

# Trauma and its Psychological Consequences: A Deep Dive into PTSD and Acute Stress Disorder

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## Introduction

Trauma is an undeniable part of the human experience, with profound and often lasting effects on an individual's psychological well-being. Whether resulting from natural disasters, accidents, violent events, or interpersonal violence, traumatic experiences can disrupt a person's sense of safety and stability, leading to a range of psychological responses. Among the most well-known and studied consequences of trauma are Post-Traumatic Stress Disorder (PTSD) and Acute Stress Disorder (ASD), two conditions that share common features but differ in their timing and severity. PTSD, often seen in individuals who have been exposed to significant trauma over a prolonged period, is characterized by persistent symptoms such as intrusive memories, heightened arousal, and emotional numbness. On the other hand, ASD is a short-term condition that can emerge immediately following trauma, and while it may resolve over time, it can also develop into PTSD if left untreated. Understanding these disorders how they manifest, their psychological and physiological underpinnings, and the diverse ways in which they impact individuals is crucial for effective intervention and support. This deep dive into PTSD and ASD will explore the complexities of trauma's psychological consequences, examine the diagnostic criteria and treatment options, and highlight ongoing debates within the field regarding their assessment and conceptualization. By exploring the nuances of these disorders, we can better appreciate the resilience and challenges faced by those who have experienced trauma, while also shedding light on the critical importance of timely, compassionate care [1].

## Description

Trauma, defined as an event or series of events that overwhelm an individual's ability to cope, can have profound psychological and physiological consequences. While trauma is often thought of in terms of violent events, such as combat or assault, it can also result from experiences such as natural disasters, accidents, childhood abuse, or the loss of a loved one. The psychological consequences of trauma are complex and varied, often affecting an individual's emotional, cognitive, and physical functioning. Among the most widely studied and recognized psychological disorders linked to trauma are Post-Traumatic Stress Disorder (PTSD) and Acute Stress Disorder (ASD), both of which represent different stages and responses to trauma. Post-Traumatic Stress Disorder (PTSD) is a mental health condition that can develop after a person has been exposed to a traumatic event. It is characterized by a range of symptoms that persist for more than a month and can cause significant distress or impairment in daily life. The disorder affects individuals differently, but common symptoms include intrusive thoughts (e.g.,

flashbacks or distressing memories), hyperarousal (e.g., difficulty sleeping, irritability, or heightened startle response), avoidance behaviors (e.g., avoiding reminders of the trauma or feeling emotionally numb), and negative alterations in mood or cognition (e.g., feelings of detachment, guilt, or hopelessness). PTSD was first included as a formal diagnosis in the Diagnostic and Statistical Manual of Mental Disorders (DSM) in the late 1980s, following widespread recognition of its prevalence among war veterans. However, it is important to note that PTSD is not exclusive to veterans and can be triggered by a range of traumatic experiences.

For individuals with PTSD, the impact of trauma extends beyond the immediate aftermath and can persist for months or even years, often interfering with daily functioning, relationships, and overall quality of life. PTSD can also lead to other complications, including co-occurring mental health disorders like depression, anxiety, and substance use. Acute Stress Disorder (ASD) is a similar condition to PTSD but differs primarily in the duration and timing of symptoms. While PTSD is diagnosed when symptoms last for more than a month, ASD is diagnosed when the symptoms occur within three days to four weeks following a traumatic event [2]. ASD shares many of the same symptoms as PTSD, including intrusive thoughts, dissociation, hyperarousal, and avoidance, but the critical difference lies in its short-term nature. For many individuals, symptoms of ASD will resolve naturally with time, often with support from friends, family, or professional counseling. However, for some, ASD can evolve into PTSD if left untreated or if the individual does not receive appropriate care or coping strategies to address the psychological fallout from the trauma. ASD has garnered attention in the mental health field as an important early indicator of those at risk for developing long-term post-traumatic symptoms. It is often used as a point of intervention, as early therapeutic interventions during this window may help prevent the development of full-blown PTSD. Psychological debriefing and trauma-focused Cognitive-Behavioral Therapy (CBT) are two examples of interventions that have been explored in treating ASD, although the effectiveness of these interventions continues to be debated in the research community. The emotional and physiological responses to trauma are deeply rooted in the brain's stress response systems. Both PTSD and ASD are believed to arise from a disruption in the way the brain processes trauma-related memories.

