Coping With Depression After Trauma

Trauma can occur in a variety of ways, such as surviving a natural disaster, witnessing or experiencing violence, suffering from the loss of a friend or loved one, or enduring a severe illness, to name a few. Secondary traumatic stress can arise when a loved one experiences trauma.

Filing a Claim

People experience a variety of reactions, including shock, terror and rage. These feelings affect the body, altering brain chemistry and chemicals in the blood stream.

Trauma affects a person’s connection to his or herself and to society. It changes belief systems and damages psychological needs.

Reactions to a severe stressor include:

- Anxiety
- Grief
- Depression
- Emotional numbness
- Low self-esteem
- Loss of self-respect
- Shame
- Fear

These feelings are actually normal reactions to abnormal events. Trauma is a sudden and unexpected loss that can permanently change a person’s belief system about him or herself and the world. No longer will things look the same, and this experience of dramatic change cannot be undone or erased.

Although other people may be present at the time a traumatic event occurs, each person is touched by the event in a unique way. It is all too common to have a group of people witness the same event and tell the tale in completely different ways.

Each person experiences the trauma in isolation, making it theirs and theirs alone and altering their connections to their friends and loved ones. For some people, the trauma damages their self-esteem or feelings of power and control; for others, it disrupts their trust and feelings of safety.

Depression and Psychological Trauma

Feelings of depression can occur from a variety of origins, but depression that stems from experiencing stress or distress is due to the events being too much for someone to handle. This type of depression generally comes from depleted brain chemistry. The challenges of stress and distress can affect this brain chemistry.

Within the brain is a neurotransmitter known as serotonin. Serotonin is a feel-good chemical. This neurotransmitter is like a telegraph line in the brain that sends impulses that are interpreted as confidence, strength, hope and a sense of well-being that contributes to self-satisfaction and positive self-esteem. Think of the brain as a kitchen sink with the stopper down, blocking the water from draining away. Then imagine that the water in the sink is serotonin. When a traumatic event happens, the stopper releases and lowers the level of serotonin in the sink.
If the serotonin level is lowered, the lack of this neurotransmitter sends the message of uncertainty, doubt, fear or anxiety, leading to a sense of insecurity, low self-confidence and low self-esteem.

**Depression and Two Phases of trauma Reaction**

Someone suffering from the reactions of psychological trauma experiences two phases: intrusive and avoidant. During the intrusive phase, the person re-experiences the traumatic event. This happens because the initial experience is a form of learning; when the experience is severe, the learning is intense.

The brain reacts strongly, as if to say, “Whoa, I am not going to let that happen again!”

The brain, like a sentry guarding the camp, goes on hyper-alert. If anything slightly resembles the traumatic event, the brain responds. Thoughts, feelings, sensations and memories surface, and the person becomes depressed from the symptoms. He or she feels trapped and cannot get free from the event.

Then, as if to take a break from all this intrusion, the avoidant phase appears.

The person becomes numb and may even use alcohol or drugs to anesthetize the feelings. The person may avoid anything that somehow resembles the trauma. For example, having suffered a serious injury from riding in a train, a person might avoid trains, railroad tracks, toy trains, red flashing lights, etc.

When this happens, the person’s life becomes constricted and restrictive. The brain works on repressing associations and memories. This type of depressive reaction helps dull the experiences surrounding the person. Unfortunately, life becomes limited and joyless.

**Support and Coping**

People who experience depression from psychological trauma should be gentle to themselves and appreciate surviving the incident or incidents.

See a physician for a medical exam to rule out other conditions.

Make an appointment with a therapist who specializes in psychological trauma. Medication may be necessary to restore the serotonin level in the mix of the brain chemistry. Antidepressants are commonly prescribed, but it takes a professional to determine the appropriate levels and medication for each person. Realize the event is an experience, and it does not define a person. The event has happened to the person, but that victim is not trauma.

Recognize that the feeling of depression should pass. Sometimes feelings change quickly, while other times they pass slowly. Acknowledge that certain events may challenge one’s brain chemistry at other times.

For maintenance and support, good nutrition is essential in ensuring that the foods a person eats do not contribute to stressing the brain chemistry. Limit sugars, which can spike blood-sugar levels and cause artificial highs and lows, as well as caffeine, which releases stress hormones into a person’s system.

Exercise, such as 20 minutes of brisk walking or any other form of aerobic activity, helps release serotonin naturally within the brain.
Find ways to soothe, comfort and release stress, such as:

- Take long walks
- Enjoy good music
- Find ways to laugh
- Visit friends
- Drink water
- Try yoga or relaxation tapes
- Write in a journal

Know that depression is a normal response to an abnormal situation. It is important to be aware of the symptoms of depression in order to not become overwhelmed by the depression.

Sometimes depression can cause a person to forget that it is a temporary condition, even if the feeling has been chronic. There are typically breaks from even chronic depression. It is helpful for trauma victims to look for those moments. Share thoughts and feelings, and never think that one person’s reactions or depression are shameful because it is different from another person’s.