



Recovery from post-trauma stress

Signs & symptoms of post-trauma stress and how to become unstuck!

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What is Trauma?

Some level of stress is inevitable in today's world and for many it is desirable in keeping them to task. Some events, such as a divorce, illness, injury, accidents, loss of a loved one, unexpected unemployment, and severe debt, can be extremely stressful, traumatic, and emotionally difficult to deal with. These kinds of experiences may trigger prolonged distraction, preoccupation, sadness, or anger.

What is post-trauma stress?

Every day all around the world, thousands of us are experiencing challenges which trigger a mild to severe stress response. So many of these are associated with life threatening/ending incidents, and a proportion of these can lead to a mental health diagnosis such as acute stress disorder (ASD) and/or post-traumatic stress disorder (PTSD) (see below).

For the majority of people who experience post trauma stress following a traumatic event, although hard to deal with, it's usually short lived and will resolve itself with time. More than 90% of men and almost 80% of women exposed to life threatening trauma will not go on to experience symptoms associated with PTSD or need to see a professional.

In the general population the incidence of serious post-trauma stress resulting in a diagnosis of PTSD is higher in women (10-14%) than men (4-5%). If you are diagnosed with PTSD professional care and support is usually required to enhance recovery.

Post-trauma stress symptoms can have many triggers, however with PTSD the cause of post-trauma stress is known, however there are a range of biological, psychological, and social factors involved in determining whether someone will experience long term symptoms resulting in post-trauma stress.

How does someone get diagnosed with PTSD?

To meet the diagnostic criteria of post-traumatic stress disorder (PTSD) a person will present symptoms from the following categories and have had them longer than 4 weeks.

- Reliving or re-experiencing the traumatic event in the form of flashbacks, nightmares, when relaxed, falling asleep, bored, etc.
- Avoiding stimuli associated with the event, or emotional numbing (dissociated) from the experience e.g., suppressing the memories or using substances to block/distract away from it such as food, cigarettes, alcohol, and other drugs.
- Hyperarousal: experiencing anger, irritability, jitteriness, hypervigilance, sleep, and concentration problems.
- Feeling worse about self or the world since the trauma e.g., guilt, sadness, depression, shame, anxiety, physical and emotional pain, low self-esteem, isolation, loneliness, low confidence, etc.

A diagnosis of post-trauma stress is considered when:

- 1) A person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
- 2) The response involved intense fear, helplessness, or horror.

Post-trauma stress is defined as a traumatic event that involves “*actual or threatened death, serious injury, or sexual violence that a person experiences, witnesses directly, or is indirectly exposed to through a close family member or loved one's experience*” (Resick et al., 2023). Some examples of potentially traumatic events are:

- Rape, sexual abuse, or any other unwanted sexual experience

- Physical assault, such as physical abuse or intimate partner violence
- The murder, drug overdose, suicide, or sudden death of a loved one
- Combat, such as experiencing or witnessing injury or death
- Serious accidents, such as a motor vehicle accident or an accident at work
- Events that police, firefighters, or other first responders are exposed to involving witnessing severe injury or death
- Natural disasters, such as fires, tornadoes, or hurricanes
- School shootings or other mass violence events
- Race-based trauma
- Experiencing war or violence and being forced to leave one's country or family behind due to danger (war refugee)

Symptoms of post-trauma stress

When memories arise containing traumatic content, they are often accompanied by strong emotional reactions that may include fear, anxiety, guilt, shame, anger, sadness, or horror. Alongside those emotions and feelings, we might experience strong startle responses; constantly looking around for danger (hypervigilance); problems with sleep, concentration, and motivation; and reactive behaviours, like irritable, risky, or self-harming behaviours.

To try to cope with these distressing images, emotions, and physical reactions, people often try avoiding them. There are generally two kinds of avoidance: trying to escape or avoid internal experiences, such as thoughts or emotions; and trying to escape or avoid external reminders of traumatic events, such as people, places, or situations that act as reminders of the trauma or feel more dangerous since the trauma.

There are endless ways that people avoid. Some people avoid certain locations or types of people. Some try to push all memories of the events out of their head by staying as busy as possible. Some people avoid by eating too much (or not enough, or purging) or drinking or using drugs. People will try almost anything to avoid the memories and emotions of the traumatic event. It makes sense why someone would want to avoid memories or reminders of the trauma, but as it turns out, avoiding the trauma is part of what keeps people stuck in post-trauma stress and significantly delay recovery.