The hippocampus, responsible for memory formation and contextualization, often shows reduced activity or atrophy in individuals with PTSD, which can contribute to the fragmented and intrusive nature of traumatic memories. The amygdala, the brain's emotional centre, is often overactive, heightening fear and emotional responses, while the prefrontal cortex, responsible for regulating emotions and rational thinking, may become less effective at managing these intense emotional states. From a physiological perspective, individuals with PTSD and ASD often experience chronic activation of the body's stress systems, such as the autonomic nervous system, which regulates the fight-or-flight response. This chronic hyperarousal can contribute to symptoms like insomnia, irritability, difficulty concentrating, and an exaggerated startle response. Additionally, trauma survivors may experience physical symptoms like headaches, digestive issues, and chronic pain due to the ongoing physiological toll of stress [3].

The diagnostic criteria for both PTSD and ASD, as outlined in the DSM-5, include the requirement that the person has been exposed to a traumatic event, with symptoms lasting for a specific duration (less than a month for ASD, and more than a month for PTSD). These criteria provide a structured framework for clinicians to diagnose and assess the severity of the conditions.

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However, both disorders are complex and multifaceted, and diagnosis can be challenging, particularly given the variability in how trauma affects individuals. Cultural factors, individual coping mechanisms, and previous mental health history all influence how trauma is processed and expressed, which can complicate the diagnostic process. When it comes to treatment, the primary goal is to help individuals regain a sense of safety, control, and emotional stability. The most effective treatment for PTSD and ASD is typically trauma-focused therapy. Cognitive-behavioral therapy (CBT) is the most widely researched and recommended form of psychotherapy, with a specific focus on techniques such as exposure therapy, cognitive restructuring, and stress management. Eye Movement Desensitization and Reprocessing (EMDR) is another approach that has shown promise in helping individuals process traumatic memories and reduce the emotional charge associated with them. In addition to psychotherapy, pharmacological treatments, particularly Selective Serotonin Reuptake Inhibitors (SSRIs) and other medications, may be used to alleviate symptoms of anxiety, depression, and sleep disturbances. However, the use of medication remains controversial, as it is generally seen as an adjunct to therapy rather than a primary treatment [4].

Despite the growing understanding of PTSD and ASD, there remain several unresolved debates in the field of trauma psychology. One major area of contention revolves around the definition and scope of trauma itself. While PTSD and ASD have well-established diagnostic criteria, some argue that the DSM-5's narrow focus on specific traumatic events excludes individuals who may experience psychological distress in response to other, more subtle forms of trauma, such as chronic neglect or emotional abuse. Critics also argue that the focus on pathology and diagnosis may inadvertently pathologize normal human reactions to stress, such as grief or intense fear, thereby inflating the prevalence of trauma-related disorders. Moreover, the cultural dimensions of trauma are increasingly being recognized as critical to understanding how individuals from diverse backgrounds experience and process traumatic events. Different cultural norms, beliefs, and values can shape how trauma is perceived and how individuals seek help, which has implications for both diagnosis and treatment. There is growing interest in developing trauma-informed care that is sensitive to the diverse ways in which trauma manifests across different populations [5]. **Conclusion**

The psychological consequences of trauma, particularly in the form of PTSD and Acute Stress Disorder, have profound implications for both individuals and society. As our understanding of these conditions deepens, it becomes increasingly clear that trauma's impact extends beyond the immediate aftermath, shaping not only the individual's mental and emotional health but also their physical well-being and relationships. While both PTSD and ASD are complex and multifaceted, the growing body of research offers hope for more effective treatments and interventions that can alleviate suffering and help individuals rebuild their lives. At the same time, it is crucial to continue exploring the debates surrounding trauma diagnosis and treatment to ensure that care is both inclusive and culturally competent, and that it addresses the full spectrum of experiences that may lead to psychological distress.

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## Conflict of Interest

None.

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