



# NeuRA

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## POST-TRAUMATIC STRESS DISORDER Factsheet

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### What is social cognition?

Social cognition describes the ability to understand the actions and intentions of other people; the cognitive processes underlying social interactions that are used to guide behaviour. Social cognition is crucial for effective communication and relates to social competence and may predict work functioning.

Aspects of social cognition may be altered in people with a mental illness, including theory of mind, social perception, emotion processing, emotion regulation, and empathy. Theory of mind refers to the ability to infer the mental states of other people. Social perception is an awareness of social cues and norms that dictate social interactions. Emotion processing is the ability to perceive emotional cues, such as the emotional content of facial expressions or vocal inflections (prosody). Emotion regulation is the conscious or unconscious effort to affect the likelihood, intensity, or duration of an emotion. Empathy involves showing concern for others, understanding their perspective, experiencing distress when exposed to others' negative events, and having the ability to place oneself into fictional situations and empathically relate to the characters ('fantasy').

### What is the evidence for the relationship between social cognition and PTSD?

Moderate quality evidence found the emotional and affective aspects of theory of mind (but not cognitive aspects) were disturbed in people with PTSD. Most people with PTSD also exhibit altered perception of emotions, including difficulty processing threatening expressions and a reduction in the perception of positive emotions such as happiness. There were disturbances in affective empathy, from emotional resonance to compassionate feelings. Finally, social behaviour is disturbed in individuals with PTSD, which damages interactions within the family circle. Anger, impulsivity, and physical and verbal aggression underpin these difficulties.

There was a medium to large association between increased emotion regulation and increased PTSD symptoms. Small to medium-sized associations were also found with experiential avoidance, expressive suppression, rumination, thought suppression, and worry. There were no associations between reappraisal and acceptance and PTSD symptoms.

**For more information see the technical table**



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*NeuRA (Neuroscience Research Australia) is one of the largest independent medical and clinical research institutes in Australia and an international leader in neurological research.*

*Diseases of the brain and nervous system pose the greatest health, economic and social burden of any disease group because they are chronic, debilitating and have no known cures.*

*Medical research is the cornerstone of efforts to advance the health and wellbeing of families and the community. Our dedicated scientists are focussed on transforming their research into significant and practical benefits for all patients.*

*While we hope you find this information useful, it is always important to discuss any questions about PTSD and its treatment with your doctor or other health care provider.*

### HOW YOUR SUPPORT HELPS

We are able to make significant advances due to the generosity of countless people. Your donation allows us to continue to work towards transforming lives. For information on how you can support our research, phone **1300 888 019** or make a secure donation at [neura.edu.au/donate](http://neura.edu.au/donate)

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