

Good example of posttraumatic stress disorder: critical thinking

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Neuro-functional pathways and Implications of Different Traumas

The Posttraumatic Stress Disorder (PTSD) is a syndrome, which may develop after traumatic experiences like hostilities, physical trauma, or sexual abuse. This disorder presupposes the emotional material, which person processes. Among the main symptoms of PTSD are the difficulties in managing current thoughts, inability to concentrate, and traumatic intrusions. The neuro-functional pathway of PTSD goes through the media-frontal cortex and the amygdala and processes traumatic material which causes frontoparietal changes in saving of information. The medial frontal lobe is responsible for functioning of working memory and the amygdala regulates negative emotions. As a result, the patient continuously repeats traumatic episodes in mind and in dreams, although he or she is not able to recollect details of this event. Thus, in post-traumatic stress disorder partial amnesia usually combines with undesired intrusive thoughts (Landré et al., 2010, 84).

Landré et al. (2010) studied women, who were suffering from PTSD after being sexually abused. Scientists watched MRI imaging protocol while women were fulfilling challenging memory tasks. Participants were highly prone to deactivation in the dorsal anterior cingulated cluster in a group of women without PTSD, when stimulated by traumatic material. Moreover, the emotional material elicited activation the left superior frontal gyrus of women with PTSD, without any amygdala activation. Thus, memory tasks influenced different patterns of frontal and parietal reactions in two groups. The dorsal frontal sites activation in a group of PTSD women is a result of the traumatic stimuli influence. In addition, parietal midline structures

deactivation in this group caused the low memory recall. As long as Landré et al. conducted this study on women, who experienced sexual abuse, further research should gather conclusions about representatives of other traumatic influences.

Loftus and Davis (2006) stated, that people are prone to not only to partial forgetting of traumatic memories, but sometimes even to replacing them with fictional information. It is a result of selective attention to traumatic events. In this case, fictional relevant information replaces blind-spots in memory. This process, called confabulation is typical for people who experienced a traumatic influence (Loftus and Davis, 2006, 476).

In addition, there is a variety of disorders which are results of traumatic experience. According to Brand et al. (2012), dissociation disorder is a result of inadequate limbic inhibition which causes flashbacks. Nevertheless, it is an issue whether to include it into DSM-IV as a post-traumatic disorder.

Although the majority of dissociations have a connection with negative experience, there are exclusions like depersonalization, depression, obsessive-compulsive disorder. In addition, it is wrong to include PTSD in this category as long as dissociations are usually peritraumatic and PTSD is a result of dissociation development due to anxiety and negative emotional reactions (Deprince et al., 2006, 2-3).

References

Brand, B., Lanius, R., Vermetten, E., Loewenstein, R., & Spiegel, D. (2012). Where Are We Going? An Update on Assessment, Treatment, and Neurobiological Research in Dissociative Disorders as We Move Toward the

DSM-5. *Journal of Trauma & Dissociation*, 13(1).

Deprince, A., Chu, A., & Visvanathan, P. (2006). Dissociation and Posttraumatic Stress Disorder (PTSD). *PsycEXTRA Dataset*, 17(1), 1-8.

Landré, L., Destrieux, C., & Andersson, F. (2010). Working memory processing of traumatic material in women with posttraumatic stress disorder. *J Psychiatry Neurosci*, 37(2), 87-94.

Loftus, E., & Davis, D. (2006). Recovered Memories. *Annu. Rev. Clin. Psychol*, 2, 469-498-469-498.