**Understanding Trauma and PTSD**

**What exactly is trauma?** Renowned traumatologist, Robert Scaer, M.D. defines trauma as, “Any negative life event that occurs in a position of relative helplessness.” A trauma could be a one-time experience or it could be a reoccurring event. Or a person can experience a variety of traumas over their lifetime.

**What types of events could be considered a trauma?** Most people probably think of the more obvious types of trauma, such as: exposure to violence or accidents in active military duty, physical or sexual assault, car or work accidents, or being the victim of a violent crime. But there are many other experiences that could result in a traumatic experience. Examples include: the loss of a child, loss of a parent figure, recurrent and persistent bullying, medical interventions, chronic or serious illness, verbal abuse, physical or emotional neglect in childhood, an animal attack, bee sting, or a natural disaster.

**So what is Posttraumatic Stress Disorder (PTSD)?** PTSD occurs when an individual continues to suffer lasting effects from a traumatic experience. These effects may include anxiety, depression, anger, difficulty sleeping, a sense of guilt or responsibility about the event, and feeling edgy. They may develop a quick startle response, especially to trigger stimuli such as certain sounds, smells, touches, or visual exposure to certain people or places. They may then find themselves avoiding certain people, places, or objects. The person may continue to have dreams about the trauma or experience flashbacks, sudden images or sensations that take the person back to the trauma. It can be difficult to focus, to connect with others, and difficult to feel safe, even in your own body. It can be very disabling at times. Not everyone who experiences a trauma will necessarily develop PTSD.

**How does a traumatic experience become PTSD?** It is important to remember that above all, humans are wired for survival. Physically and emotionally we will instinctively do what we need to do to survive. This is where our fight or flight system comes in. Our fight or flight system has its home in the middle of our brain, in what is called the Limbic System. When we are faced with some type of physical or emotional danger, our fight or flight system shuts down our pre-frontal cortex. That is the front portion of our brain, or the “thinking” part of our brain. It is the part of our brain that helps us organize, prioritize, reason, and make decisions. When faced with danger, time may be critical and if we spend too much time *thinking,* we might be dead. So our fight or flight system takes over and makes split second decisions, acting on instinct, in order to keep us safe. We are either going to stay and “fight”, escape the situation through “flight” or, there is actually a third response, which is a “freeze” response, meaning we do nothing but to go along with whatever is happening. The freeze response is often misunderstood because it may appear as though a person is consenting to the event, when in fact; it is a survival strategy when fight or flight are not possible or not safe options. When the brain becomes overwhelmed by the traumatic experience and unable to process it, the person’s body can remain trapped in the experience of the trauma.

For example, imagine that you are walking along a sidewalk while reading an email on your phone. You didn’t realize that you were so close to the end of the sidewalk. You unexpectedly step off the curb into the street and suddenly hear a loud horn honking. Your head jerks up toward the sound and you see a red car coming toward you. You hear the car’s brakes squealing as it tries to stop. You jump back onto the sidewalk just in time to avoid the car. Your heart is pounding, you are breathing hard and you suddenly realize you are back on the curb. For a while after the trauma, when this person hears a horn honk, brakes squealing, the sound of traffic, or sees a red car, their body may start to respond to these triggers as though it still needs to prepare for danger. The heart beat may quicken, the breathing rate may increase, and a feeling of anxiety may set in. Even when there are no physical triggers, the brain can be assaulted by distressing thoughts or images that are internally created. These symptoms may last for only a few days to a month, and would not be unusual. But when the symptoms persist, and interfere with an individual’s ability to function on a day-to-day basis we recognize this as posttraumatic stress disorder. PTSD can be a very intense, overwhelming, and even disabling condition.

**Why can’t I just get over it?** A trauma can be difficult to “get over” because your brain simply will not allow you. Connections have been made between your sensory system and your brain that are not easily disconnected. It is important to remember that the brain does mean well. It is trying to keep you safe by remaining alert and attentive to perceived danger. The problem is that the brain does not realize that the danger is no longer present. Working with a therapist can help a person learn how to help the limbic system reset and regulate so that they are no longer activated by triggers, images, and thoughts.