

Trauma and consequences

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As listed by Jackson-Cherry and Erford (2014), the common symptoms of Posttraumatic Stress Disorders and Acute Stress Disorder include palpitations, nausea, headaches, muscle tension, fatigue and increased consumption of alcohol and the use of other mood-altering substances. Other symptoms are reduced concentration, anxiety, impatience, forgetfulness, rumination, preoccupation, irritability, anger, nightmares, intrusive thoughts, flashbacks, detachment, dissociation, and depression. The listed symptoms are actually the diagnostic criteria for the conditions. The difference that separates ASD from PTSD attributes to time when either occurs. As elaborated by Jackson-Cherry and Erford (2014), the diagnosis of ASD is possible if the related symptoms occur within a month of a traumatic experience. A diagnosis of PTSD is possible if a traumatic condition or experience occurred one month earlier before the manifestation of the symptoms. In addition, PTSD is chronic if the symptoms persist for over three months.

With reference to the above analysis, Maryam's situation relates to Acute Stress Disorder (ASD). This is due to the fact and understanding that Maryam began displaying traumatic symptoms such as anxiety, sleeplessness, nausea and increased use of alcohol and related substances before the setting in of the actual trauma. The real trauma occurred later and manifested through the inability to drive the car, concentrate in class and regrets for making a terrible mistake that almost led to the loss of life of her passengers. Furthermore, trauma evidenced through the occurrence and expression of suicidal thoughts to deal with perceived stupidity and inferiority that led to the accident.