

ADAPTIVE SELF-CONTROL PERTAINING TO PTSD SYMPTOMOLOGY

by

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Abstract

Self-control is an interesting and timely topic in the mental health field. It is important to understand that self-control is an essential key to success in life and is the central function of self (Baumeister, Vohs, & Tice, 2007). Post-Traumatic Stress Disorder stems from a traumatic event, but trauma is in the eye of the beholder. Something that may have been traumatic for someone may not be the same for the next person. After many years of studying self-control, Baumeister (2007) found that it is a set of regulatory skills that can deteriorate over time from repeated exertions. This paper will examine the relationship between adaptive self-control and PTSD symptoms. Patients with PTSD often suppress their symptoms leading to long-term health issues. Moreover, the ways in which one can cope with their traumatic intrusions. Meditation practices have been expected to reduce physiological arousal symptoms.

Can Adaptive Self-control Predict PTSD Symptomology?

Imagine being hungry and instantly scavenging for food because of the feeling of hunger. Scavenging for the food would be breaking the boundaries of the human evolutionary structure or etiquette. What is it exactly that keeps people thinking clearly and level-headed? The tools that can suppress impulses are known as self-control (White, 1959). Self-control is the ability to distract temptation from one's initial commitment (Bermudez, 2021). Suppressing the urge of acting on one's initial instinct is a part of everyday life. Self-control is the capacity for one's response to support the pursuit of long-term goals (Baumeister and Vohs, 2016). Everyone has self-control, but not everyone knows how to manage this muscle. It is remaining calm while being yelled at or in any pressure situation that results in one having high or adaptive self-control. Instantly reacting to the outrage will show low or nonadaptive self-control because now the fire is bigger, and it is hard to reason while under pressure. The control of oneself holds an important key to understanding the nature and functions of the self. Inadequate self-control has been linked to impulsive control problems including overeating, alcohol and drug abuse, crime, violence, and sexually impulsive behaviors (Tangney, Baumeister and Boone 2004). Intelligence may also be closely associated with self-control. One cannot learn without a sense of self-control because learning takes paying attention and actively engaging in what is being taught. Lack of self-control may also be linked to emotional problems, various failures at task performance, dissociation, and more (Baumeister et al. 2016).

Temptations within the Self

Temptations can be overpowering and hard to resist, the reason why people fall victim to addictions or breaking social norms. What if temptations were necessary for the spirit to grow

and distinguish between what is right for one and what is wrong? The idea is that temptation is the gap between wanting something and having it and the release of this tension results in a better feeling (Bregman, 2013). Overbearing temptations include smoking, drinking, drugs, and more. One may know they should not be smoking or that they do not want to drink but there's this urge for a hit, especially when you've done it before. Once somebody breaks the boundary of withholding from temptations, the reality is different. For a moment one may feel better, but then, very quickly the same feeling as before occurs, maybe even worse (Bregman, 2013). Making temptations less available might also render the temptations desires (Myrseth, Fishbach, Trope, 2009). For example, if one does not see drugs, it is most likely for them not to want them. Saying no to unnecessary commitments can give one time to rejuvenate.

Self-control dilemmas are situations wherein individuals' higher-order goals, which have later benefits, conflict with lower-order goals that offer immediate benefits (Loewenstein, 1996). Both goals are mutually exclusive, given that people do not always act as slaves to instant gratification (Myrseth, Fishbach, Trope, 2009). Humans relentlessly pursue things and experiences that are subjected to make them feel happier (Bregman, 2013). For example, one can feel very stressed and the feeling of a Percocet is necessary because they are stress and pain-free at the moment. After one has recovered from their Percocet high, nausea, lightheadedness, and dizziness occur along with the same stress felt before the pill. The term for this disappointment is the Hedonic Treadmill. This is a metaphor for the human tendency to pursue one pleasure after another because humans tend to quickly return to a person's normal level of emotional well-being (Diener, Lucas, et. al. 2006). To shift from temptations, the value of long-term interest must be shifted. Being mindful of temptations involves individuals proactively employing self-control strategies and dampening the valuation of temptation while boosting the valuation of

goals (Fishbach & Trope, 2005). The researcher of this study hypothesized that those who have experienced a traumatic event and are showing PTSD symptoms can practice adaptive self-control exercises to prevent PTSD. In this concept adaptive self-control refers to the approach of possessing or acquiring this control over oneself to process a traumatic event.

