

Acute Stress Disorder: Responses to a Traumatic Event

Professionals struggle with the difference between a normal adjustment and an acute stress disorder. After a tragedy, a crisis or a major loss, most people go into a protective state of shock. There typically are two stages of shock: denial and numbness.

At first, people struggle with the event by denying it. As they tell others about the tragedy, people stop denying the event and go into the second stage of shock: emotional numbness. Then, as they stop denying their intense emotions and talk about them, they begin to reconnect to their feelings and to other people.

The normal experience of shock can take hours or days. How long is too long? There are no clear answers, but when the anxiety, avoidance and distress impair the person's ability to function at home and work, an acute stress disorder may be present.

Children usually take longer to come out of shock than adults. They will withdraw quietly like submarines, or chatter about everything except the event until they feel safe enough to talk about the trauma. They may take even longer if there is no one whom they trust to reach out to them with sensitivity and patience to talk about the event or to act it out with in play or artwork. Here, a professional is needed to assess the length, depth and breadth of the response to see if a disorder is present.

Research has shown that parents underestimate the traumatic nature of the physical injuries that hospitalize more than 600,000 children each year. One study found that more than 90 percent of children hospitalized for injury felt the experience was traumatic, while less than two-thirds of parents assessed the event as traumatic. In another unexpected finding, a survey of New York children after Sept. 11, 2001, determined that exposure of a family member and previous exposure to trauma were more predictive of the child developing posttraumatic stress disorder than personal physical exposure.

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