

Common Reactions to Trauma

A traumatic experience is an emotional shock and may cause many emotional problems. This handout describes some of the common reactions people have after a trauma. Because everyone responds differently to traumatic events, you may have some of these reactions more than others, and some you may not have at all.

Remember, many changes after a trauma are normal. In fact, most people who directly experience a major trauma have severe reactions in the immediate aftermath. Many people then feel much better within three months after the event, but others recover more slowly, and some do not recover enough without help. Becoming more aware of the changes you have undergone since your trauma is the first step toward recovery.

Some of the most common problems after a trauma are described below.

1. **Fear and anxiety.** Anxiety is a common and natural response to a dangerous situation. For many people it lasts long after the trauma has ended. This happens when one's views of the world and sense of safety have changed and become more negative. You may become anxious when you remember the trauma. But sometimes anxiety may come from out of the blue. **Triggers or cues** that can cause anxiety may include places, times of day, certain smells or noises, or any situation that reminds you of the trauma. As you begin to pay more attention to the times you feel afraid, you can discover the triggers for your anxiety. In this way, you may learn that some of the out-of-the-blue anxiety is really triggered by things that remind you of your trauma.
2. **Re-experiencing the trauma.** People who have been traumatized often re-experience the traumatic event. For example, you may have **unwanted thoughts** of the trauma and find yourself unable to get rid of them. Some people have **flashbacks**, or very vivid images, as if the trauma is occurring again. **Nightmares** are also common. These symptoms occur because a traumatic experience is so shocking and so different from everyday experiences that you can't fit it into what you know about the world. So in order to understand what happened, your mind keeps bringing the memory back, as if to better digest it and fit it in.
3. **Increased arousal** is also a common response to trauma. This includes feeling jumpy, jittery, and shaky; being easily startled; and having trouble concentrating or sleeping. Continuous arousal can lead to **impatience** and **irritability**, especially if you're not getting enough sleep. The arousal reactions are due to the fight or flight response in your body. The flight or fight response is how we protect ourselves against danger, and it also occurs in animals. When we protect ourselves from danger by fighting or running away, we need a lot more energy than usual, so our bodies pump out extra adrenaline to help us get the extra energy we need to survive.

People who have been traumatized often see the world as filled with danger, so their bodies are on constant alert, always ready to respond immediately to any attack. The problem is that increased arousal is useful in truly dangerous situations, such as if we find ourselves facing a tiger. But alertness becomes very uncomfortable when it continues for a long time even in safe situations. Another reaction to danger is to **freeze**, like the deer in the headlights, and this reaction can also occur during a trauma.

4. **Avoidance** is a common way of managing trauma-related pain. The most common is avoiding situations that remind you of the trauma, such as the place where it happened. Often situations that are less directly related to the trauma are also avoided, such as going out in the evening if the trauma occurred at night. Another way to reduce discomfort is to try to push away painful thoughts and feelings. This can lead to feelings of **numbness**, where you find it difficult to have both fearful and pleasant or loving feelings. Sometimes the painful thoughts or feelings may be so intense that your mind just blocks them out altogether, and you may not remember parts of the trauma.
5. Many people who have been traumatized feel **angry** and **irritable**. If you are not used to feeling angry, this may seem scary as well. It may be especially confusing to feel angry at those who are closest to you. Sometimes people feel angry because of feeling irritable so often. Anger can also arise from a feeling that the world is not fair.
6. Trauma often leads to feelings of **guilt** and **shame**. Many people blame themselves for things they did or didn't do to survive. For example, some assault survivors believe that they should have fought off an assailant, and they blame themselves for the attack. Others feel that if they had not fought back they wouldn't have gotten hurt. You may feel ashamed because during the trauma you acted in ways that you would not otherwise have done. Sometimes, other people may blame you for the trauma.

Feeling guilty about the trauma means that you are taking responsibility for what occurred. While this may make you feel somewhat more in control, it can also lead to feelings of helplessness and depression.

7. **Grief** and **depression** are also common reactions to trauma. This can include feeling down, sad, hopeless, or despairing. You may cry more often. You may lose interest in people and activities you used to enjoy. You may also feel that plans you had for the future don't seem to matter anymore, or that life isn't worth living. These feelings can lead to thoughts of wishing you were dead, or doing something to hurt or try to kill yourself. Because the trauma has changed so much of how you see the world and yourself, it makes sense to feel sad and to grieve for what you lost because of the trauma.
8. **Self-image** and **views of the world** often become more negative after a trauma. You may tell yourself, "If I hadn't been so weak or stupid this wouldn't have happened to me." Many people see themselves as more negative overall after the trauma ("I am a bad person and deserved this").

