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Understanding Trauma

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Sadly, you, or someone close to you, experienced a traumatic event. That is not really surprising since 60% of men, and 51.2% of women are likely to experience a traumatic event (one in which they were frightened of death or serious harm, felt helpless, and remain very distressed about) in their lifetime. Most people will get over it adequately within one month. 8% of the victims may continue to suffer Post Traumatic Stress reactions one year after the unfortunate incident and only one third of these individuals will continue to experience stress beyond one year.

When the symptoms of stress continue six months after the traumatic incident, clinicians begin to assess for Post-Traumatic Stress Disorder, or PTSD. The diagnosis of PTSD may involve a clinical interview that can include a formal and structured interview based upon the recognised criteria for PTSD. The symptoms include: Re-experiencing the trauma (e.g. Flashbacks), Persistence of symptoms (e.g. disturbed sleep and concentration, hyper vigilance, exaggerated startle response), Impairment of functioning (e.g. social, occupational), and Duration (over one month). Individuals may present with all, or some, of these symptoms.

Then, there are three categories of PTSD: Simple

(no other factors relevant other than the specific trauma incident), Complex (prior experiences colour one's reaction and ability to cope with the current crisis), and Delayed (symptoms appear long after the traumatic event, even several years later).

One helpful way to conceptualise Trauma is to understand PTSD as a natural process vital for survival that has gone awry. Whenever we perceive something in the environment, the first port of entry in the brain is the Amygdala, which is a small Pecan shaped structure in the mid-brain that all animals have. The Amygdala quickly decides if the event is dangerous and requires us to run or fight. It responds to visual, olfactory, auditory and tactile sensations only, since it is located before the "thinking" part of the brain.

Should the perceived event evoke danger we go into survival mode. The Amygdala, quite cleverly, remembers these sensations, which permits us to react even more quickly in the future. So, if you are attacked by a wild tiger, the Amygdala will store the image, sound or even smell of a tiger in memory thereby allowing us to react even more quickly should a second tiger threaten us.



Individuals who have undergone a traumatic event may respond in a similar manner. The perception of stimuli that are stored in the Amygdala (e.g. the sound of a siren, a dark alley, a large lorry) will evoke an immediate and irrational response as if we were, yet again, in danger. That is why it is not uncommon for traumatised individuals to overreact to seemingly benign stimuli and say things like, "I know that I am safe, but sight of a large lorry makes me feel afraid."

Treatment is designed to help the individual process the stored traumatic memory properly so that the rational mind can mediate this re-

flexive response and understand things in context.

There are several ways in which this is achieved:

1. Trauma Specific CBT and Individual Therapy
2. Specific techniques, such as EMDR and Narrative Therapy, geared towards processing the trauma.
3. Medication.
4. Group Therapy and Internet based forums.
5. Support for carers, employers and colleagues.