PTSD

Post-Traumatic Stress Disorder (PTSD) is a disorder that occurs after a person has trouble recovering from a traumatic event. A memory from a traumatic event can cause recurrent mental and physical distress, like the body has witnessed betrayal (Rachman, 2010).

Experiencing a traumatic event can put your body into shock which leads one's body under stress. The Diagnostic and Statistical Manual for Mental Disorders fifth edition (DSM-5) classifies PTSD 2,000 years after PTSD was first documented by an ancient civilization (Crocq, 2000) as a trauma and stressor-related disorder that happens when symptoms of an acute stress response persist over a month. The psychological and behavioral symptoms that appear after time has passed from the traumatic event are classified as PTSD. The symptoms fall into three different categories, traumatic event, re-experiencing the trauma, and hyperarousal. These symptoms include adverse changes in behavior, feelings, or beliefs, avoidance/ isolation, hyperarousal or being on guard or exaggerated startle responses, and heightened reactivity to trauma-reminiscent and non-reminiscent stimuli (Pacella, et al. 2013). These thoughts can lead to trouble sleeping or angry outbursts (Saigh & Bremner, 1999). War has put prominence on the discovery and treatment of PTSD. Throughout many different wars, and many different symptoms, PTSD was known as "soldiers' hearts" and morphed into "shell shock" and then "battle fatigue". The name Post-Traumatic Stress Disorder was not developed until after the Vietnam war when the American Psychiatric Association added it to its list of recognized mental

disorders (Thompson, 2015). Different factors contribute to whether someone will develop PTSD in response to trauma. These factors include seeing another person hurt or dead, childhood trauma, having little to no social support after the event, and feeling helpless or fearful (Javidi & Yadollahie, 2012).

PTSD can be categorized into two types: acute and chronic PTSD. If symptoms persist for less than three months, it is termed “acute PTSD”; otherwise, it is called “chronic PTSD” (Javidi and Yadollahie, 2012). However, anyone can develop PTSD no matter their age or gender. Though, PTSD lifetime prevalence is significantly higher in women than men concerning physical assault or rape (Breslau 2001). Without adequate treatment, PTSD can ruin lives and destroy families (Thompson, 2015). PTSD is the only major mental disorder that is considered to be caused by an event that involves a threat to the physical integrity of oneself or others and an induced response of intense fear, helplessness, or horror (Pitman et al., 2012). This perspective suggests that PTSD becomes persistent when individuals process trauma in a way that leads to a sense of current or serious threat (Ehlers and Clark, 2000). After trauma, one’s natural defense mechanisms are on high alert to keep one safe and secure, which limits their ability to engage in new experiences and thought processes (Gottfredson, 2020). Trauma varies through its intensity and duration that can irrevocably change how one views the world or themselves. The sense of a threat can arise due to a consequence of (1) excessively negative appraisals of the trauma and (2) a disturbance of autobiographical memory (Ehlers, Clark, & Hackmann, 2005).

It is normal to experience shock or fear after a traumatic event. Fight or flight is a reaction that generally helps protect a person from harm. Fear releases stress hormones in the body to help defend against danger (Hendrick & Bore 2013). When in a fearful state, blood flows

away from one's heart and into one's limbs which makes it easier to fight or take flight on foot. Naturally, retrospective emotions are bound to arise after trauma with a smooth recovery (Brewin & Holmes, 2003) which is not the case for everyone. The consequences of untreated PTSD include substance abuse, suicide, depression, panic disorders, etc. PTSD is unique to the individual. The uncertainty of what will work best for each individual can make treating PTSD as much an art as a science (Thompson, 2015).

PTSD and Self-control

PTSD is not a personal feeling; rather, it is a treatable malfunction of certain biological mechanisms that allow coping with dangerous situations (Baldwin, 2013). Symptoms also vary among people over time (Reinders et al., 2006). Escalated levels of stress hormones from the fight or flight response can remain high days later after experiencing a traumatic intrusion. Traumatic intrusions cause emotional distress contributing to jittery feelings, nightmares, and other symptoms (Doron & Solomon, 2010). Researchers examined the frequency of intrusive thoughts immediately following exposure to trauma-like stimuli, such as a distressing car accident film, which contributed to a lack of meta-awareness (Takarangi, Strange, and Lindsay, 2014). Meta-awareness is the ability to control and regulate conscious thoughts. Takarangi et al. found mind wandering often occurs without meta-awareness and indicated a linkage between mind wandering and traumatic intrusions. Sensitivity to triggers is a concerning challenge with PTSD because the distraction by internal thoughts can cause cognitive failures that disrupt day-to-day functioning (Brosowsky & Nicholaus, 2022).

