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Effect of trauma on mental health

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Abstract

Trauma is an important aspect affecting mental health, especially if trauma comes from adverse childhood experiences (ACE) (Brewin et al., 1996). The current article immerses in the strong influence of trauma on psychological health and focuses on exposing traumatic events during childhood has permanent consequences for emotional regulation and mental health overall. Trauma, especially the child's trauma, derails typical emotional processing, resulting in emotional dysregulation expressed by increased sensitivity, impulsiveness and difficulty of controlling emotions. Individuals with a last history of ACE are exposed to increased risk of developing mental disorders such as anxiety, depression and post-traumatic stress disorder (PTSD)(Teicher & Samson, 2016). Flashbacks, the most disturbing feature of PTSD, are disturbing, living memories of traumatic experiences that can be cured by harmless stimuli, which further worsens emotional instability. The chronic course of these symptoms really worsens the daily functioning and quality of life. In addition, emotional dysregulation caused by trauma can also lead to a maladaptive style of management, such as drug abuse, which further complicates mental health. Recognition of connection between trauma, emotional dysregulation and flashbacks is important when determining effective interventions that can facilitate the recovery and resistance of mental health. Trauma-informed therapies like cognitive-behavioral therapy (CBT) and eye movement desensitization and reprocessing (EMDR) have been found to be useful in managing symptoms of trauma as well as in improving emotional regulation. This article emphasizes the need for early intervention and full mental health care to reduce the negative impact of trauma and enhance psychological outcomes(Cloitre et al., 2005).

Keywords: Trauma, Mental health, Adverse Childhood Experiences (ACES), Emotional dysregulation, flashbacks.

Introduction:

Trauma isn't merely a word widely discussed in the context of mental health it's a profound, frequently hidden injury that can radically reorient an individual's life. Either incurred by a single, overwhelming event or sustained through extended exposure to painful circumstances, trauma reshapes the way people see themselves, others, and the world they live in(Shapiro, F., 2001).



1. What is Trauma?

Trauma is the emotional and psychological reaction that comes after upsetting or overwhelming incidents. Such incidents can be violent and abrupt or develop over time. What characterizes trauma is that it causes an individual to feel overwhelmed by the capacity for coping, helpless, threatened, or very disturbed (Nemeroff, 2016). It's also important to note that trauma is personal what may be traumatic for one, may not be so for another. Past history, individual resilience, support available, and sensitivity all have roles to play in how an individual deal with and is impacted by trauma.

Key features of trauma:

Typically involves feelings of fear, helplessness, or horror.

Can manifest in physical symptoms like fatigue or headaches.

Influences mental health, relationships, and day-to-day functioning.

Can alter brain chemistry and stress response systems.

2. Types of Trauma

Trauma can result from a wide range of experiences. By understanding the various forms trauma can take, we can better identify its impact and respond appropriately.

2.1 Physical Trauma

This involves bodily harm, whether through abuse, assault, or accidents. Though the injury itself is distressing, the emotional toll especially if the harm was intentional can be just as, if not more, damaging (Bisson et al., 2007).

2.2 Emotional or Psychological Trauma

Often arising from sustained exposure to neglect, verbal abuse, or manipulation, this type of trauma may not leave visible marks but can erode a person's self-worth, identity, and mental stability over time (Felitti et al., 1998).

2.3 Sexual Trauma

This includes any unwanted sexual activity, such as assault or harassment, often leading to overwhelming feelings of shame, guilt, and issues with trust and intimacy.

2.4 Developmental or Childhood Trauma

This occurs during formative years and may include neglect, abandonment, or abuse. Since it disrupts a child's core sense of safety and identity, its effects can last well into adulthood.

2.5 Complex Trauma

Complex trauma arises from repeated exposure to distressing events, particularly within close relationships (such as domestic violence or child abuse). It can result in long-lasting anxiety, mood disorders, and trouble regulating emotions (Felitti et al., 1998).

2.6 Acute vs. Chronic Trauma

Acute trauma: Occurs from a single traumatic event, like a natural disaster or car accident.

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Chronic trauma: Involves ongoing exposure to stress, such as living in an abusive home or a war zone.

