

The psychology of post-traumatic stress disorder - Joelle Rabow Maletis

Many of us will experience some kind of **trauma** during our lifetime. Sometimes, we escape with no long-term effects. But for millions of us, those experiences **linger**, causing **symptoms** like flashbacks, nightmares, and negative thoughts that **interfere** with everyday life. This phenomenon called post-traumatic stress disorder, or PTSD isn't a personal failing/failure. Rather, it's a treatable **malfunction** of certain biological **mechanisms** that allow us to cope with dangerous experiences.

To understand PTSD, we first need to understand how the brain **processes** a wide range of **ordeals**, including the death of a loved one, domestic violence, injury or illness, abuse, rape, war, car accidents, and natural disasters. These events can **bring on** feelings of danger and helplessness, which **activate** the brain's alarm system, known as the "fight-flight-freeze" response. When this alarm **sounds**, the hypothalamic, pituitary, and adrenal systems—known as the HPA axis—work together to send signals to the **autonomic nervous system**. That's the network that communicates with adrenal glands and **internal organs** to help **regulate** functions like heart rate, digestion, and **respiration**. These signals start a chemical **cascade** that floods the body with several different stress hormones, causing **physiological** changes that prepare the body to defend itself. Our heart rate speeds up, breathing quickens, and muscles **tense**.

Even after a crisis is over, **escalated** levels of stress hormones may last for days, contributing to **jittery** feelings, nightmares, and other symptoms. For most people, these experiences disappear within a few days to two weeks as their hormone levels **stabilize**. But a small percentage of those who experience trauma have **persistent** problems, sometimes **vanishing** temporarily only to **resurface** months later. We don't completely understand what's happening in the brain. But one **theory** is that the stress hormone cortisol may be continuously activating the "fight-flight-freeze" response while reducing overall brain **functioning**, leading to a number of negative symptoms. These symptoms often fall into four categories:

1. **Intrusive** thoughts like dreams and flashbacks.
2. Avoiding **reminders** of the trauma.

3. Negative thoughts and feelings like fear, anger, and **guilt**.
4. Reactive symptoms like **irritability** and difficulty sleeping.

Not everyone has all these symptoms or experiences them to the same extent and **intensity**. When problems last more than a month, PTSD is often **diagnosed**. Genetics, ongoing overwhelming stress, and many risk factors, like **pre-existing** mental illnesses or lack of **emotional** support, likely play a role in **determining** who will experience PTSD. But the underlying cause is still a medical **mystery**.

A major challenge of coping with PTSD is **sensitivity** to triggers—physical and emotional **stimuli** that the brain associates with the original trauma. These can be everyday **sensations** that aren't inherently dangerous but **prompt** powerful physical and emotional reactions. For example, the smell of a campfire could **evoke** the memory of being trapped in a burning house. For someone with PTSD, that memory **activates** the same neurochemical **cascade** as the original event. That then **stirs up** the same feelings of panic and helplessness as if they're experiencing the trauma all over again.

Trying to avoid these **triggers** which are sometimes unpredictable can lead to **isolation**. That can leave people feeling **invalidated**, ignored, or misunderstood like a **pause** button has been pushed on their lives while the rest of the world **continues** around them.

But there are options. If you think you might be suffering from PTSD, the first step is an **evaluation** with a mental health **professional** who can direct you toward the many resources available. **Psychotherapy** can be very effective for PTSD, helping patients better understand their triggers. And certain medications can make symptoms more **manageable**, as can self-care practices like **mindfulness** and regular exercise. What if you notice signs of PTSD in a friend or family member? Social support, acceptance, and **empathy** are key to helping in **recovery**. Let them know you believe their account of what they're experiencing and that you don't **blame** them for their reactions. If they're open to it, encourage them to seek evaluation and treatment. PTSD has been called "the **hidden wound**" because it comes without **outward** physical signs. But even if it's an invisible **disorder**, it doesn't have to be a silent one. Mental health conditions **impact** millions of people around the world, yet are often misunderstood.