It is also very common to see others more negatively and to feel that you can't **trust** anyone. If you used to think about the world as a safe place, the trauma may suddenly make you think that the world is very dangerous. If you had previous bad experiences, the trauma may convince you that the world is dangerous and others aren't to be trusted. These negative thoughts often make people feel that they have been changed completely by the trauma. Relationships with others can become tense, and it may be difficult to become intimate with people as your trust decreases.

9. **Sexual relationships** may also suffer after a traumatic experience. Many people find it difficult to feel sexual or have sexual relationships. This is especially true for those who have been sexually assaulted, since in addition to the lack of trust, sex itself is a reminder of the assault.
10. Some people increase their **use of alcohol or drugs** after a trauma. There is nothing wrong with responsible drinking, but if your use of alcohol or drugs has increased as a result of your traumatic experience, it can slow down your recovery and cause problems of its own.
11. **Communication changes** may occur. A person may become much more passive in their communication or may become verbally aggressive, angry, or demanding.

Many of the reactions to trauma are connected to one another. For example, a flashback may make you feel out of control and will therefore produce fear and arousal. Many people think that their common reactions to the trauma mean that they are "going crazy" or "losing it." These thoughts can make them even more fearful. Again, as you become aware of the changes you have gone through since the trauma and as you process these experiences during treatment, the symptoms should become less distressing.

List of Typically Avoided Situations for Trauma Survivors

Some examples of upsetting situations for trauma survivors that usually lead to avoidance include:

1. In cases of assault, being around men you don't know, especially those who remind you of the assailant (e.g., a man of the same race)
2. Someone standing close or coming up suddenly
3. Being touched by someone (especially someone unfamiliar)
4. Doing something similar to the trauma situations (e.g., for motor vehicle accident survivors, driving or riding in a car)
5. Walking down a street or being out in the open
6. Being alone at home (day or night)
7. Going somewhere alone at night
8. Being in a crowded mall or store
9. Talking to strangers
10. Driving a car or being stopped in a stoplight
11. Being in a parking lot
12. Riding in elevators or being in small, confined spaces
13. Reading about a similar event in the newspaper or hearing about it on television
14. Talking with someone about the trauma
15. Watching movies that remind you of the trauma (e.g., combat films, assault scenes)
16. Going to the area of town where the traumatic event happened
17. Riding public transportation
18. Hugging or kissing significant others
19. Sexual or physical contact
20. Listening to a song that you heard during the traumatic event or from the same time
21. Watching the news on TV
22. Wearing makeup or looking attractive
23. Going to a movie that has some violence
24. Taking an exercise class
25. Driving a car with unknown people and piles of unidentifiable materials next to the road
26. Coming upon a stopped car while driving and not being able to get around it
27. Smelling or tasting food or spices similar to those present during the traumatic experience

Safety Considerations When Constructing the In Vivo Hierarchy

It is important that the situations you plan to confront during in vivo exposures are safe or low risk. We do not want you to put situations that are dangerous or high risk on your list. For example, we would not want you to walk alone in areas where drugs are sold or in a park where crimes are regularly committed. Instead, we want you to pick situations that trigger your anxiety but are realistically safe. For example, you could walk in a public park with another person, or plan to walk alone in a safe area of the city.

Examples of Safety Behaviors

Safety behaviors are subtle behaviors that we do to *feel* more safe in a situation; most often, these behaviors do not actually increase our safety. Safety behaviors can also be behaviors that we use to temporarily “check out” of a situation, so that distress decreases in the short term. Examples include:

- Carrying a weapon (or having a weapon readily accessible nearby)
- Having lights on in your home at all times (such as when sleeping)
- Checking/re-checking locks
- Holding a cell phone in your hand at all times
- Not going out without a trusted friend/partner
- Scanning your area for signs of danger and escape routes
- Sitting so that you always face the entrance/exit
- Sitting so that others cannot walk behind you
- Walking slowly to let someone pass who is behind you
- Listening to music in public settings
- Rushing through a store (or a conversation, or an event) to get only what is needed
- Formulating contingency and escape plans
- Wearing multiple layers of clothing on at night (sexual trauma)
- Carrying certain objects that give a sense of safety or protection (such as medications or religious memorabilia)
- Praying, counting, or doing other behaviors that give you a feeling of safety

Be on the lookout for checking, distracting, seeking reassurance, or other forms of avoidance. These strategies work really well in the short term to help distress go down, but tend to maintain distress in the long term.