2.7 Collective Trauma

This type of trauma impacts entire communities or societies, such as in the case of wars, terrorism, pandemics, or genocides. Effects with wavy, shaping collective memory and identity(Najavits, L. M., 2002).

3. Immediate Reactions to Trauma

In response to trauma, the body and the mind move to survival, activate the fight, years or freezing. These instinctive reactions help us to protect us in times of danger.

3:0 Common immediate reactions include:

Shock and distrust: a dull effect that can make it difficult to process the event.

Denying: a mechanism of psychological defense that helps to balance the emotional intensity of trauma.

3.1 Disorientation: difficulty of focus or understanding of the situation.

Emotional insensitivity: a feeling of separation from emotions or the surrounding environment.

3.2 Increased anxiety: increased physical signs of stress such as racing heart rhythm or hypervigilance.

3.3 Dissociation: A feeling of disconnecting from your own body or surroundings.

Although many individuals are recovering with time, others may continue to experience these symptoms that may develop into persistent mental health problems.

4. Long-Term and Chronic Effects of Trauma

When trauma remains unaddressed, its effects can exceed the initial event, gently form the behavior, emotions and interactions of man(van der Kolk, B. A., 2014).

4.1 Mental Health Disorders

Post-traumatic stress disorder (PTSD): Symptoms include flashbacks, nightmares and disturbing thoughts, often paired with behavior avoidance and mood fluctuations.

Depression: characterized by prolonged feelings of sadness, lack of interest and hopelessness.

anxiety disorders: Includes chronic concerns, panic attacks and social withdrawals.

Personality borderline: often associated with complex trauma, with symptoms such as emotional instability and abandonment.

4.2 Physical Health Effects

Trauma also collects the tax on the body and increases vulnerability to: Cardiovascular problems, Autoimmune disease,The conditions of chronic pain Gastrointestinal problems, sleep disorders

4.3 Behavioral and Social Consequences

Abuse of addictive substances: people can turn to drugs or alcohol as a means of coping.

Relationship problems: Trauma can disrupt confidence, communication and emotional connection.

Self-Harm or suicidal tendencies: used as mechanisms of management or as manifestations of deep emotional pain.

4.4 Cognitive and Emotional Effects

Difficulty focusing: Challenges with concentration and decision-making.

Negative self-perception: Feelings of being broken, unworthy, or unsafe.

Persistent guilt or shame: A sense of inadequacy or worthlessness that lingers over time.

4.5 Mental Health Challenges Associated with Trauma

Trauma doesn't just hurt in the moment its effects can linger for months, years, or even a lifetime if not properly addressed. Often, trauma leaves deep emotional scars that can reshape how someone thinks, feels, and connects with others. Below is a closer look at some of the most common mental health issues linked to trauma (McEwen & Morrison, 2013).

5. Post-Traumatic Stress Disorder (PTSD)

PTSD is one of the most well-known mental health conditions stemming from traumatic experiences. It occurs when a person continues to feel haunted by their trauma long after the threat has passed.

5.1 Common symptoms include:

Flashbacks: Reliving the traumatic experience as if it's happening all over again.

Nightmares: Disturbing dreams centered on the trauma.

Hypervigilance: A constant sense of danger, leading to being easily startled or always on edge.

Avoidance: Steering clear of people, places, or activities that bring back traumatic memories. Emotional numbness (Felitti et al., 1998): Feeling disconnected from emotions or relationships. PTSD can deeply affect everyday life, often straining relationships, work performance, and personal well-being. It frequently affects survivors of war, violence, accidents, and natural disasters (Anda et al., 2006).

5.2 Depression

Experiencing trauma greatly increases the risk of developing depression, particularly when emotional wounds are suppressed or unresolved.

5.3 Typical symptoms include:

Persistent feelings of sadness, hopelessness, or emptiness

Loss of interest in hobbies and activities once enjoyed

Constant fatigue and low energy

Feelings of guilt, shame, or worthlessness

Significant changes in sleep patterns or appetite

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Thoughts of self-harm or suicide

Trauma-related depression often arises when a person's fundamental sense of safety or trust is shattered, especially if the trauma was experienced during childhood or at the hands of someone trusted.