Takarangi et al. research, Brosowsky and Nicholaus (2022) conducted a study examining the relationship between intentional and unintentional mind wandering and PTSD symptomology. Intentional and unintentional mind wandering are associated with different traits and mental states in everyday life, such as mindfulness. For instance, individuals who report

more frequent unintentional mind wandering also report more symptoms associated with Attention-deficit/ Hyperactivity disorder, and those with intentional mind wandering show no such associations (Seli, Smallwood, et al., 2015). Takarangi et. al. gathered 6,707 psychology undergraduates who participated in data collection for the first two months of the semester to examine the relations between mind wandering, self-control, and PTSD symptoms on scales of interest through randomized questionnaires. Researchers found that both intentional and unintentional mind wandering were positively associated with PTSD symptomology. Understanding the interplay between mind wandering and intrusive thoughts could have valuable implications for developing interventions to reduce trauma-related intrusions (Brosowsky and Nicholaus, 2022).

PTSD distress is temporary. When PTSD occurs, the mind wanders into a place discrete from reality. Therefore, individuals are not fully aware of what is happening in the present moment. Coming to an understanding of awareness and impermanence could be the key to unpacking PTSD. Maintaining this awareness of where one is and what is happening around them may help one cope with PTSD. PTSD victims tend to relive the traumatic event, which keeps the event alive and permanent. Though it is possible for the same event to happen again, it has not yet happened again. Understanding awareness enables one to adjust and adapt to one's expectations, which expresses that most things happening in life are not permanent.

Have you ever heard the saying, "Change your brain, change your life?" It is essential to feel emotions; doing so is intuitive and allows individuals to see the truth in one's life. It is important for one to understand their gut and feel what is moving them. One must be aware of what is driving them so that they can heal effectively. Being in the present with oneself helps to develop one's self-control skills that help one to see things in life at a higher level. Thoughts and feelings are impermanent. The intrusive thoughts that are associated with PTSD symptomology

negatively affect how one controls themselves (Spiller et. al., 2017). It is vital to pay attention to what is happening around universal or external and be present in the moment.

The brain associates specific physical and emotional stimuli with the original trauma. These stimuli can be sensations that are normal to feel and are not inherently dangerous. For example, the sounds from firecrackers on the fifteenth of June could evoke the memory of being at war. For someone with PTSD, the memory activates the same neurochemical cascade as the actual event (Sherin, 2011). That neurochemical cascade then brings up the same feelings of fear and helplessness once felt during war as they are experiencing the trauma again. Intrusive thoughts habitual to PTSD are associated with low self-control. Maintaining adaptive self-control may allow individuals to obtain more energy, and interpersonal, and tangible resources, which can enhance therapeutic gains (Walter and Gunstad, 2010). Intentional mind wandering might be adaptive, a way of letting your mind relax and an alternative to suppressing thoughts. PTSD patients can practice more cognitive control because wandering thoughts seem more likely to wander to the traumatic event whether it is intentional or not.

Individuals must exert self-control to cope with PTSD symptoms and the adverse short-term effects of treatment to achieve long-term symptom reduction (Gunstad, 2010). The relationship between self-control and PTSD can be explained through self-regulation. Many confuse the two concepts of self-control and self-regulation. However, self-regulation makes self-control easier to understand because self-regulation involves knowing the causes and reducing the intensity of impulses. Self-regulation enables individuals to understand the challenges that people endure in life so that they can enjoy life. Self-regulation is like a muscle in that self-regulation can be reduced after exertion, yet strengthened through practice (Walter, Hobfoll, & Gunstad, 2010). This regulation allows one to shift gears from one situation to

another with new approaches. Whereas, self-control is involved in preventing impulses. For one to control their emotions, they must know how to manage them.

The brain process of recovering from a traumatic event allows individuals to avoid certain situations for the sake of not feeling immediate physiological and emotional arousal. However, the brain needs to process these emotions to unpack the trauma and eventually put it to rest. Self-regulation allows one to monitor and control thoughts, emotions, or behaviors. People must learn to manage their emotional stress so that the development of a better recovery time can occur. It is important to face and understand them, even the ugly and uncomfortable emotions (Back, 2020). The suppression of emotional information often leads to physical stress on your body and unhealthy behaviors. Humans are natural organizers of incoming information with pattern recognition, the ability to create schemas that allow people to recall information and adapt to new situations (Piekartz et. al., 2021).

