Guide
UK English

Understanding Post-Traumatic Stress Disorder (PTSD)

PSYCHOLOGYTOOLS®

Introduction

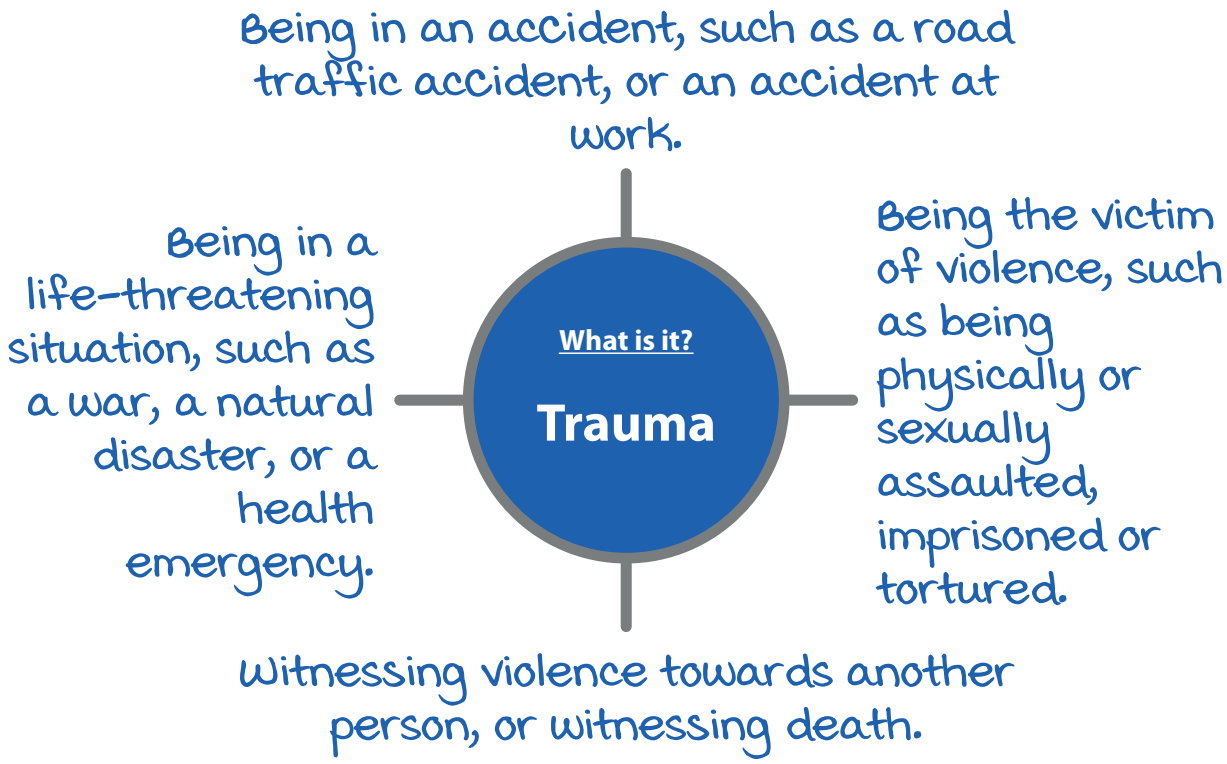
Many of us will experience trauma at some point in our lives. With time, most people recover from their experiences without needing professional help. However, for a significant proportion of people the effects of trauma last for much longer, and they develop a condition called post-traumatic stress disorder (PTSD). It is thought that between 3 and 5 people out of every 100 will experience PTSD every year [1]. Fortunately, there are a range of excellent psychological therapies for PTSD.

This guide will help you to understand:

- What PTSD is.
- Why it might not get better by itself.
- Treatments for PTSD.

What is trauma?