5.4 Anxiety Disorders

Following trauma, many people find their nervous system stuck in a state of constant alarm, even when they are no longer in danger.

Common types of trauma-related anxiety include:

Generalized Anxiety Disorder (GAD): Chronic, exaggerated worry about everyday life.

Panic Disorder: Sudden, overwhelming panic attacks that may include chest pain, rapid heartbeat, and breathing difficulties.

Social Anxiety Disorder: Intense fear of judgment, embarrassment, or social rejection, often rooted in past experiences of ridicule or neglect.

Anxiety can disrupt sleep, focus, relationships, and general day-to-day living, creating major barriers to recovery.

6.0 Substance Abuse and Addiction

Many individuals who have experienced trauma turn to alcohol, drugs, or prescription medications to manage painful emotions and memories.

Signs that substance use may be trauma-related:

Relying on substances to block out flashbacks or distress

Increasing use over time to achieve the same "numbing" effect

Feeling withdrawal symptoms when not using

Neglecting responsibilities, work, or relationships

Unfortunately, while substances may seem to offer short-term relief, they often worsen the emotional pain and deepen the cycle of trauma and addiction. (Najavits, L. M., 2002)

7.0 Personality Disorders

Chronic, long-term trauma, especially during childhood, can profoundly disrupt emotional growth and identity development, sometimes leading to the onset of personality disorders.

Common trauma-linked personality disorders include:

Borderline Personality Disorder (BPD): Marked by intense emotions, impulsive behavior, unstable relationships, and fear of abandonment.

Avoidant Personality Disorder: Characterized by deep feelings of inadequacy, social withdrawal, and extreme sensitivity to criticism.

Dependent Personality Disorder: A strong reliance on others for emotional support, guidance, and decision-making.

Such disorders often reflect the impact of early life trauma on an individual's ability to form a stable sense of self and trust in others.

8.0 Dissociative Disorders

Dissociation is the mind's way of protecting itself from extreme stress by creating a psychological distance from the traumatic experience. However,

when dissociation becomes a regular response, it can lead to serious mental health conditions.

9.0 Different types of dissociative disorders include:

Dissociative Identity Disorder (DID): Formerly called multiple personality disorder; involves having two or more distinct identities or personality states.

Dissociative Amnesia: Sudden inability to recall important personal memories, often related to traumatic events(Shapiro, F., 2001).

Depersonalization/Derealization Disorder: A feeling of being detached from one's own body (depersonalization) or feeling like the world around is unreal (derealization). These disorders often develop in individuals who endured repeated trauma, particularly in childhood, and are especially common among those who experienced severe abuse or neglect over a long period.

10.0 Biological and Psychological Effects of Trauma

Trauma impacts far more than just our emotions it leaves lasting marks on both the body and the mind. While emotional responses like fear or sadness are easy to recognize, the biological changes happening under the surface are just as powerful. Understanding these deep connections helps explain why effective trauma recovery needs to address both mental and physical healing.

11. How Trauma Alters Brain Chemistry

When a person experiences trauma, the brain's chemistry shifts dramatically to help the body survive the perceived threat. But if the trauma is ongoing or unresolved, these chemical changes can become "locked in," causing lasting mental health challenges.

11.2 Key chemical changes include:

Cortisol: Frequently referred to as the "stress hormone," cortisol levels increase during trauma. When overproduced for extended periods, cortisol damages the hippocampus (which processes memory) and suppresses the immune system. Over time, this imbalance perpetuates anxiety, depression, and physical diseases.

Adrenaline: Trauma releases a rush of adrenaline, readying the body to fight or flee. But chronic trauma can put the brain in a perpetual state of alert, causing exhaustion and exaggerated fear responses.

Serotonin and Dopamine: These "feel-good" neurotransmitters control mood and motivation. Trauma can cause them to get out of balance, leading to emotional numbness, depression, and a general loss of pleasure in life.(American Psychiatric Association, 2013)

These changes in the brain can account for why so many trauma survivors have trouble with irritability, low energy, flatness of emotions, and mood swings their brain's wiring has been literally altered by the experience.

