MECHANISMS FOR THE DEVELOPMENT OF ANXIETY AND DEPRESSION SYMPTOMS IN PERSONS WHO HAVE EXPERIMENTED TRAUMATICITY

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ABSTRACT

This thesis examines the mechanisms of anxiety and depressive symptoms in individuals exposed to trauma. It analyzes psychological, cognitive, and neurobiological factors, highlighting the role of dissociation and impaired emotional regulation in post-traumatic conditions.

Introduction. Traumatic experiences are characterized by their profound and long-term impact on the human psyche. Psychological research indicates that trauma not only triggers short-term stress reactions but also causes the development of anxiety and depressive symptoms that negatively impact an individual's psychological stability and social functioning.

During traumatic events, changes in hormonal systems, especially cortisol secretion and neurotransmitter systems, as well as imbalances in the activity of the amygdala and prefrontal cortex, complicate an individual's emotional and cognitive responses. These mechanisms reduce an individual's ability to process traumatic experiences, leading to a weakened sense of internal security.

The emergence of anxiety and depressive symptoms is associated with negative cognitive patterns and emotional processing processes formed as a result of trauma. Individuals who have experienced trauma often feel guilty, weak, or out of control, which contributes to the consolidation of anxiety and depressive states. Furthermore, a traumatic experience can weaken social bonds and reduce flexibility in personal and professional activities. Therefore, studying the developmental mechanisms of anxiety and depressive symptoms provides a scientific basis for developing effective psychological interventions and treatment strategies for individuals who have experienced a traumatic experience.

Post-traumatic stress disorder (PTSD) is a complex psychopathological condition that profoundly affects an individual's mental functioning, typically forming as a result of severe or prolonged traumatic events. This disorder is characterized by a sense of helplessness, loss of control, and inability to ensure safety. The intensity and duration of traumatic events, as well as the individual psychological and biological characteristics of the individual, play an

important role in the development of traumatic brain injury. Particularly, under the influence of repeated and long-term trauma, complex post-traumatic stress disorder (CPTSD) develops, in which emotional regulation disorders, negative self-esteem, and the disruption of social relationships are observed.

The main clinical manifestations of PTSD are re-experiencing a traumatic event (flashbacks, nightmares), avoidance of trauma-related stimuli, high levels of anxiety, and autonomic excitability. These symptoms persist for at least a month and are often comorbid with depression, generalized anxiety disorder, and other affective conditions. As a result of impaired processing of traumatic information in the brain, specific changes occur in memory systems: traumatic memories are activated in a fragmentary, intrusive, and involuntary form. As a result, the individual remains in a state of constant psychophysiological tension even in situations where there is no real threat, which intensifies the mechanisms for the development of anxiety and depressive symptoms.

From this perspective, neurobiological and cognitive disorders resulting from traumatic experiences have a negative impact on an individual's emotional regulation and social adaptation. In particular, an increase in the activity of the brain's emotional centers and a decrease in the activity of prefrontal areas that perform control functions make it difficult to control emotions and intensify irrational anxiety reactions. As a result, a person develops a state of chronic stress, which leads to the exacerbation of depressive symptoms. An in-depth study of these processes is of great scientific importance for the prevention of post-traumatic psychological disorders and the development of effective psychocorrectional approaches.

The clinical manifestations of post-traumatic stress disorder (PTSD) are determined based on DSM-5 criteria and include several main groups of symptoms. First and foremost, a person may have directly experienced a life-threatening or severe traumatic event, witnessed it, or learned about the trauma that occurred to their loved ones. After this experience, the traumatic event manifests repeatedly in an intrusive form: through involuntary memories, nightmares, flashbacks, and dissociative reactions, the individual feels as if the event is occurring "here and now." Such states are accompanied by strong emotional and physiological reactions, forming a high level of anxiety in the individual.

One of the important clinical signs of PTSD is avoidance behavior from trauma-related stimuli. The individual will consciously or unconsciously seek to distance themselves from thoughts, feelings, people, or situations that are reminiscent of a traumatic event. Over time, this leads to social isolation, restricted activity, and a decrease in quality of life. At the same time, significant changes occur in the cognitive and emotional spheres after trauma: negative beliefs regarding oneself, others, and the environment are formed, and persistent negative emotions such as guilt, shame, fear, and anger prevail. These conditions contribute to the development of depressive symptoms.

Furthermore, PTSD is characterized by increased excitability of the central nervous system, persistent alertness (hyperalertness), rapid fear reactions, decreased attention, and sleep disturbances. A person may exhibit increased irritability and aggression, and even self-harmful behavior. These psychophysiological changes cause the body to remain in a state of chronic stress and further exacerbate anxiety disorders.

In post-traumatic stress disorder, dissociation manifests as a vital defense mechanism that serves the individual's psychological perception of a severe traumatic experience. In this process, thoughts, feelings, and memories are disconnected from a single system and stored in a fragmented form. As a result, traumatic memories are re-activated involuntarily in the form of flashbacks or strong emotional reactions. In addition, a person experiences derealization (perceiving events as unnatural) and depersonalization (alienation from their "self"), which leads to a distorted perception of reality.

Dissociative symptoms are particularly pronounced under the influence of repeated or early-age trauma, disrupting an individual's emotional regulation and social adaptation. Dissociative amnesia, i.e., the inability to remember certain aspects of traumatic events, performs a protective function in the short term but intensifies internal conflicts in the long term. This manifests as an important psychological factor leading to the formation and deepening of anxiety and depressive symptoms.

Conclusion. Psychological and neurobiological changes resulting from traumatic experiences, including intrusive memories, avoidance behaviors, dissociative processes, and impaired emotional regulation, lead to the formation and deepening of anxiety and depressive symptoms in the individual. These processes are inextricably linked, weakening an individual's sense of internal security, reinforcing negative cognitive patterns, and complicating social adaptation. Therefore, a comprehensive study of the mechanisms of post-traumatic mental disorders is of great scientific and practical importance not only for their prevention but also for the development of effective psychocorrectional and therapeutic approaches.

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