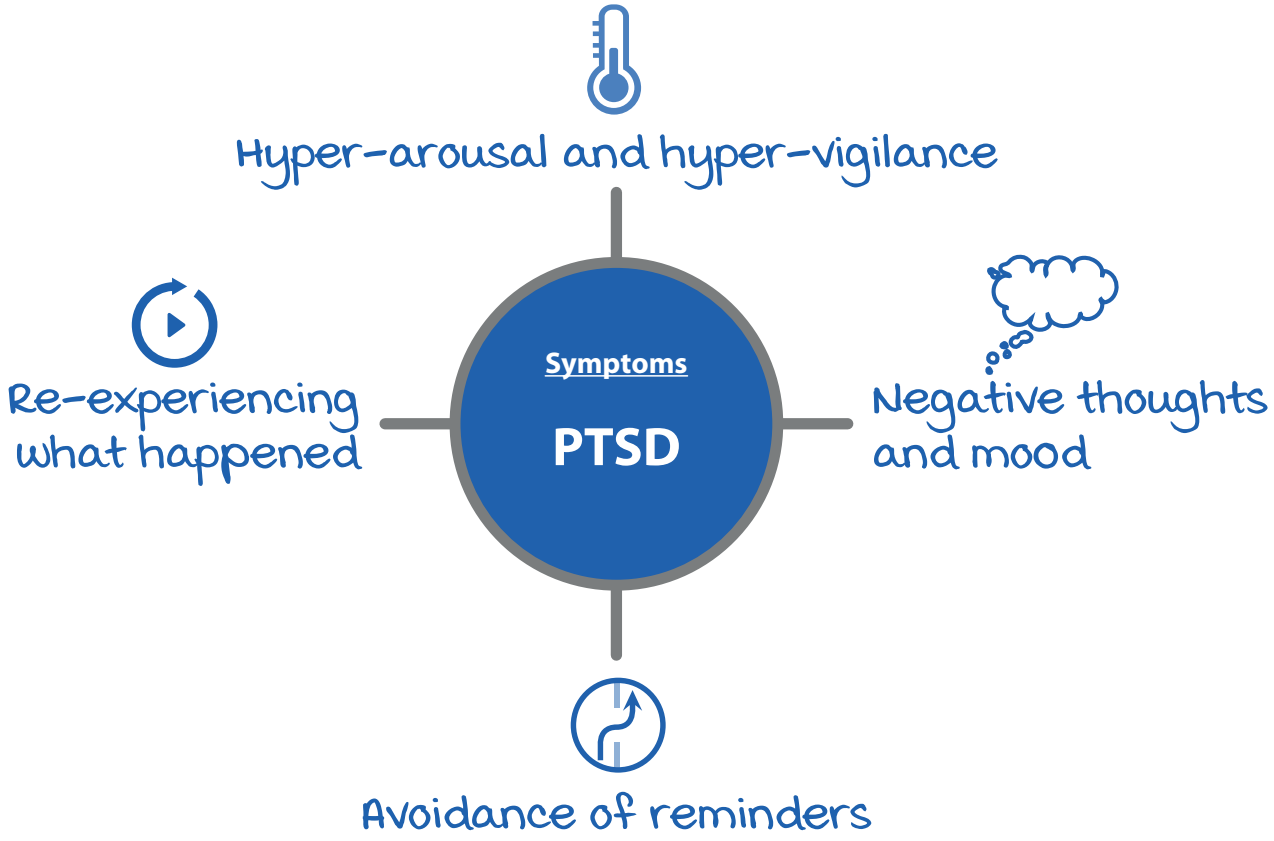
A traumatic experience is one which is overwhelming, threatening, frightening, or out of our control. Common traumas include:



Some traumas are isolated one-off events that are unexpected and happen 'out of the blue'. Other traumas are frightening in different ways: they are expected, anticipated, and dreaded. Some people's jobs expose them to trauma, for example military or emergency service personnel often experience or witness distressing events. Children experience trauma too – and the effects can be even more profound and long-lasting if the people who were supposed to care for them were responsible for causing harm.

What is post-traumatic stress disorder (PTSD)?

It is normal to be affected by traumatic experiences. If you have been through a trauma you might feel shocked, scared, guilty, ashamed, angry, vulnerable, or numb. With time most people recover from their experiences, or find a way to live with them, without needing professional help. However, for many people the effects of trauma last for much longer and may develop into post-traumatic stress disorder (PTSD). Symptoms of PTSD can be split into groups [2].



