



How Do People Respond *During* Traumatic Exposure?

Reprinted from *Comprehensive Acute Traumatic Stress Management™*
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The following emotional, cognitive, behavioral, physiological and spiritual reactions are often experienced by people *during* a traumatic event. It is important to recognize that these reactions do not necessarily represent an unhealthy or maladaptive response. Rather, they may be viewed as *normal* responses to an *abnormal* event. When these reactions are experienced in the future (i.e., weeks, months or even years after the event), are joined by other symptoms (e.g., recurrent distressing dreams, “flashbacks,” avoidance behaviors, etc.), and interfere with social, occupational or other important areas of functioning, a psychiatric disorder may be in evidence. These individuals should pursue help with a mental health professional.

Emotional Responses during a traumatic event may include *shock*, in which the individual may present a highly anxious, active response or perhaps a seemingly stunned, emotionally-numb response. He may describe feeling as though he is “in a fog.” He may exhibit *denial*, in which there is an inability to acknowledge the impact of the situation or perhaps, that the situation has occurred. He may evidence *dissociation*, in which he may seem dazed and apathetic, and he may express feelings of unreality. Other frequently observed acute emotional responses may include panic, fear, intense feelings of aloneness, hopelessness, helplessness, emptiness, uncertainty, horror, terror, anger, hostility, irritability, depression, grief and feelings of guilt.

Cognitive Responses to traumatic exposure are often reflected in impaired concentration, confusion, disorientation, difficulty in making a decision, a short attention span, suggestibility, vulnerability, forgetfulness, self-blame, blaming others, lowered self-efficacy, thoughts of losing control, hypervigilance, and perseverative thoughts of the traumatic event. For example, upon extrication of a survivor from an automobile accident, he may cognitively still “be in” the automobile “playing the tape” of the accident over and over in his mind.

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Behavioral Responses in the face of a traumatic event may include withdrawal, “spacing-out,” non-communication, changes in speech patterns, regressive behaviors, erratic movements, impulsivity, a reluctance to abandon property, seemingly aimless walking, pacing, an inability to sit still, an exaggerated startle response and antisocial behaviors.

Physiological Responses may include rapid heart beat, elevated blood pressure, difficulty breathing*, shock symptoms*, chest pains*, cardiac palpitations*, muscle tension and pains, fatigue, fainting, flushed face, pale appearance, chills, cold clammy skin, increased sweating, thirst, dizziness, vertigo, hyperventilation, headaches, grinding of teeth, twitches and gastrointestinal upset.

**Require immediate medical evaluation*

Spiritual Responses to a traumatic incident often include anger and a distance from God. There may be a withdrawal from attending religious services. Sometimes the opposite of these reactions is experienced with a sudden turn toward God and uncharacteristic involvement in religious community activity. Additional reactions may include faith practice (e.g., prayers, scriptures, hymns, worship, communion), as empty and without meaning. There is often a belief that God is powerless, doesn’t care or has failed to protect creating a questioning of one’s basic beliefs. There is often anger at clergy.