For example, one day just seconds after clocking out of work, a male client who is much taller than their case manager tries to take advantage of them in a camera-less elevator. The offender grabs the case manager close and tries to kiss them as the words, “shhh you're being too loud, everybody is going to hear” comes out as one is trying to escape the situation. Much fear will arise every time the person gets into the elevator, and the memory of the client's assault comes to mind. A possible difference between this assault and one that can cause PTSD is that this situation does not carry the same intense emotional feelings as a life-threatening event. One will not avoid going to work because of the assault by their client, but would take the proper precautions to make sure that the assault is reported and taken care of as far as assigning another case manager or program for the offender. The assault is a terrifying event and there are adaptive ways to actively cope with the fear that an assault induces so that PTSD does not develop. Life is

unpredictable. The next situation might not be something one can bare. The number of unpredictable things that happen in life tends to increase as you get older.

Learning to regulate through different emotional situations could prevent intruding thoughts from transpiring. In a study conducted by Walter, Gunstad, and Hobfoll (2010), women with a history of interpersonal violence/ trauma were examined to see if baseline levels of self-reported self-control can predict future PTSD symptoms. The women were asked questions concerning violence and trauma. They were then asked a series of four other questions from the primary care PTSD screen, which measures probable or partial PTSD. The results indicated that high levels of self-control had fewer PTSD symptoms. The researchers concluded that the fewer self-control resources individuals have, the fewer resources they must devote to coping with the symptoms of PTSD. The researchers suggest this might result from ego depletion (Walter, Gunstad, & Hobfoll, 2010). Ego depletion is the idea that one's willpower being low which impairs subsequent self-control performance (Baumeister, 2014). This is significant because ego depletion increases the vulnerability to negative emotions presumably because one's defenses are weakened (Baumeister & Vohs, 2016). Evidence on negative emotions suggests that individuals also reveal impairment in their motivation, performance, and ability to grasp new concepts. (Rowe & Fitness, 2018)

Trauma refers to a life experience of fear, horror, helplessness, and guilt. Furthermore, plenty of people have experienced trauma, however, only a small subset of trauma victims develops PTSD (<10%) (Breslau, 2009). There are more than just traumatic events to PTSD; there is a more in-depth psychological element to PTSD. Cognitive processing models propose that people enter situations with preexisting mental schemas which contain information about the person's biology, past, beliefs, assumptions, and expectancies regarding future events (Hollon &

Kriss, 1984). As stated previously, to experience a traumatic event that leads to PTSD is the experience of confronting one with information that is inconsistent with that contained in existing schemas about their safety and invulnerability (Creamer, Burgess & Pattison, 1992).

The intrusive thoughts characterized by PTSD are associated with poor self-control (Walter, 2010). Deficits in control might amplify traumatic intrusions, while higher levels of self-control are related to reduced alcohol and drug abuse, higher self-esteem, and better interpersonal relationship skills (Tangney, Baumeister, & Boone, 2004). Individuals with psychological treatment may develop higher levels of self-control that can help with PTSD symptomology. Healing is difficult when trauma is a self-control conflict. To cope with PTSD symptoms, one must have a sense of self-control. Whether coping with the symptom entails suppressing the situation or getting psychological help, they both require self-control. Self-control is necessary for the trauma-healing process. However, trauma affects how one controls themselves. For example, individuals battling PTSD tend to become inflexible and try to control their surroundings more than usual to the point where they will suppress their feelings rather than go to therapy. In the short term, hiding one's feelings may feel or seem like the right thing to do, but in the long run, it is detrimental. The long-term effect of avoiding trauma can cause damage to the brain, i.e., overriding rationality resulting from damage in the amygdala. Self-control is needed for one to regulate PTSD symptomology. Self-control is also essential for processing trauma. Intrusion thoughts after experiencing a traumatic event can cause cognitive failure that disrupts how one operates in a day (Brosowsky, 2022). In turn, adaptive self-control may allow individuals to be more active, and motivated, and help them gravitate towards more tangible resources that will hopefully enforce therapeutic gains. Adaptive self-control is not only helpful for gaining help, but also for the process in which one is being helped. Processing trauma is not

easy., Horowitz (1986) argues that for recovery to occur, the traumatic experience must be processed until it can be brought into accord with existing models of trauma. Individuals must also compose a story out of the trauma through these psychological treatments. Sufferers must learn how to control their thought and behavior through meditation, therapy, deep breathing, and writing.