12. Living with Hypervigilance

Hypervigilance constantly scanning for threats is one of the brain's survival tactics following trauma. While it once served to keep someone safe, it can become exhausting when the threat is gone but the brain remains on high alert.

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12.1 Signs of hypervigilance include:

Always feeling tense or “on guard”

Startling easily at noises or sudden movements

Difficulty relaxing, even in safe spaces

Racing heart or shallow breathing without an obvious cause

This is not about being “overdramatic” it’s the brain’s fear center (the amygdala) staying hyperactive. For many survivors, hypervigilance leads to social withdrawal, chronic stress, and misunderstandings with others who don’t see the internal battle they are fighting.

13. Sleep Struggles After Trauma

Sleep is one of the first things to be disrupted after trauma, yet it’s crucial for emotional and physical recovery. Unfortunately, many trauma survivors find deep, restful sleep painfully out of reach.

13.1 Trauma’s effects on sleep:

Difficulty falling asleep due to hyperarousal

Frequent nightmares replaying parts of the trauma

Insomnia from fear of losing control while sleeping

Waking up often, feeling restless or on alert

When sleep is consistently disturbed, it blocks the brain’s ability to heal and process experiences. As a result, lack of sleep worsens emotional instability, memory problems, and physical health, creating a vicious cycle that’s hard to break.

14. Trauma’s Toll on Thinking and Memory

Trauma not only leaves emotional scars that disrupts the patterns of thinking and brain functions. This often leads to difficulties in everyday tasks that once felt easy.

14.1 Common cognitive issues include:

Memory problems: Gaps in memory, especially related to the traumatic event, are common as a form of mental self-protection.

Poor concentration: Constant hypervigilance and intrusive thoughts make it hard to stay focused.

Decision-making struggles: Survivors may second-guess themselves or feel overwhelmed by even small choices.

Disorganization: Planning, starting, or completing tasks can become a daily challenge.

Brain scans show that trauma can shrink the hippocampus (linked to memory) and weaken the prefrontal cortex (responsible for decision-making), physically altering how the brain operates (Shapiro, F., 2001).

15. The Erosion of Self-Esteem

One of trauma’s most painful impacts is on self-worth. Survivors often internalize their experiences, believing they are somehow broken, unworthy, or at fault for what happened to them.

15.1 Signs of trauma-related low self-esteem:

Harsh, self-critical thoughts (“I’m worthless” or “I deserved it”)

Self-sabotaging behaviors like withdrawing from opportunities

Overcompensating by being overly perfect or people-pleasing

Fear of rejection or isolation due to feeling "not good enough"

These patterns often take root early in life, especially when the trauma involves betrayal, bullying, neglect, or emotional abuse. Healing this deep wound usually requires rebuilding a sense of trust not just in others, but in oneself.

16.0 The Bigger Picture: Healing the Mind-Body Connection

Today's science now validates what so many survivors of trauma have long known: trauma is not something you "think about" or "get over." It becomes rooted in the nervous system and biology, altering how a person experiences the world.

Due to this, effective recovery from trauma often requires more than the usual talk therapy. Treatments that also engage the body such as EMDR (Eye Movement Desensitization and Reprocessing), somatic experiencing, trauma-informed yoga, or mindfulness practices release the trauma where it resides: deep in the mind and body (Shapiro, F., 2001).

17.0 Trauma Across Different Age Groups:

Trauma doesn't impact everyone the same way. A person's age when they experience trauma plays a huge role in how the experience is understood, processed, and expressed. Since different stages of life bring different emotional needs and developmental milestones, trauma looks and feels very different at each stage. Let's dive into how trauma affects children, teens, adults, and the elderly in their unique ways.

18.0 Trauma in Children

Childhood is a time when the brain and emotions are still under construction. Experiencing trauma during this sensitive period can deeply interfere with a child's ability to grow emotionally, build trust, and learn effectively.

How trauma shows up in children:

Developmental Delays: Trauma can cause children to miss or even lose important milestones like speech, walking, social interaction, or emotional regulation (Bisson et al., 2007).