Post-trauma stress following a heart or cardiac event

Post-trauma stress has been found to affect 1 in 8 people who survive a heart attack and 1 in 4 cardiac arrest survivors. Those who witness such events can also go on to experience post-trauma stress symptoms.

What's more, survivors and witnesses with heart conditions who have untreated post-trauma stress following a heart event such as heart attacks or cardiac arrest, are also at a higher risk of having a heart attack or stroke and experiencing high blood pressure requiring additional medication.

Surviving or witnessing a cardiac arrest, or heart attack triggers a range of symptoms which can be long lasting and affect daily living experiences, such as fear, anxiety and panic attacks, insomnia, racing heart, inability to focus, avoiding places/people, being easily started, and having intrusive thoughts, nightmares, and flashbacks of aspects of the traumatic heart event. It's common to feel like you're the only one experiencing these symptoms, however you're not alone and post-trauma stress is very reversible.

Treatment for post-trauma stress

Post-trauma stress can have a lot of complexity involving other comorbid disorders and symptoms. There is no single unifying theory or effective treatment for post-trauma stress, however, there are a variety of effective pharmacological and psychological approaches that can be combined to help recovery from it.

Some of the psychological treatments which have been found to work with post-trauma stress include Cognitive behavioural therapy, Cognitive processing therapy, cognitive hypnotherapy, EMDR, and EFT. Regardless of which treatment approach is used, the main goals are to help people with post-trauma stress to reduce numbing, withdrawal, avoidance, intrusive thoughts, hyperarousal, psychotic symptoms, and impulsive behaviour if present, to restructure dysfunctional beliefs and perceptions, and process traumatic memories.

Recovery from post-trauma stress

After experiencing a severe stress or trauma, we can get stuck in the processing and not be able to fully file the memories away in a non-active state. This keeps negative symptoms

appearing in the mind and body during daily life in the form of flashbacks & nightmares typically when we're off guard in sleep, when relaxing, or falling asleep, etc. By addressing the ongoing symptoms, it's possible to understand where a person has got stuck in their processing of the event and address it so it no longer continues to affect them.

Recovery from trauma means engaging with the memories in a safe and controlled way rather than avoiding or ignoring them. The latter can be very useful in the short term to help someone cope with the effects of their recent traumatic and stressful experiences, however when used more longer term these strategies prolong the process of recovery unnecessarily.

Recovery can involve exploring the language we use in relation to the traumatic event to examine the automatic thoughts to see if they are factually correct and if they are really helping the recovery process. When people change what they are saying to themselves to be more balanced and factual, emotions will change which enable forward motion towards more rapid recovery.

Exercise 1

You're reading this guidebook so you've already taken a big step in your recovery from post-trauma stress or trauma. Understanding and acknowledging symptoms is a huge leap forward and many are unable to come to the realisation that these symptoms are not tolerable for several decades before they seek help.

One of the major ways people have of continuing to be stuck in the process of post-trauma stress and trauma is to use avoidance strategies which fuel it. Getting more insight into the people and places we avoid because of the way it makes us feel is a sure way of stepping on the next step to recovery of becoming unstuck.

For the next few days, carry a pad and pen and write down all the things you might do as you go through your day that ensures you get to avoid thinking or feeling anything uncomfortable related the traumatic event. Perhaps you'll go out of your way or be very inefficient with your time because of it.

Perhaps you'll notice certain uncomfortable thoughts or feelings and in order to remove them you avoid or distract yourself in doing something else? This list can be added to at anytime so as and when you notice it happening simply jot that down too on you pad.

Exercise 2

Once you've practiced exercise 1 over say a few days or even a week you'll start to see a pattern appearing in your behaviour. A behaviour could be a thought or a feeling as well as something you do. Start to allow some of those thoughts to hang around for a little longer than you normally would and you'll begin to hear what they are telling you.

Again, using your pad and pen, without changing them simply write them down what comes into your mind. It might be a word or a phrase such as "if I let this thought stay for too long, I won't be able to cope" or "I'm never going to be able to overcome this". These are examples of stuck points.

When you have one of these thoughts, and you allow it to stay around for a little while you might get a sense whether this has a feeling associated with it. Try and locate the feeling, describe it as a shape or a colour, does it have a name or a texture? Again, note this on your pad.

