

PTSD: Healing the Scars of Trauma

Authored by
mohammad looti

June 4, 2026

RECOMMENDED CITATION

mohammad looti (2026). *PTSD: Healing the Scars of Trauma*. PSYCHOLOGICAL SCALES.
Retrieved from <https://scales.arabpsychology.com/?p=6550>

The essential feature of post-traumatic stress disorder (PTSD) is the development of disabling psychological symptoms following a traumatic event. It was first identified during World War I, when soldiers were observed to suffer chronic anxiety, nightmares, and flashbacks for weeks, months, or even years following combat. This condition came to be known as shell shock.

Post-traumatic stress disorder can occur in anyone in the wake of a severe trauma outside the normal range of human experience. These are traumas that would produce intense fear, terror, and feelings of helplessness in anyone and include natural disasters, such as earthquakes or tornadoes; car or plane crashes; and rape, assault, or other violent crimes against you or your immediate family. It appears that the symptoms are more intense and longer lasting when the trauma is personal, as in rape or other violent crimes. Observation of someone else suffering a severe trauma can be sufficient to induce post-traumatic stress disorder.

Among the variety of symptoms that can occur with post-traumatic stress disorder, the following nine are particularly common:

Repetitive, distressing thoughts about the event

Nightmares related to the event

Flashbacks so intense that you feel or act as though the trauma were occurring all over again

An attempt to avoid thoughts or feelings associated with the trauma

An attempt to avoid activities or external situations associated with the trauma--such as developing a phobia about driving after you have been in an auto accident

Emotional numbness--being out of touch with your feelings

Feelings of detachment or estrangement from others

Losing interest in activities that used to give you pleasure

Persistent symptoms of increased anxiety, such as difficulty falling or staying asleep, difficulty concentrating, startling easily, or irritability and outbursts of anger

For you to receive a diagnosis of post-traumatic stress disorder, these symptoms need to have persisted for at least one month (with less than one month's duration, the appropriate diagnosis is acute stress disorder--see below). In addition, the disturbance must be causing you significant distress, interfering with social, vocational, or other important areas of your life.

If you suffer from post-traumatic stress disorder, you tend to be anxious and depressed. Sometimes you will find yourself acting impulsively, suddenly changing residence or going on a trip with hardly any plans. If you have been through a trauma where others around you died, you may suffer from guilt about having survived.

Post-traumatic stress disorder can occur at any age and affects about 8 percent of the population. Children with the disorder tend not to relive the trauma consciously but continually reenact it in their play or in distressing dreams.

There is some evidence that susceptibility to post-traumatic stress disorder is hereditary. For identical twins exposed to combat in Vietnam, if one identical twin developed the disorder, the odds were higher than the other identical twin would, as compared with fraternal twins (True, Rice, and Eisen 1993).

Current Treatment

Treatment for post-traumatic stress disorder is complex and multifaceted. Many of the strategies described above for other anxiety disorders are helpful, but additional techniques may be used as well.

Relaxation Training. Abdominal breathing and progressive muscle relaxation techniques are practiced to better control anxiety symptoms.

Cognitive Therapy. Fearful or depressed thinking is identified, challenged, and replaced with more productive thinking. For example, guilt about having been responsible for the trauma--or having survived when someone you loved did not--would be challenged. You would reinforce yourself with supportive, constructive thoughts, such as "What happened was horrible, and I accept that there is nothing I could have done to prevent it. I'm learning now that I can go on."

Exposure Therapy. A therapist or support person helps you confront fearful situations that you want to avoid because they trigger strong anxiety. In imaginal exposure, you would repeatedly go back over fearful memories of events, objects, and persons associated with the original trauma. In real-life exposure, you would return to the actual situation where the trauma occurred. For example, if you were assaulted in an elevator, you would return to the elevator several times. Repeated exposure helps you to understand that the fearful situation is no longer dangerous.

Medication. SSRI medications such as Zoloft, Luvox, Prozac, or Celexa are often helpful in alleviating PTSD symptoms. Especially when these symptoms are severe and long-lasting, a course of medication lasting one or two years might be utilized. Tranquilizers such as Xanax or Klonopin might be used on a short-term basis.

Support Groups. Support groups are particularly helpful in enabling PTSD victims to realize that they are not alone. Support groups for rape or crime survivors are often available in larger metropolitan areas.

Considerable research indicates that social support offers protective effects in both avoiding and recovering from the disorder.

EMDR or Hypnotherapy. Eye-movement desensitization and reprocessing (EMDR) or hypnotherapy are often helpful in enabling PTSD victims to retrieve and work through memories of the original traumatic incident. These techniques may be used to accelerate the course of therapy

and/or overcome resistance to exposure. Studies have found these techniques to be equally effective as cognitive behavioral therapy and exposure (Seidler and Wagner 2006).

It's important to add that the treatment for any anxiety disorder may include marital or family therapy. Interpersonal problems with spouses and/or family may serve to perpetuate anxiety and undermine the success of treatment until these issues are addressed. Family therapy is also useful in educating family members about how to understand, support, and, in some cases, set limits with the family member suffering with the anxiety disorder.

ARABPSYCHOLOGY.COM