Behavioral Changes: Since children often don't have the words to explain their feelings, trauma may come out through tantrums, aggression, extreme clinginess, withdrawal, or defiance.

Physical Complaints: Emotional pain often appears physically: frequent stomachaches, headaches, bedwetting, or eating problems are common signs.

Attachment Struggles: If trauma involves a caregiver (like abuse or neglect), children may develop insecure or chaotic attachments, which later affect their ability to trust and form healthy relationships.

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Increased Sensitivity: Without consistent adult support, children may grow up seeing the world as unsafe, setting the stage for long-term anxiety and trust issues (Brewin et al., 1996).

Important to remember: Early interventions like play therapy or trauma-focused cognitive behavioral therapy (TF-CBT) can significantly reduce the long-term impact of childhood trauma.

19. Trauma in Adolescents

Adolescence is already a whirlwind of change emotionally, physically, and socially. Add trauma into the mix, and the challenges can multiply quickly.

19.1 How trauma impacts teenagers:

Risk-Taking Behavior: Teens may turn to substance use, unsafe sex, reckless driving, or even self-harm as ways to numb emotional pain or feel a sense of control.

Emotional Upheaval: Trauma often fuels intense mood swings, depression, anxiety, rage, and feelings of isolation or alienation.

Withdrawal or Defiance: Some teens pull away from friends and family, while others may rebel against authority as an act of reclaiming power.

Academic Struggles: Concentration problems, school avoidance, and dropping grades are common as trauma consumes mental and emotional resources.

Identity Struggles: Trauma can derail the natural process of figuring out “Who am I?”, leading to low self-worth, confusion, and a fragmented sense of identity.

Important to remember: Teens often resist traditional “talk therapy.” Creative outlets like art, music, movement, or trauma-informed peer groups often work better in helping them heal.

20. Trauma in Adults

For adults, trauma doesn’t just affect their inner world it spills into careers, relationships, and their role as parents or caretakers. Many adults juggle their trauma quietly while handling life’s everyday demands (Shapiro, F., 2001).

20.1 How trauma manifests in adulthood:

Career Instability: Struggles with focus, emotional regulation, distrust, or handling stress can lead to job issues, workplace conflicts, or burnout

Relationship Difficulties: Unhealed trauma often causes intimacy problems, attachment anxieties, emotional unavailability, or deep-rooted trust issues.

Parenting Challenges: Without addressing their own trauma, adults might unintentionally pass on patterns like overprotection, emotional detachment, or anger to their children.

Emotional Numbing: Some adults cope by shutting down emotionally, losing their capacity for joy and authentic connection.

Physical Health Issues: Chronic trauma raises the risk for illnesses like heart disease, diabetes, autoimmune disorders, and chronic pain conditions.

Important to remember: Healing is absolutely possible. Trauma-informed therapies such as EMDR (Eye Movement Desensitization and Reprocessing),

somatic experiencing, or trauma-focused CBT can help adults process their experiences and regain emotional strength.

20.2 Trauma in the Elderly

Trauma in later life is often unnoticed, but aging with its losses and physical decline can awaken old wounds or create new traumas.

As trauma affects older adults: Re-traumatization: Medical procedures, loss of independence or transition to nursing facilities can cause live memories of previous traumas, especially in veterans, abuse of survivors or displaced individuals.

Flashbacks and amazement: As aging or dementia weakens brain defense, suppressed trauma may appear, leading to confusion, fear or agitation.

Sadness and depression: loss of spouses, friends, health or meaning for purpose can lead to deep sadness and existential despair. Increased fear: physical fragility and addiction can again call premature concerns that they are helpless or vulnerable.

Important to remember: gentle, trauma sensitive to consistent routine care, emotional validation, patient communication, and a respectful touch can have a huge difference in improving the quality of life for the surviving older trauma.

20.3 Final Thought

Trauma is not an experience that corresponds to everyone. Age, phase of development and individual circumstances affect the way the trauma is experienced and the way they can be obtained. These differences recognize, more compassionate and more effective help is possible: addressing people where they are on their way to recovery.



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