

UNDERSTANDING TRAUMA

Experiencing or being exposed to a traumatic event can be extremely distressing and debilitating. There are times when the effects of trauma can be short-lived allowing us to return to our usual functioning and sense of self.

Other times trauma can be all consuming, changing our mood, behavior, our decision making and our ability to work or maintain healthy relationships and lifestyle habits. The tentacles of trauma can be far reaching, having rippling effects into important areas of our life. Our perception of our self and our relationship with the world in which we live is questioned and our sense of what is safe and dangerous is challenged.

This can lead to a diagnosis of Posttraumatic Stress Disorder (PTSD) or another psychiatric disorder such as anxiety or depression.

“Words can’t accurately convey the anguish the traumatised person experiences... It has an intensity that defies description.... .” (Peter Levine)

A traumatic event is associated with strong negative emotions and physical reactions.

Examples of traumatic events include motor vehicle accidents, armed hold up, sexual or physical assault, conflicts of war, and an unexpected or violent death of a loved one.

Other traumatic events are more subtle or insidious and include childhood or adult bullying, public ridicule, critical put downs or any other form of emotional abuse. Although these latter events may not be viewed as “traumatic” because there are strong emotional components the brain still registers and treats them as traumatic.

Typical symptoms of trauma include

- *re-experiencing symptoms* including recurring, distressing, and unwanted traumatic memories while awake or in dreams; sudden flashbacks to the traumatic event; reminders or triggers about the trauma causing emotional and physical distress
- *avoidance behaviours* such as avoiding thoughts, feelings, memories, people, places, activities, objects or situations that remind you of the stressful experience or you may have trouble recalling important parts of the trauma
- *negative alterations in cognition and mood* such as feeling distant and cut off from other people; having strong negative beliefs about yourself, other people and the world; experiencing fear, horror, blame, guilt, anger and shame; limited or a reduction in positive feelings like love and happiness; increased and harmful behavior or risk taking; or suicidal thoughts
- *hyper-arousal symptoms*: being “super alert”, watchful, and on guard; feeling jumpy or easily startled; having difficulty concentrating; or trouble falling or staying asleep.

So why are these symptoms present and what happens when someone's exposed to a traumatic event??

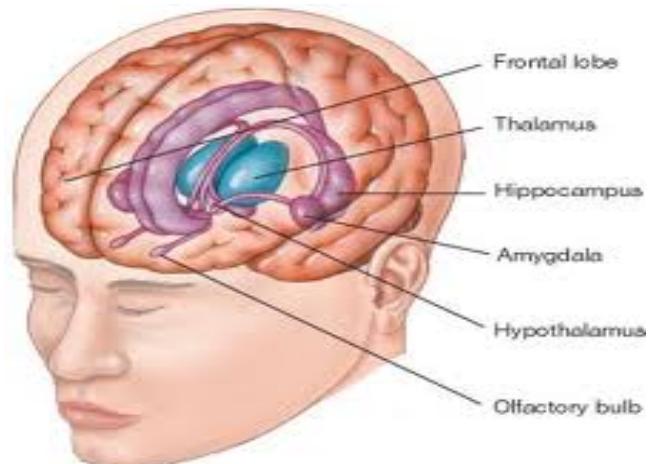
Very simply, when we are exposed to or experience an event that we perceive as traumatic our body does all it can to survive and enacts our fight, flight or freeze response.

Fight, flight, freeze response for SURVIVAL This is an involuntary response

which involves the limbic or primitive part of our brain, meaning there is a large emotional and physiological response with lack of rational or higher brain involvement.

We know the fight, flight freeze response is essential for our survival and the release of adrenaline and cortisol is vital and adaptive in acute situations.

People who are negatively affected by trauma, however, have a sustained and chronic release of cortisol and adrenalin which over time results in neurological and biological changes, including changes to brain structures such as the hippocampus and amygdala that are involved in fear conditioning, working memory, reasoning, planning, problem solving and execution.



Traumatic memories are different to our everyday memories. Everyday memories have the luxury of time to enable the memory to be processed, filed away neatly in our brain's filing system and then linked up with other processed, adaptive and useful information.

Trapped trauma memories however, do not have time to be processed whilst the trauma is occurring and as a result the trauma memory remains trapped in its unprocessed state, and exists

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as an isolated memory network with no connections to the other functional and rational information.

The trapped trauma memory remains as a vivid memory and we hold this memory not just in our mind but also our body, hence the memory *feels* very present and real and as if it is still a current rather than past event. Hence, the trauma cycle continues and the body, mind and self continues to believe danger is present or harm is imminent.

**BREAKING THE TRAUMA CYCLE – TREATMENT IS AVAILABLE
AND RECOVERY IS POSSIBLE**

The Australian and International gold standard treatment for PTSD and other trauma related disorders is trauma-focussed psychotherapy. The use of medication whilst not uncommon is not the first line or primary form of treatment.

Following a comprehensive assessment and building of a strong therapeutic relationship your allocated therapist will provide you with additional self-soothing and distress tolerance skills before embarking on treatment.

Your therapist will provide gold standard trauma-focussed psychotherapy in a safe and supported environment. At the WA Centre for Traumatic Stress we believe in resolving the core emotional and physiological elements of the trauma memory and addressing the core negative beliefs that uphold and reinforce the unwanted trauma symptoms.

Your therapist will work with you to release and process isolated and trapped trauma memories enabling a ‘recalibration’ of the brain and body, and the trauma events to be viewed as a historical rather than vivid and distressing event.

As part of a holistic approach to treatment and recovery we also provide medical management and prescription of medications as required.

If you have any questions regarding the above please discuss with your medical practitioner or therapist.