Warning about Trigger Warnings

Recently, more and more people are experiencing trauma that develops into PTSD, or Post Traumatic Stress Disorder, which can result in intense flashbacks, nightmares, insomnia, anger outbursts, avoidance, or hypervigilance when reminded of trauma (NIMH). Hence, people started to use trigger warnings to warn PTSD sufferers about any upcoming situation that “trigger” those symptoms. While this seems like a good idea, it is surprisingly harmful, which is why the increasingly large amount of uncertified people using them is a problem. Trigger warnings harm people with PTSD because by their very nature prompts anxiety towards the upcoming event they warn against. Moreover, since trigger warnings were devised to avoid bringing up traumatic experiences, recipients of them will never be encouraged to face their problems and will be reluctant to seek actual treatment and therapy.

Warnings are commonly known to induce anxiety, but trigger warnings induce the anxiety of horrible traumatic situations to someone already suffering with PTSD, and show no effective benefits during such events. The reason why they’re not effective has been explained by psychology professor Elana Newman, who gave trigger warnings to her students, “Several graduates have told me that while my intentions were noble, the warnings were useless. They simply had no tools to understand their experiences at that time” (Newman). Newman, who is a proponent of trigger warnings, even agrees that they are not a treatment or cure to the symptoms of PTSD and likewise make no difference when avoidance is unavailable. However, these trigger
warnings are actively harmful in their nature compared to doing nothing. They warn against an event that the applicant finds traumatic; and while this allows some people to plan ahead, those who can’t are now faced with the added dread of it. Since this event is predetermined to be “triggering” for them, they will now become more anxious towards these all so familiar traumas. Newman continues, “Although a student has never said this to me, I can imagine that explicit cautions may promote anxiety or expectations for an unpleasant emotional experience” (Newman). Thus, trigger warnings are a hassle that could potentially harm the victim they are trying to treat, and hence should not be used.

Trigger warnings encourage people to avoid their issues, which is bad because they are avoiding certified treatment that can help them; the National Institute of Mental Health recommends either psychotherapy or medication, which both directly target the symptoms and social aspects of PTSD (NIMH). Unlike therapy, trigger warnings neither heal nor relieve PTSD; they are merely a short-term escape from the fixed, recurring symptoms of it. What is significant is that trigger warnings are being advocated as a brief substitute or even worse, a tool for avoidance. Psychology Professor Richard J. McNally, says, “trigger warnings are countertherapeutic because they encourage avoidance of reminders of trauma, and avoidance maintains PTSD” (McNally). When McNally claims that avoidance maintains PTSD, he is referring to how people that avoid their trauma or don’t reach out for help, are only making the disorder worse for themselves. A study done on trigger warnings by professor Lorna Veraldi and Ph.D. Donna M. Veraldi states that, “Avoidance of distressing memories, after all, is a symptom of PTSD—not a cure for PTSD” (Vernaldi 5). Basically, trigger warnings intend to avoid an issue, which gives people the mindset that avoiding issues solves the issues; likewise, this is strengthening one of the main symptoms of PTSD, avoidance. In the disorder, avoidance can
make a person avoid anything that reminds them of trauma, and if it’s still unclear, this is synonymous with trigger warnings. Therefore, trigger warnings should not be used because they enforce that symptom of PTSD.

One thing that is worrisome, is the spread of trigger warnings, and how they are affecting many people. An issue that this could lead to is trigger warnings being used on people that are not suffering from PTSD and are just bystanders. McNally emphasizes, “Epidemiological studies show that many people are exposed to trauma in their lives, and most have had transient stress symptoms. But only a minority fails to recover, thereby developing PTSD” (McNally). This represents a large popularity spike in the use of these warnings, meaning more and more people using them irresponsibly. The reason why this phenomenon is spreading because trigger warnings are accessible enough to have an “appeal” amongst people; however, most people using them today are not qualified to use them, nor any other treatment for that matter, and should not be giving any advice of their own on this serious issue. As much as these people want to help, there is unfortunately not a simple cure to PTSD such as a trigger warning. The NIMH states that, “Everyone is different, and PTSD affects people differently, so a treatment that works for one person may not work for another. People with PTSD need to work with a mental health professional to find the best treatment for their symptoms” (NIMH). Since the severity of PTSD and its symptoms vary from person to person; instead of suggesting trigger warnings, people should instead suggest seeing a doctor, because only they can provide an individually customized and certified treatment for that individual.

Much of this debate stems from universities, where the ever-growing problem of traumatic sexual assault is linked to PTSD amongst students; hence, denying them of educational opportunities. Director of Education Sofie Karasek, whose goal is to combat this, argues against
McNally. However, there is a lot of unrelated content in Karasek’s work “Trust Me, Trigger Warnings Are Helpful” that, frankly, does not add anything concrete about how helpful trigger warnings are. Eventually, her argument diverges into other topics such as political correctness, black lives matter, Islamophobia, and more (Karasek). Even when disregarding this, her main argument is still not completely true. She claims, “When professors give these [trigger] warnings, provide alternative readings, and facilitate respectful conversations about deeply personal issues, it is easier for all students to participate” (Karasek). While this seems to be good, there are still a few flaws hidden inside of it. The reason why trigger warnings don’t help students participate is because they promote a notion that avoidance can solve issues, and hence students will more likely avoid work than embrace it. Karasek also mentioned that alternative readings make it easier to participate. But since participation depends on classroom equality and fairness, allowing some students to get different work than others will make it even harder to participate in such an environment, as there will be undoubtedly some sort of unfair advantage or disadvantage complained amongst the class. This then leads to a system of deciding who gets these alternative readings, and will inevitably lead to the misplacement of students, because how can one tell whether or not a student should be allowed or not? This is particularly difficult to implement because of how competitive college is. Additionally, while giving respectful conversations is harmless, those about “deeply personal issues” is not. The last thing most students want to do is to talk personally with their teacher, which could make them quite uncomfortable, not to mention the fact that students should only be going to certified doctors for any advice.

The rise of PTSD should neither be fought alone nor avoided, it ought to be fought head on with the support of therapy, and a doctor. Trigger Warnings are harmful gimmicks that could
easily damage these people, as they are seemingly harmless, yet create anxiety and keep them from seeking any help. Take a Stand. Get PTSD victims to doctors and discourage trigger warnings, for a less triggering world!

Work Cited