Stuck points are judgements or critique we say about ourselves, most often generalisations taken from one or two examples of an experience. Here are some more examples of stuck points:

"I should have tried harder to prevent this heart attack from happening"
 "I should have known this was going to happen"
 "I'm to blame for him dying; if I had learned to do first aid he would still be here"
 "It's my fault I should have been there for her"
 "If I get over this it will mean I didn't care"
 "I should have been there to care for him"
 "If it wasn't for me she would still be here"
 "I can never put myself in this situation again; I'm not trustworthy to be around"
 "I don't deserve to be happy"
 "I'm never going to be good enough"

Without changing them, be sure to capture these on your pad as and when they arise and you can then get a sense of how often you have these thoughts and how they affect the way you feel at the time of having them.

Exercise 3

Think about a friend, family member or even a character in a book or film you admire and trust. Taking some of the most common statements you have on your pad, from exercise 2,

try and imagine what this other person might say if they heard you saying it out loud.

Write their words down next to your original statement and compare the difference between the two statements. Where you hear your trusted person rephrasing your statement how does it feel to you? Where do you feel that in your body?

Taking their statement, come up with your own that's similar to theirs but not the same. Perhaps change a few words around or insert a different word e.g., where *"I'm to blame for him dying; if I had learned to do first aid he would still be here"* is changed by your trusted other to *"first aid is a great skill that many people have but it doesn't always change the outcome, there are other reasons things happen the way they do that aren't to do with the skills we have or don't have"*. You could then change their statement to *"Having first aid training would be great and could have helped but sometimes we just can't save everyone despite having it"*.

Why do some people find recovery from trauma difficult?

People have different definitions of what trauma means and different thresholds of tolerance and acceptance. When we're very resilient we can more easily shake something off as it's just us being in the wrong place at the wrong time, or today just wasn't a good day for us. We're more likely on some days when we're feeling resilient to rephrase things in the positive rather than the negative and not take responsibility for the things we are unable to control.

When we're not resourced or low in resilience, we may be more vulnerable and sensitive to being affected by stress at a lower threshold level. Also, we respond better to stressful situations when we can plan, it's more predictable, we have higher levels of perceived control around it, have support through it, and use the right kind of coping strategies to manage it.

Getting Stuck

If a traumatic event is severe enough, most of us will experience symptoms of stress & trauma for a short time afterwards. Processing something so serious takes time as there can be many moving parts and facets to it, especially if they challenge our pre-existing beliefs

that we hold about ourselves and the world.

If symptoms persist for less than a month, we may be diagnosed with acute stress disorder, for longer than 4 weeks the diagnosis of post-trauma stress will be appropriate if it meets the criteria discussed above.

Symptoms, however, can be delayed with the onset of post-trauma stress and depending on the circumstances at the time, people may experience the associated symptomology months or even years later at a time when they may be triggered either by a significant change in circumstances or following another traumatic event.

Case Study - Tanya

Tanya woke up one day to find her husband James having a massive heart attack next to her in bed. He was clutching his chest and struggling to breathe. It had come completely unexpected as he had no known heart defects or even any other known health problems. They had been out the night before celebrating their 15th wedding anniversary together.

James was only 45 and Tanya was 38. They had 2 teenage children who were staying over at their grandparents, one who suffered from severe epilepsy. Tanya immediately called the emergency services and started to try and help him but didn't know how and started to panic. It seemed a lifetime for her before the ambulance arrived by which time James had stopped breathing and was unconscious; he was in a state of cardiac arrest.

On the way to the hospital, James passed away and was pronounced dead on arrival. It was his first-ever heart attack as far as it was possible to know and was to be his last. She was in total shock and disbelief that he wasn't coming back home with her and was so angry with the ambulance for taking so long and at herself for not knowing how to save James.

The next few weeks were a daze for Tanya, going from business as usual as if nothing had happened to falling in a heap unable to do anything, and suffering crippling anxiety and exhaustion. She would look at her watch several times a day wondering what James would have been doing and just wishing her phone would ring and it would be him saying he was on his way and the whole event had just been a bad dream.

This went on for several months and she wasn't able to move on. She started having more nightmares and reliving that morning she woke up feeling fuelled with helplessness and guilt of not being able to save James. The more she tried to get busy doing chores around the home, the more flashbacks she had. Memories of James were in every room of the house and it created constant reminders of what had happened and how sad she was.