Re-experiencing symptoms

Re-experiencing the trauma means that memories of the event play over and over in your mind. These memories can come back as 'flashbacks' during the day, or as nightmares at night. The memories can be re-experienced in any of your five senses – you might see images of what happened, or experience sounds, smells, tastes, or body sensations associated with the trauma. Emotions from the trauma can also be re-experienced and many trauma survivors say that it can feel as though the events are happening over and again. Re-experiencing symptoms include:

- Upsetting memories of the event intruding into your mind.
- Having nightmares about the event.
- Feeling physical reactions in your body when you are reminded of the event.
- Dissociation and feeling disconnected from the present moment.

Arousal symptoms

It is common to be 'on edge' or 'on guard' following a trauma. For people who have PTSD these feelings tend to persist for even longer than normal. You might find it very difficult to relax, or find that your sleep is affected. Arousal symptoms include:

- Always looking out for danger. Psychologists call this 'hypervigilance'.
- Feeling 'on edge' or easily startled.
- Having difficulty falling or staying asleep.
- Having difficulty concentrating.

Avoidance symptoms

A normal human way of dealing with physical or emotional pain is to avoid it, or to distract ourselves. When you have PTSD you might try to avoid any people, places, or any other reminders of your trauma. You might try very hard to distract yourself in order to avoid thinking about what happened. Avoidance symptoms include:

- Avoiding reminders of the trauma.
- Trying not to talk or think about what happened.
- Feeling 'numb' or like you have no feelings.

Negative thoughts and mood.

Trauma has a powerful effect on how we think. Many people with PTSD blame themselves for what happened, even when it was not their fault. Or you might replay parts of the trauma and think "what if …?" or "if only …". Many people with PTSD also experience depression. Negative thoughts and mood about the trauma might include:

- Thinking negatively about yourself.
- Feeling guilty or ashamed about what happened.
- Feeling depressed or withdrawn.
- Feeling that no-one can be trusted.

We can separate the effects of PTSD into things that affect your mind (thoughts, images & memories), feelings, and behaviours.

What might go through your mind	How you might feel	How you might act

• Intrusive and unwanted memories of the trauma (flashbacks).
• Images in your mind of what has happened, or what might happen.
• Thoughts that the trauma is happening again right now.
• Thoughts that what happened was your fault or that you could have prevented it.
• Thoughts that you are going mad.
	• Any emotions that you experienced at the time of the trauma, including:
	  • Fear
	  • Anger
	  • Humiliation
	  • Shame
	  • Disgust
	• Dissociated (feeling separate or detached from what is happening).
	• Feelings in your body that are the same as those you experienced during the trauma.
		• Avoid people or places that remind you of the trauma.
		• Avoid thinking or talking about what happened.
		• Try to push memories away, or forget the traumatic event.
		• Avoid going to sleep for fear of nightmares.
		• Use alcohol or drugs to numb yourself.
		• Keep yourself busy.

What is Complex PTSD (CPTSD)?

Since PTSD was first identified in the 1970's, research has shown that the kinds of symptoms that survivors of trauma have can look a bit different depending on:

- **How much trauma a person has experienced.** A bigger 'dose' of trauma tends to result in more complex symptoms.
- **The type of trauma.** Interpersonal trauma – trauma deliberately inflicted by another human being – tends to have more complicated effects than trauma that occurs as the result of accidents.
- **When it happened in a person's life.** Trauma that is experienced earlier in your life can have significant effects upon what happens to you later.

People who have experienced a lot of trauma, have experienced trauma early in their lives, or have experienced trauma as a result of things that were done by their parents or caregivers often have extra symptoms in addition to PTSD:

- **Severe problems in managing your emotions.** Psychologists call this a problem of 'affect regulation' or 'emotion regulation'.
- **Strong beliefs about yourself as diminished, defeated, or worthless.** These might be accompanied by deep feelings of shame, guilt, or failure related to your traumatic experiences.
- **Difficulties in sustaining relationships and in feeling close to others.** This makes sense if you have experienced trauma at the hands of others.

When people experience these symptoms as well as PTSD, mental health professionals might label it Complex PTSD [3, 4]. You can think of it as 'PTSD Plus'. Research indicates that many of the treatments that are effective for PTSD are also effective for people with Complex PTSD.

