

Perspective on Psychological Trauma

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Perspective

Psychological trauma is the outcome of one or more incidents that cause a person's mind to be damaged as a result of enormous quantities of stress that exceed the person's ability to cope with or integrate the emotions involved, eventually leading to substantial, long-term negative repercussions. Mental discomfort is not the same as trauma. Psychological trauma is the outcome of one or more incidents that cause a person's mind to be damaged as a result of enormous quantities of stress that exceed the person's ability to cope with or integrate the emotions involved, eventually leading to substantial, long-term negative repercussions. Mental discomfort is not the same as trauma. This disparity in risk rate can be explained by protective variables that enable certain people to cope with stress; these factors include temperamental and environmental factors, among others. Characteristics of resilience and active seeking of assistance are two examples.

Symptoms and signs

People who encounter these kinds of stressful events frequently develop symptoms and issues as a result. The severity of these symptoms is determined by the individual, the type of trauma they have experienced, and the emotional support they have received from others. Trauma can cause a wide range of emotions and symptoms, which vary in severity from person to person. One or more of them may be experienced by a traumatised person. Following a traumatic event, a person may relive the trauma both psychologically and physically. The sound of a motorcycle engine, for example, may trigger intrusive thoughts or a sense of reliving a terrible event involving a comparable sound. A benign stimulus (for example, the sound of a motorcycle) may become associated with the traumatic experience in the mind. Traumatic coupling is the term for this procedure. The innocuous stimulus becomes a trauma recollection, also known as a trauma trigger, as a result of this process. These can cause unpleasant, if not painful, feelings. People's sense of safety, self-efficacy, and ability to regulate emotions and negotiate relationships can all be harmed by re-experiencing. To try to escape or dull the symptoms, they may turn to psychoactive substances such as alcohol. Flashbacks, which are dissociative experiences in which the person feels as if the events are repeating again, are triggered by these triggers. Flashbacks can cause everything from distraction to total dissociation or loss of consciousness of the current situation. Symptom recurrence indicates that the body and mind are actively attempting to cope with the traumatic event. Triggers and cues serve as reminders of the trauma, causing anxiety and other negative emotions. Often, the person is completely unconscious of the triggers. In many circumstances, a person with traumatic disorders may engage in disruptive behaviours or self-destructive coping techniques as a result of

this, frequently without fully understanding the nature or causes of their own activities. An example of a psychosomatic response to such emotional cues is panic attacks. As a result of re-enacting past incidents, extreme sentiments of rage may frequently surface, sometimes in inappropriate or unexpected contexts, as danger may always appear to be present. The person may be plagued by disturbing memories such as visions, thoughts, or flashbacks, and nightmares may be frequent. Insomnia can arise when a person's worries and insecurity keep them alert and on the lookout for danger at all hours of the day and night. Trauma can result in not only alterations in daily functions, but also physical changes. Genetics is one of the components of psychological trauma since epigenetic modifications can be passed down to the next generation. Some people, on the other hand, are born with or develop protective variables such as genetics and sex later in life, which help to reduce their risk of psychological stress. The person may have no recollection of what happened, yet feelings felt during the trauma may be relived without the person understanding why (see Repressed Memory). This can result in the patient experiencing terrible experiences as if they were happening right now, preventing the person from getting perspective on the situation. This can result in a pattern of intense arousal interspersed with intervals of physical and mental weariness. Acute stress and anxiety disorder, traumatic sorrow, undifferentiated somatoform disorder, conversion disorders, short psychotic disorder, borderline personality disorder, adjustment disorder, and other mental health issues might result from this. Emotional weariness can creep in over time, causing distraction and making clear thought difficult or impossible. Emotional detachment, dissociation, or "numbing out" are common occurrences. The person may appear emotionally flat, preoccupied, distant, or frigid as a result of dissociating from the painful emotion. Depersonalization disorder, dissociative amnesia, dissociative fugue, and dissociative identity disorder are all examples of dissociation. Trauma exposure and re-experience can result in neurophysiological alterations such as slower myelination, aberrant synaptic pruning, hippocampal shrinkage, and cognitive and affective impairment. This is relevant in higher-order function evaluation brain scan investigations with children and teens who were in vulnerable circumstances. When trauma symptoms do not go away and they do not believe their condition will change, some traumatised persons may believe they are permanently damaged. Feelings of despair, temporary paranoid ideation, loss of self-esteem, profound emptiness, suicidality, and sadness are all possible outcomes. If fundamental components of a person's self and worldview have been violated, that person's identity may be called into doubt. In the aftermath of their child's traumatization, traumatised parents may have trouble supporting their child with emotion regulation, attribution of meaning, and containment of post-traumatic dread, resulting in negative effects for the child.

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