She avoided the bedroom where James had passed away and instead insisted on sleeping on the sofa. She wasn't able to go back to work or care for her daughter Lucy who had severe epilepsy. Tanya was struggling to sleep and any sound or sight of ambulances would trigger a panic attack.

She kept telling herself and others repeatedly that she should have saved him, she had let him and everyone else down and she should have been his saviour. She believed that he wouldn't have died had she acted quickly enough and known exactly what to do to save him. She felt a failure and became depressed and felt everyone, including herself, was blaming her for what had happened. Tanya became lonely and isolated and she lost confidence and motivation to socialise with anyone.

Tanya's parents were very supportive and got her and the children to stay with them for a while to help her through this time and ensure the children were being cared for while she was struggling to barely care for herself. Her parents advised her to get professional help and over several sessions using Hypnotic Processing Therapy, Tanya's symptoms subsided, and her confidence and resilience to change things and move forward became stronger.

Her tendency to avoid talking about James' death paradoxically triggered the memories to surface more often, especially when she was relaxing watching TV. Hypnotic Processing Therapy helped Tanya to manage her memories in a controlled way. Over a few sessions, the symptoms dissipated and she could talk openly about his death without being triggered, and the emotional intensity of the memories significantly reduced.

Moving back home to her bed was a huge step for her as was taking over her caregiving duties for her daughters. She was now looking forward to a phased return to work and starting to build her life again with friends and family who could support her moving forward.

Case Study - John

John was very well versed in being a fireman and had worked in the role for many years. He had seen it all and was coping admirably in not only keeping himself safe but also ensuring the safety of his coworkers.

One day a call came into the station he and his crew members were assigned to a house fire. They had no idea whether anyone was involved in the incident so went along expecting all eventualities as usual.

When John and his crew arrived, the house was ablaze and they had to act fast in searching the property for signs of life. He had been here many times before and knew the drill. As he approached the entrance to the house, he heard distress calls from people crying out for help including children's voices coming from the second floor.

The heat was tremendous and he tried his best to venture up the stairs towards the distress calls crying out for help. John was fought back by the fire but still tried to persist the best he could knowing he was racing against the clock and fast running out of time.

The voices and coughing stopped and he couldn't get through to help them. His only choice to ensure the safety of his own life was to go back and get out of the property as debris was starting to fall and block his route back.

Although John has experienced many similar traumatic incidents, he had always been able to help survivors leave such an atrocity, albeit in a severely injured state, this time it wasn't to be and 3 people including 2 children had lost their lives.

The children were the same age as his own children and it seemed to trigger a response which left him feeling distraught and guilty that he should have tried harder to save them. He kept thinking this could have been his family in the fire, how he had no power to save them, and how the fire could have taken his own life had he not got out when he did. John didn't feel good in himself for having to leave them to die in order to save his own life.

John felt a failure and guilty that he was not only risking his own life but risking his children being left without a father; that one day he wouldn't get out in time. Even months later he

was still having visual and auditory flashbacks/hallucinations of the fire and the distress calls going around his mind. He would try and push them out but they were starting to more severely disturb his daily functioning and his ability to get some sleep as he woke up in the middle of a nightmare most nights having nightmares.

John would avoid watching TV, and when he heard the sirens of emergency services it would send him into a spiral of panic and hyperarousal. He was feeling depressed and anxious a lot of the time and was unable to go back to work or let his children be anywhere where he felt they would be unsafe and out of site.

John had a very supportive and loving partner who fully understood what he was going through and hoped that with time his experiences would pass. However, she realised that he needed help if he was to become unstuck from this and go back to the job he loved so much. She wanted her John back and had gone as far as she could to help him. His behaviour was getting too much and causing problems in the relationship, so put him in touch with a therapist she had found online who lived locally and specialised in post-trauma stress recovery.

John made great progress and a full recovery in therapy and within months was back at work. His family life returned to normal and he became less and less protective of his family being away from him. He was able to return to watching TV and felt nothing now on hearing sirens. His sleep returned to normal and the nightmares and panic attacks vanished.

On the anniversary of the event, he would feel sad and quiet as he remembered the incident and the families deaths, and his family were there to support him through the day.



If you or someone you know has been affected by trauma, or have developed post-trauma stress following a life-threatening or life-ending event and finding it difficult to get unstuck, please see the [website](#) for more resources, contact me by [email](#), or [schedule a call](#) to chat without obligation.