What is it like to have PTSD?

People with PTSD experience strong unwanted memories of their trauma, to the point where it can feel as though the trauma is happening again right now in the present moment. As a result, people with PTSD often feel on-edge and on the lookout for danger. Sushma and Carl describe what suffering from PTSD can be like. Some people find that reading about other people's trauma can be upsetting, so feel free to skip this section until a time comes when you feel more able. Remember, though, that learning about trauma cannot harm you – it is the first step in overcoming PTSD.

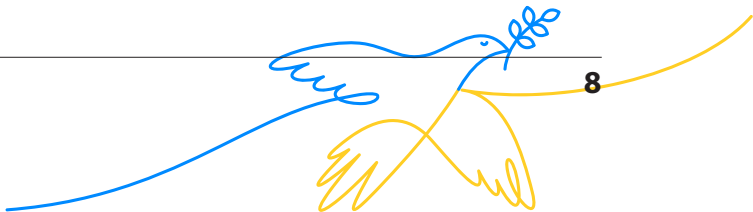
Sushma's fear, disgust, and shame

> *I grew up in a chaotic household. My father and brothers were violent and in and out of prison, and my mother was a mixture of critical and neglectful. When I was fourteen, a boy in my local park gave me alcohol and then raped me. I felt terrified during the attack and seemed to be frozen to the spot. I didn't tell my parents what had happened because I knew they would blame me and I was worried about how they would react. I didn't go to therapy until I was in my late twenties. When I did I was having daily flashbacks of the attack, and of the many of the other horrible things that had happened to me before and since. I would wake at night, terrified but unable to move, and I would sometimes wet the bed, which I was terribly ashamed of. When I got reminded of traumatic things I would sometimes dissociate so strongly that I would almost 'forget' where I was, and would feel like a terrified child again. I was convinced that I was a bad person – I thought "I'm rotten to the core" – and that I had deserved everything that had happened to me. I punished myself by not getting enough rest and was so self-critical. At the start of therapy, I was not very hopeful of recovering, and didn't even think that I deserved to get help.*

Carl's guilt

> *I was driving some friends home after spending a day at the lake. As I pulled out from a side road we were hit by another car whose driver we later found out was using his phone. I saw the other car coming towards us but couldn't get out of the way. My friend, who was sitting in the passenger seat, was killed in the accident.*
>
> *Six months after the accident I couldn't get it out of my mind. I had nightmares where*

the crash happened over and over again, and I would wake up covered in sweat. Even though I tried to keep my mind occupied during the day, I would keep seeing the crash in my mind and would see pictures of my friend in the hospital morgue. I blamed myself for what happened, and kept thinking to myself "What if I'd chosen to go another way?", "My friend would be alive now". I didn't go to my friend's funeral because I couldn't face seeing his parents. I stopped driving because cars made me so anxious, and I couldn't bear to go anywhere or do anything that reminded me of the accident. I was convinced that other people thought I was a bad person, so I cut myself off from the friends I used to hang out with.



Do I have PTSD?

PTSD should only be diagnosed by a mental health professional or a doctor. However, answering the screening questions below can give you an idea of whether you might find it helpful to have a professional assessment.

Have you ever experienced something unusually or especially frightening, horrible, or traumatic, such as being in a road traffic accident, or being physically or sexually assaulted?	☐ Yes	☐ No
If you answered yes, please answer the questions below about how you have felt *in the past month*.		
Have you **had nightmares about the event(s) or thought about the event(s) when you did not want to?**	☐ Yes	☐ No
Have you tried hard not to think about the event(s) or gone out of your way to avoid situations that reminded you of the event(s)?	☐ Yes	☐ No
Have you been constantly on guard, watchful, or easily startled?	☐ Yes	☐ No
Have you felt numb or detached from people, activities, or your surroundings?	☐ Yes	☐ No
Have you felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?	☐ Yes	☐ No

If you answered "yes" to the first question, and to three or more of the other questions, you may be suffering from post-traumatic stress disorder. You might find it helpful to speak to your general practitioner, or a mental health professional about how you are feeling.

What causes PTSD?

