

Understanding Posttraumatic Stress Disorder (PTSD)

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What is PTSD?

PTSD is a delayed reaction by a person to a traumatic experience. It is the reaction to the trauma that makes up the disorder itself. Individual differences play an important role in what is perceived as traumatic. Examples include:

- natural disasters (hurricane, tornado, flood, fire)
- vehicular accidents
- being a victim of crime or violence
- witnessing violence to another person
- witnessing loss or sudden death of loved ones
- rape and sexual assault
- being a soldier or victim of war
- enduring painful medical procedures

Green (1994) reports that three fourths of the U.S. population has been exposed to some event that meets the stressor standard to develop PTSD, but only one fourth go on to develop PTSD. Rape experiences are most likely to cause PTSD.

It is estimated that 11.8 million adult women have experienced PTSD at one time in their lives. Women seem more likely to develop PTSD than men. Men seem more vulnerable to developing a substance use disorder.

There are references to PTSD symptoms in famous literature over the centuries, especially literature about war. During the Civil War, PTSD and Acute Stress Disorder were called “Soldier’s Heart”. Later, the onset of acute symptoms following battle conditions was called “Battle Fatigue” or “Shell Shock”. Many veterans from World War II, the Korean War, the Vietnam War, Desert Storm, Yugoslavia and Iraq developed PTSD and required some sort of mental health treatment.

What are the Symptoms of PTSD?

1. Reliving the trauma through nightmares, intrusive memories and images, flashbacks (which are vivid, intense memories that feel as if they are actually occurring again), more rarely hallucinations or illusions, and intense anxiety around reminders of the trauma. A soldier from Vietnam may be distressed when walking in tall grass and lush vegetation. A woman who has been raped at night may be panicky when out alone at night.
2. Avoiding reminders of the trauma. People with PTSD may go to great lengths to avoid situations which remind them of the trauma. They may also “forget” aspects of the event. This is called repression of the memory. Repressed memory, though controversial, has been demonstrated in documented cases of child molestation.

3. Emotional numbing or difficulty having feelings. This can be experienced as detachment from others, even loved ones. Losing interest in positive activities or seeking out enjoyment can be one effect. Often people with PTSD will say that they feel a sense of loss in the fullness of their life. They expect a shortened and unfulfilling life.
4. Anxiety, often intense, in a variety of situations. This can show itself as an exaggerated startle response, angry outbursts when reliving the trauma, being too keyed up to sleep or being generally vigilant about danger when there is none.
5. Other related problems:
 - alcohol or drug abuse
 - engaging in self-destructive behavior, especially when reminded of the trauma
 - painful guilt and shame surrounding the trauma
 - difficulty trusting people
 - general helplessness in challenging situations

Treatment

Psychotherapy is the most helpful component of treatment. Though medications can help to relieve some of the more severe symptoms and help aid in sleep. Education and self-management strategies are most helpful in restoring confidence and optimal functioning in persons with PTSD. Through coaching and support, individuals can learn to control some of the more intense reliving experiences, their fear reactions, their anger outbursts and their mistrust. Identifying and understanding triggering situations is the first step to taking charge of them. When individuals come to believe that the trauma does not define them or their existence, they begin to recapture meaning in their daily lives. When individuals understand trauma and its effects, they can educate family members to be more supportive.

References:

Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, (published by the American Psychiatric Association, Washington, D.C.), 1994.

Treating PTSD: Cognitive-Behavioral Strategies. Edited by David Foy. Published by Guilford Press, New York, 1992.

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