What reactions do people commonly have following a traumatic experience and how long do they last?

Life-threatening situations may produce a variety of intense and unusual stress reactions in our emotions, thoughts, and actions. The key message is that all reactions including a lack of reaction are normal reactions to trauma. Survivors often describe confusion, disorientation, indecisiveness, decreased attention span, and memory loss combined with worry thoughts, thoughts of self-blame, and intrusive and unwanted memories of the disaster experience, Somatic complaints include muscle tension and aches, fatigue, restlessness, reduced libido, and appetite changes are also common. The disruption of community infrastructure also leads to problems of living, such as financial and occupational stress, a loss of social support, either due to relocation or conflictual social relationships resulting from increased distrust, irritability, withdrawal, and isolation.

Broadly, the most common symptoms of trauma fall into broad areas: re-experiencing, negative mood and emotions, avoidance, and hyperarousal.

> **Re-experiencing**: repetitive, vivid, and intrusive thoughts, images, memories, and sensations about the trauma and its consequences are hallmark symptoms and can create tremendous anxiety. Traumatic images or thoughts may intrude during the day as “flashbacks” or during sleep as nightmares.
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> **Negative Thoughts and Mood**: You may continue to believe you are in danger; believe that you should foresee and control these dangers; believe that you should have somehow been able to do more to stop the traumatic event from happening, and that your personality and future are permanently damaged. You may feel anxious, sad, angry, guilty, ashamed, or you may feel numb and wonder why you don’t feel anything. Emotions such as anxiety, guilt, anger, and depression or feeling numb can commonly occur following a trauma.
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> **Hyperarousal:** difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, being hypervigilant, a general inability to unwind and becoming easily startled are common physical symptoms of anxiety that may

occur following a trauma. Panic attacks, racing heart and appetite disturbances are also common.

Avoidance: not wanting to be around reminders of the trauma. This may include avoiding some of the people, places and things that remind you of the event or were present at the time, but it can also include avoiding certain conversations, thoughts, and feelings. Emotional numbing and a diminished ability to experience pleasure are typical. Some people may forget important aspects of the trauma, report being unable to have loving feelings toward others and may have less interest in carrying on with their daily lives. People may withdraw socially, begin to feel alienated and mistrustful of others and report an increase in conflicts with others. Avoidance can also take the form of strange, almost dream-like, experiences called depersonalization and de-realization. You might feel unreal or disconnected from your surroundings, nearby people, or your own body. Alcohol and/or other substances are another method often used to avoid traumatic feelings and memories through "self-medicating."
An informed understanding of these reactions to abnormal traumatic circumstances is often the beginning of coping with trauma.

Trauma reactions commonly last for several weeks or months before people start to feel normal again. Most individuals report that they feel better within the first three months. On-going terrorism may produce more prolonged stress because of the continual reminders that the threat of danger is not over. Despite the normally intense trauma reactions during the initial month, most people are able function relatively well.

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The above passage is adapted from the following sources:

McGinn, L. K., Bonavitacola, & L., Buerger, W. (2023). Disaster trauma. *Cognitive Behavioral Strategies in Crisis Intervention (Fourth Edition) (pp. 281-300)*. Eds. Dattilio, F.M., Shapiro, D.I., Greenaway, D.S. NY: Guilford Press.

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