The main cause of PTSD and Complex PTSD is being exposed to traumatic, life-threatening, or frightening events. Not everybody who experiences a trauma goes on to develop PTSD and it is not your fault if you suffer from it. Some of the things that make people more likely to develop PTSD after a traumatic experience include:

- **How much social support you have.** Psychologists have found that people with higher levels of social support are less likely to develop PTSD following a trauma. If you have people to talk to, with whom you can make sense of a trauma, it can act as a 'protective shield' from the effects of what happened [5].
- **The way your brain processes memories of your trauma.** Memories in PTSD are different from 'normal' memories: they are much more vivid and intense; and have the ability to 'trick' you into thinking that the trauma is happening again – even many years after the trauma is over [6]. Scientists think that there are differences in the way that your brain encodes, stores, and retrieves trauma memories which mean that some people are more likely to develop PTSD [7].
- **Genetic and biological factors.** There is some evidence that genetic and biological factors can influence who develops PTSD following a trauma. For example, some psychologists argue that the size of a part of the brain called the hippocampus is thought to influence whether memories of your trauma cause you to develop PTSD [5].

What keeps PTSD going?

Cognitive Behavioural Therapy (CBT) is a popular evidence-based psychological therapy. It is always very interested in what keeps a problem going. This is because by working out what keeps a problem going, we can treat the problem by breaking the cycle. Psychologists Anke Ehlers and David Clark saw PTSD as a puzzle: why should people with PTSD feel a *current sense of threat* even though the terrible thing has already happened? They identified three big reasons [8]:

- **Unprocessed memories.**
- **Beliefs about trauma and its consequences.**
- **Coping strategies, including avoidance.**

The diagram on the next page shows how each of these factors has unintended consequences that keep the problem of PTSD going.

Psychologists think that memories of traumatic events are processed and stored in the brain differently from non-traumatic memories.

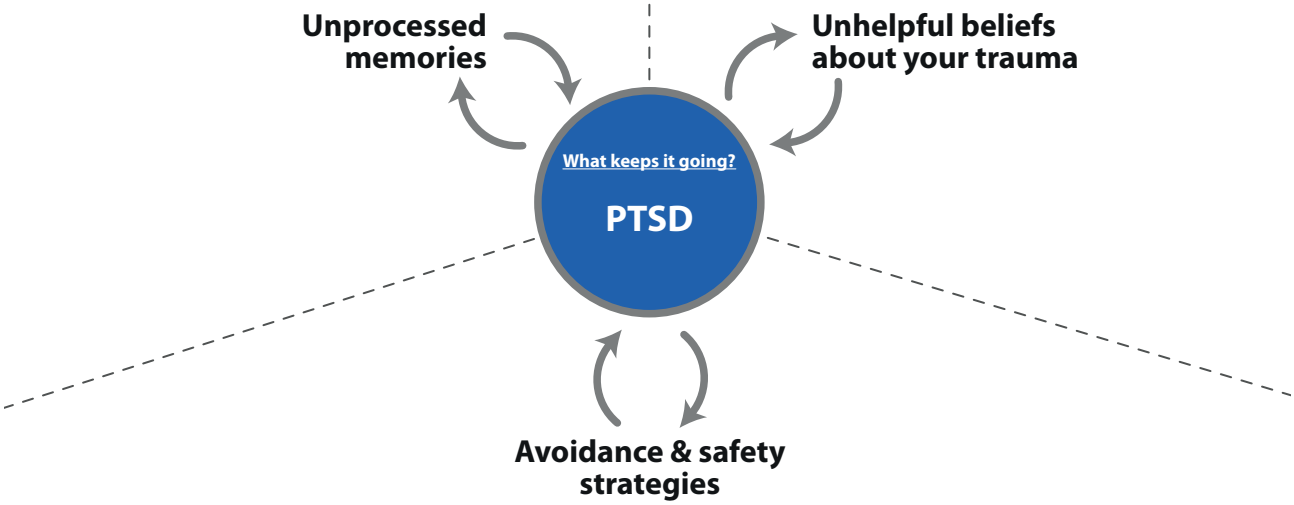
The result is that memories of your trauma might:

- 'Pop' unwanted into your mind.
- Be vivid and emotionally powerful.
- Make you think and feel that the trauma is happening again right now, and that you are in danger.

