



Health and Wellbeing Signs and Symptoms of Psychological Trauma

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Description

Psychological trauma is the result of one or more occurrences in which a person's psyche is injured as a result of large amounts of stress that exceed the person's ability to cope with or integrate the emotions involved, resulting in significant, long-term negative consequences. Because people's subjective perceptions differ, they will react to comparable circumstances in various ways. To put it another way, not everyone who witnesses a potentially traumatic occurrence will become psychologically scarred. However, after experiencing a major traumatic experience, some people will acquire Post-Traumatic Stress Disorder (PTSD).

Trauma Symptoms

As a result of being exposed to such stressful situations, people are more likely to acquire symptoms and problems. The degree of these symptoms is dependent on the individual, the type of trauma they have endured, and the emotional support they have received. The range of reactions to trauma symptoms is wide and varied, and the severity of these reactions varies greatly from person to person. One or more of them may be encountered by a traumatised person. After a traumatic event, a person may revisit it both psychologically and physically. For example, the sound of a motorcycle engine may elicit intrusive thoughts or a sense of reliving a traumatic event involving a similar sound. In the mind, an innocuous stimulus might become connected with a terrible experience. This process is known as traumatic coupling. As a result of this process, the seemingly harmless stimulus becomes a trauma remembrance, also known as a trauma trigger. These can make you feel uneasy, if not painful. People's sense of safety, self-efficacy and ability to regulate emotions and navigate relationships can all be affected by re-experiencing. They may turn to psychoactive substances like alcohol to try to escape or soften the effects. These triggers can cause flashbacks, which are dissociative experiences in which the person feels as though the events are repeating themselves. Flashbacks can generate a variety of symptoms, ranging from distraction to total dissociation or loss of awareness of the current circumstance. The body and mind are actively attempting to cope with the stressful incident when symptoms reoccur. Triggers and cues function as reminders of the trauma, causing anxiety and other undesirable feelings.

Often, the person is completely unaware of the triggers. As a result of their traumatic disorders, people with traumatic disorders may engage in disruptive behaviour or self-destructive coping techniques in a variety of contexts, frequently without fully understanding the nature or causes of their own conduct. Panic attacks are one example of a psychosomatic response to such emotional signals. Extreme rage may frequently erupt as a result of re-enacting prior incidents, sometimes in unsuitable or unexpected circumstances, as danger may always appear to be present. Nightmares can be frequent and distressing experiences like sights, thoughts, or flashbacks can haunt the individual. Insomnia can develop when a person's concerns and insecurities keep them up and alert at all hours of the day and night, on the watch for danger. Trauma can cause morphological changes as well as changes in one's daily functions. Because epigenetic alterations can be handed down to the next generation, genetics is one of the components of psychological trauma. Some people, on the other hand, are born with or develop protective factors later in life, such as genetics, that serve to reduce their risk of psychological stress. 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. This could lead to acute stress and anxiety disorder, traumatic sadness, undifferentiated somatoform disorder, conversion disorders, brief psychotic disorder, borderline personality disorder, adjustment disorder, and other mental health problems. Over time, emotional exhaustion can set in, producing distraction and making clear thinking difficult or impossible. Emotional detachment, dissociation, and "numbing out" are all prevalent.

Neurophysiological changes

The person may appear emotionally flat, preoccupied, distant, or frigid as a result of dissociating from the painful emotion. Dissociation includes depersonalization disorder, dissociative amnesia, dissociative fugue, and dissociative identity disorder. Neurophysiological changes such as delayed myelination, abnormal synaptic pruning, hippocampus atrophy, and cognitive and affective impairment can occur as a result of trauma exposure and re-experience.

This is relevant in higher-order function evaluation brain scan investigations with children and teens that were in vulnerable circumstances. Some traumatised people may believe they are permanently harmed if their trauma symptoms do not go away and they do not believe their condition will improve. Despair, transitory paranoid ideation, self-esteem loss, terrible emptiness, suicidality, and sadness are all possibilities. When basic aspects of a person's identity and worldview are broken, that person's identity may be questioned. 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. In such cases, it is in the best interests of both the child and the parent to seek counseling from professional mental health providers. It is critical to comprehend and accept a person's psychological state. There are a lot of misconceptions about what it means to be in psychological crisis if you've been traumatised. These are occasions when a person is in excruciating agony and unable to feel comfortable in their own skin. Individuals who are

treated with humanity and respect are less likely to self-harm. In these instances, it is preferable to establish a supportive, loving environment and to express to the individual that he or she will be taken seriously

regardless of the circumstances, rather than being dismissed as insane. It's critical for the assessor to recognise that what's going on in the traumatised person's thoughts is true and valid.