

When tragedy strikes – the emotional consequences of trauma

“We wouldn’t have picked up such speed if it hadn’t warmed up earlier in the day causing the snow to melt and later ice over. The snowmobile was traveling much quicker down the hill than usual and we lost control close to the bottom. It happened all so fast. Donald didn’t see the oncoming snowmobile until it was too late. I was thrown off and into a snow bank resulting in a broken arm, cuts and bruising. Donald held on and was hit head on; he almost didn’t make it and was near death when the ambulance arrived ... he recovered only after many months of painful treatment ...”

Account from Julia, Donald’s spouse who was riding on the back of the snowmobile at the time of the accident.

We never know when tragedy will hit. What we do know is that there is an emotional impact that comes with trauma that may be as painful or more than the physical injury. After the accident, Julia recognized that Donald seemed to recover from his physical injuries and was smiling and joking from his hospital bed within several weeks. In comparison, Julia had few physical injuries but seemed plagued by an emotional burden that she couldn’t shake. Approximately 25% (Yehuda, et al, 1994) of trauma survivors develop either Acute Stress Disorder (maximum 4 weeks post-trauma) or Post-Traumatic Stress Disorder (minimum 3 months in duration) following incident.

Prior to the incident Julia enjoyed a close relationship with Donald; great success in her career; had many friends; was involved in many social activities; volunteered in her community and was close to her family. Julia was well adjusted by all accounts. Her response to an extreme stressor was a “common reaction to an abnormally disturbing event”. After the accident, she no longer wanted to visit friends; constantly felt on alert and anxious; experienced debilitating distress when getting into a vehicle; and was certain that her life was in danger, long after the accident was over.

Extreme stressors such as the one described above can result in symptoms that last for many months and even years after the event. Both trauma survivors and professional care-providers need to be aware of the emotional aspects related to trauma in order to remove the stigma of emotional response and promote recovery.

Professional health care providers may encounter a wide variety of client/patient trauma during the course of their work. This may include survivors of motor vehicle accidents, victims of violence, survivors of serious illness or injury and many others. Accurate recognition of the signs/symptoms of post-trauma distress can lead to correct and timely assessment and referrals.

Common Symptoms following Extreme Stressors

- Feelings of hopelessness and helplessness
- Rapid heartbeat
- Trouble breathing
- Nausea
- Trembling and shaking
- Excessive sweating
- Diarrhea
- Ringing in the ears
- Outbursts of anger
- Headaches and pain



- Nightmares and sleep disturbance
- Tingling in the arms
- Poor concentration and memory
- Withdrawal from others
- Hypervigilance – always feeling on alert or on guard
- Easily startled
- Self-medication (excessive drinking or use of illegal drugs)
- Re-experiencing the event
- Guilt
- Blaming
- Fear

Recovery Tips – within the first week

- Engage in physical exercise.
- Maintain your regular active schedule.
- Recognize that your response is a “normal response to an abnormal stressor”.
- Contact supportive family and friends.
- Abstain from alcohol and drugs.
- Speak with others who have experienced the same or similar experiences.
- Accept your response and give yourself permission to have difficult moments after a critical event.
- Write out or journal your experiences, thoughts and feelings – this may be especially useful through sleepless nights.
- Engage in pleasurable activities.
- Drink at least eight glasses of water a day – following a significant stressor toxins remain in your body and water helps to flush it out.
- Eat well. Balanced healthy meals help to replenish and nourish the body and mind.
- Reduce or avoid caffeine.
- Resist making major life changes following a serious incident.
- Deep Breathing is one of the best ways to slow down the physiological reactivity. Slowing down your breathing by bringing it deep into the belly is a great way to calm down physically, emotionally and even cognitively.



Who is at risk?

- Motor Vehicle Accident Survivors
- Survivors of Serious Illness or Injury
- Crisis Responders
- Rape Victims
- Survivors of Childhood Abuse
- Domestic Violence Survivors
- Survivors of Natural Disasters
- Accident survivors
- Victims of physical assault or violence
- Witnesses to an extreme stressors
- Others

What to do when you don't feel better

- Give yourself permission to reach out for professional help if you need it – help is available and you do not need to do this alone.
- Some companies or organizations offer Critical Incident Stress Debriefing following a work related incident. If your exposure to trauma is work related, investigate what services might be available through your work.
- If your symptoms do not improve, seek professional help from a skilled trauma professional.

A conscientious nurse recognized the signs of acute stress disorder and potential for post-traumatic stress disorder in Julia within the first three weeks following the accident. Julia was referred to a Psychologist specializing in the treatment of the emotional aspects of trauma. She experienced a full recovery and is once again enjoying in her life. Donald and Julia's first child is on the way.

It wouldn't take much for this story to go very differently. Many trauma survivors are not as fortunate as Julia and continue to struggle for months or years with undiagnosed and untreated symptoms of Post-Traumatic Stress Disorder. Yet, with a little bit of information, some self-care, and appropriate referrals when required, much unnecessary suffering can be avoided.

When tragedy strikes, survivors are left to cope with potentially crippling emotional symptoms. Providing the right care can make the difference between distress and resiliency.

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For more information about specialized trauma training, please contact us at learn@psychink.com