We can't help but try and make sense of what has happened to us. You will have beliefs about yourself, what you did, and what others might think of you.

If you have PTSD your beliefs might keep you feeling threatened:

- Your memories of the trauma can be so strong that they make you believe the danger is still present.
- You might blame yourself for things that are not your fault.
- You might think that the symptoms of PTSD mean that you are going mad.



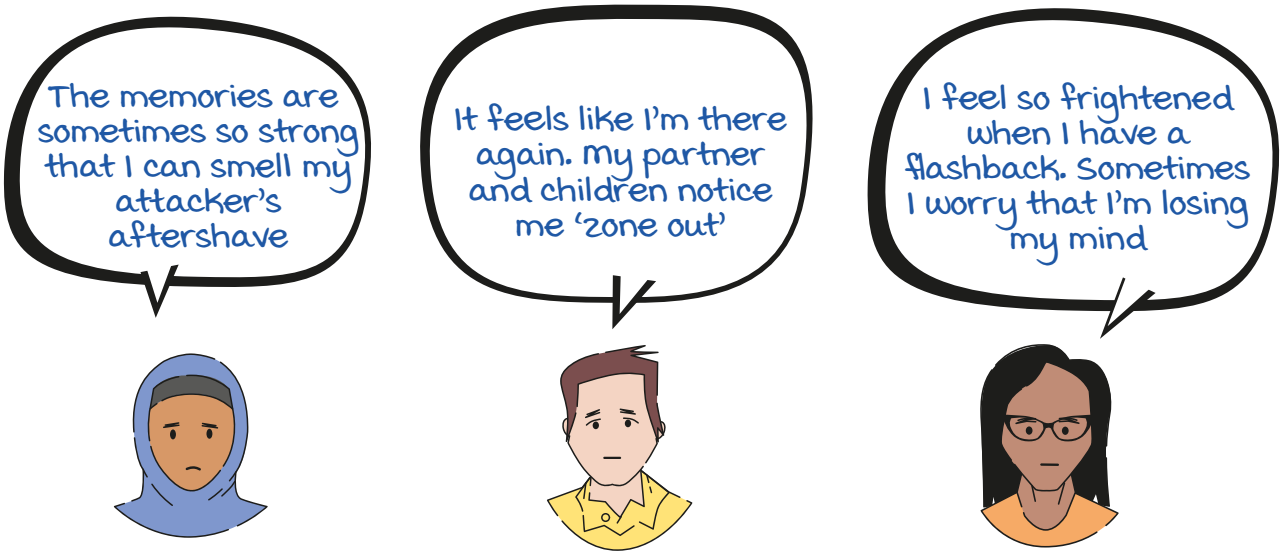
If you are bothered by particular situations whether because they make you feel afraid or ashamed, or because they trigger unwanted memories, it is natural to try to avoid them.

Unfortunately, avoidance and safety strategies mean that your memories remain unprocessed, and you have fewer opportunities to update any unhelpful beliefs.

Unprocessed memories

The trauma memories of people who have PTSD have some unique qualities. These include:

- **Feeling like they are happening right now in the present moment.** Psychologists sometimes call this 'nowness'.
- **They are intrusive and involuntary.** They pop into your mind unexpectedly and are unwanted. They are easily triggered by things around you.
- **They are especially detailed and vivid.** You might re-experience trauma memories in any of your senses: sight, sound, touch, smell, taste.
- **They are often fragmented.** You might only remember parts of the trauma, or even just an image or a feeling.