In conclusion, lack of self-control plays a major role in PTSD symptoms. After a traumatic experience, one can experience ego depletion. However, Ego depletions make it hard to get out of a traumatic state. It is important sufferers of PTSD understand that trauma should be impermanent and that taking the steps to accept one's feelings and reactions following a traumatic event can be very beneficial to oneself in the long run

Study Proposal

I propose a study to explore the relationship between self-control and PTSD. Participants ages 15 and over who have been exposed to a life-threatening event will be recruited. These events include sexual abuse, car accidents, combat, institutionalization, and other traumatic events such as witnessing a murder. Participants will be recruited from counselors and therapists in New York City and students who attend Purchase College. Individuals will be asked a series of 5 trauma-related questions. Then participants will be given a self-control assessment screen so that researchers are aware of where participants stand mentally at the moment. The option of attending a 4-month treatment program will be granted to those with a PTSD diagnosis. Joining the program will require all access to medical information as well as attendance 4 days a week. Participants are only allowed to miss one day a week because researchers want to ensure participants are effectively getting treatment and the consistency of the program will allow individuals to develop self-control skills.

The healing program will ensure that self-control practices help individuals cope with the symptoms of PTSD. The program is a cognitive-behavioral therapy program designed for PTSD patients to learn specific coping skills. Individuals will learn how to meditate throughout the program so that they can implement attention regulation and be present in the moment of the program. Meditation is known for various mind-training practices through the regulation of attention and/or emotion to affect body functions, symptoms, and state of being (Hilton, Maher, & Colaiaco, 2016). Meditation is also beneficial to both one's emotional well-being and physical health (Pruthi, 2022). Participants will also receive a psychotherapy that includes goal setting, emotional intelligence assessments, self-regulation assessments, and decision-making assessments. It is important for individuals to set goals because goals guide one's choices. With these assessments in place, participants will have goals to look forward to, as well as plans for how to achieve those goals. After therapy, there will be deep breathing and exercises in the various coping skills of self-regulation and emotion regulation instructed before a musical closing. Music therapy may be a useful therapeutic tool that can reduce symptoms and improve functioning among individuals with trauma (Landis-Shack, Heinz, & Bonn-Miller 2016). Monthly check-ins after finishing the 4-month program will be granted to ensure that these factors are being used continuously and have helped with PTSD symptomology. The idea behind the program is to create a ritual for handling intrusive thoughts vigorously. This idea is like learning a habit. PTSD symptoms tend to occur when the brain is experiencing a new stimulus not recognized before and the goal here is to reconstruct this confusion. Individuals will be more motivated in these adaptive self-control practices if they come and participate in each session. The program will be more effective and the difference in symptoms will potentially show within one's experience.

Anticipated Results

I predict that individuals who went through the program and attended all sessions will show a significant reduction in PTSD symptomology compared to those who dropped out or did not participate in daily activities after therapy sessions. A reduction in physiological arousal symptoms can occur in patience due to mediation. Participants are also expected to report being able to effectively cope with symptoms from the self-regulation/self-control skills learned throughout the program. Those symptoms will include, flashbacks, intrusive thoughts, memories, etc. More time spent adapting to self-control practices can be beneficial in coming to terms with the prevention of PTSD symptomology.

Potential Limitations:

Not all patients were willing to participate throughout the entire study due to their personal biases. It may be hard for one to face the challenges the program entails as one might revisit their trauma daily. PTSD symptoms can discourage one from attending the program because there was not a strong enough approach to these practices. It is also important to consider how might these practices trigger PTSD symptoms.

Conclusion

PTSD can allow one to control the disorder in ways that cause more harm than good to the person affected. Patients with PTSD tend to avoid their traumatic intrusions which can lead to a depression/isolated state of being. The suppression of PTSD management is a short-term negative coping mechanism that leads to long-term problems. The treatment plan for adaptive self-control practices is direct action in coping with the disorder since PTSD leads to one becoming inflexible. Adaptive self-control practices allow one to monitor and regulate their symptoms, rather than the symptoms controlling/overwhelming the person. It is important for

individuals who are battling PTSD symptoms to be grounded in the present moment so that coping with intrusion thoughts and emotions allows them to get out of their head.

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