame)

- Reduced ability to deal with stress (easily and frequently stressed out)
 - Difficulty sleeping
 - Fear of going crazy
 - Panic attacks, anxiety, and phobias
 - Attraction to dangerous situations
 - Frequent anger or crying
 - Fear of dying or having a shortened life
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According to Levine,

"The symptoms of trauma may be continually present or they may come and go. They may even surface after being hidden for decades. Usually, symptoms do not occur individually, but in clusters-growing increasingly complex over time. Unfortunately, they become less and less connected with the original traumatic experience, making it increasingly difficult to trace the symptoms to their cause, and easier to deny the importance of the traumatic event in one's life. However, if we pay attention to these symptoms, for what they are-internal wake up calls-we can address and begin to heal our trauma."

Although there are pervasive misconceptions about trauma, PTSD is neither rare nor unusual. But unlike seeking treatment for symptoms related to diabetes or glaucoma, seeking treatment for the symptoms of PTSD is somehow interpreted as a weakness. Although this couldn't be further from the truth, you believe it. Maybe even said something like it; real men don't ask for help; trauma couldn't possibly affect a well balanced person, there must be something wrong with me; or our all-time favorite, it wasn't really that bad; I should just get over it. Don't you think that if that were an option, you would have done just that?