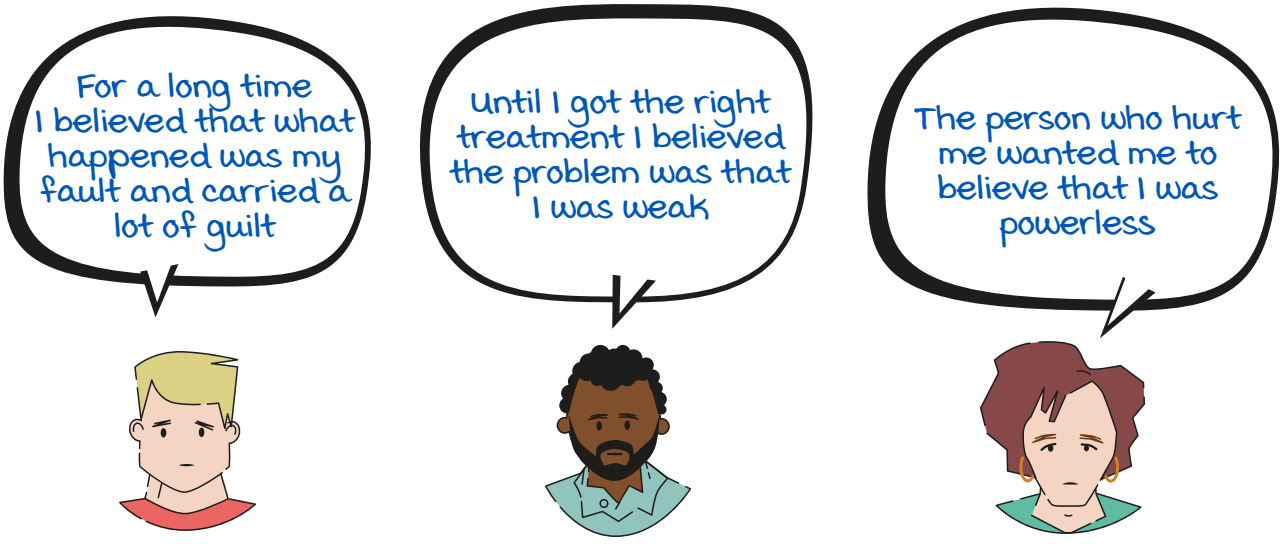


Psychologists think that trauma memories have these special properties because your brain did not have a chance to 'process' and store them properly at the time [7]. Until your brain has completed the job of 'processing' your trauma memories you might continue to suffer from re-experiencing symptoms.

Beliefs about your trauma and its consequences

Cognitive behavioural therapy (CBT) says that *the way we think and act affects the way we feel*. Strong events – like traumas – can produce equally strong beliefs, which result in strong feelings. Psychologists believe that one of the most important jobs of trauma therapy is working with the *meaning* that you made of your trauma [9]. Some examples are given below of the meanings of their trauma expressed by some people at the start and end of their therapy:

Beliefs at the start of therapy	Beliefs at the end of therapy
• I'm in danger now.	• The accident happened in the past. I survived and I am safe.
• What happened was my fault.	• The abuse was not my fault. I was only 8 years old.
• People would think I'm a terrible person if they knew.	• Nobody else would judge me as harshly as I judge myself. The abuse was the fault of the person who hurt me.
• I deserved what happened to me.	• Nobody deserves that. My abuser wanted me to believe I deserved it, but that is not the truth.



Coping strategies including avoidance

Avoidance is a natural response to things that we find anxiety provoking and upsetting, but that doesn't mean that it is helpful. People with PTSD tend to avoid things such as:

- Avoiding your memories of the trauma (which means they stay 'unprocessed').
- Avoiding reminders of the trauma.
- Using alcohol or other substances to block out memories or feelings.
- Not talking about what happened.

Unfortunately, avoidance has some unhelpful effects on PTSD symptoms. Although it can feel helpful in the short-term, it means that your trauma memories don't get a chance to be 'processed', and your negative beliefs about your trauma don't tend to change.

Treatments for PTSD

Psychological treatments for PTSD

Psychological treatments for PTSD which have strong research support include:

- **Cognitive Behavioural Therapy (CBT) / Trauma-focused CBT** [10, 11]
- **Eye Movement Desensitisation and Reprocessing (EMDR)** [10]
- **Cognitive Processing Therapy** (CPT) [11]
- **Prolonged Exposure (PE)** [11]
- **Narrative Exposure Therapy (NET)** [12]

Although the mechanics of these therapies all differ slightly, they all contain some common 'ingredients':

- **Exposure to memories.** Trauma therapists sometimes call this 'trauma memory processing'. Almost all evidence-based treatments for PTSD include at least some talking about (or facing) what happened to you, although they can differ a bit in terms of how this is done. Psychologists think that exposure may allow "aspects of the trauma to become clearer, new pieces of the puzzle may emerge, and new perspectives may be gained" [13].
- **Work to change meanings.** This means examining how you made sense of what happened to you and seeing whether these perspectives are fair or helpful. There is emerging evidence that the way these therapies work is by changing the way we think about the trauma and its aftermath. Research into trauma-focused therapies show that if we can change the meaning of the trauma we can change how you feel [14, 15, 16].
- **Reduction of unhelpful coping strategies.** Reducing avoidance helps you to challenge unhelpful beliefs and begin reclaiming your life.

Do you remember Sushma from earlier? Here's what therapy was like for her:

> *I was wary of my therapist to begin with, but began to trust her as the weeks went by. It was difficult to talk about my life, but my therapist helped me to get an 'overview' of all the significant things that had happened to me – good and bad – and I got glimpses of the enormity of what I had experienced. We practised a range of grounding techniques which helped me to stay 'present' whenever we needed to talk about a trauma – I found that standing up and moving around was a helpful way of not dissociating. We made a list of my most significant traumas – the ones that I felt most strongly about. We did sessions of exposure to the memories, which my therapist called 'memory processing': in a number of these sessions she asked me to slowly describe the events before, during, and after the day in the park – including all of my mental images, emotions, and body sensations. I found this incredibly painful, but when I reflected back at the end of therapy I realised that this had been a turning point. One of the most important outcomes of describing the event in such detail was that I was now able to look at my fourteen year old self from the perspective of my adult self – and instead of viewing a "rotten and vile monster", I saw a vulnerable young girl who was easily manipulated by what I had thought was kind attention but which I now knew was deliberate grooming. Viewing my younger self with compassion changed some important meanings – I began to entertain the possibility that I was not such a horrible person. This meaning changed further when my therapist suggested conducting an anonymous online survey. Together we wrote a short but fair description of my childhood including my trauma and included a series of questions about what people thought of me. I genuinely expected more than half of the people who took the survey to judge me as being at fault and was shocked when all of the respondents blamed the attacker for the attack, and my parents for failing to protect me. Looking back on therapy, I described this as an important turning point in how I viewed myself. By the end of therapy I no longer had flashbacks of the attack, and no longer blamed myself. When I remember it now, I feel sad for my younger self, and have resolved to try to treat myself with more kindness in future.*

Carl found talking about his experiences helpful too.

> *Therapy was one of the best things that I ever did. When I started I was getting so many nightmares of the crash that I didn't even want to go to bed – I would stay up as late as I could watching TV and fall asleep on the couch. Therapy was hard because my therapist wanted me to talk in detail about how I felt, and I brought back all of the feelings that I didn't want to face. What made it easier was that she explained that my memories of the crash hadn't been filed away properly by my brain. She gave me a choice: keep trying*

to push them away and they'll not get better, or face them now and try to get my life back on track! We spent a lot of time going over what happened before the crash, how it happened and what I saw and felt, and everything that happened after. There were a few weeks where I really dreaded the sessions, but I left feeling lighter afterwards.

One of the things that really helped me was a session where we spoke about how guilty I felt about the crash, and how I had been blaming myself for not making different choices. I'd said this to my family before, but they just told me that it wasn't my fault. Therapy was different – my therapist got me to list all of the reasons why I thought it was my fault, but then to keep listing all of the other things that contributed to the crash. Drawing it on a piece of paper made it really plain that there were lots of reasons why Janet died. I really remember that session. It sounds crazy, but my therapist also asked me to imagine speaking to Janet. It was the first time in ages that I could 'see' her as she had been, instead of how I saw her after the crash, and it really helped.

Medical treatments for PTSD

The UK National Institute of Health and Care Excellence (NICE) guidelines for post-traumatic stress disorder [10] found that there is evidence that a class of medications called selective serotonin reuptake inhibitors (SSRIs: commonly known as 'antidepressants') and venlafaxine are effective in treating PTSD. However, these medications are less effective than psychological treatments and the NICE guidelines recommend that they should not be offered as a first-line treatment for PTSD. The NICE guidelines also found some evidence that antipsychotic medication may be helpful as an adjunct to psychological therapy in some cases.

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