

Posttraumatic Stress Disorder

It's been called shell shock, battle fatigue, accident neurosis and post rape syndrome. It has often been misunderstood or misdiagnosed, even though the disorder has very specific symptoms that form a definite psychological syndrome.

The disorder is posttraumatic stress disorder (PTSD) and it affects hundreds of thousands of people who have survived earthquakes; accidental disasters such as airplane crashes; or manmade disasters such as a terrorist bombing, inner-city violence, domestic abuse, rape, war, and the Holocaust.

Psychiatrists estimate that up to ten percent of the population have been affected by clinically diagnosable PTSD. Still more show some symptoms of the disorder. While it was once thought to be mostly a disorder of war veterans who had been involved in heavy combat, researchers now know that PTSD afflicts both female and male civilians, and that it strikes more females than males.

In some cases the symptoms of PTSD disappear with time, while in others they persist for many years. PTSD often occurs with-or leads to-other psychiatric illnesses, such as depression.

Not all people who experience trauma require treatment; some recover with the help of family, friends, or a clergyman. But many do need professional help to successfully recover from the psychological damage that can result from experiencing, witnessing, or participating in an overwhelmingly traumatic event.

Although the understanding of posttraumatic stress disorder is based primarily on studies of trauma in adults, PTSD can occur in children as well. It is known that traumatic occurrences -birth trauma, child or domestic abuse, loss of parents, the disaster of war-often have a profound impact on the lives of children. Further research is needed, however, to establish the special characteristics of the disorder in children that distinguish it from its counterpart in adults. It is not clear, for example, how the development and resolution of the condition are affected by the type of trauma, the age at which it occurs and the type of treatment used.

Symptoms

Posttraumatic stress disorder usually appears within three months of the trauma, but sometimes the disorder surfaces months or even years later. Psychiatrists categorize PTSD's symptoms in four categories: intrusive symptoms, avoidant symptoms, symptoms of hyperarousal, and associated features.

Intrusive Symptoms

Often people suffering from PTSD have an episode where the traumatic event "intrudes" into their current life. This can happen in sudden, vivid memories that are accompanied by painful emotions and take over the victim's attention. This "re-experience" of the trauma is a flashback—a recollection that is so strong that the individual thinks he or she is actually experiencing the trauma again or seeing it unfold before his or her eyes. In traumatized children, this reliving of the trauma often occurs in the form of repetitive play.

When a person has a severe flashback, he or she is in a dissociative state, which sometimes can be mistaken for sleepwalking.

When that happens, the person acts as if he or she were actually experiencing the traumatic event again. But he or she isn't fully conscious of what he or she is doing. For example, a war veteran may begin prowling around his neighborhood as if patrolling hostile territory.

At times, the re-experiencing occurs in nightmares that are so powerful the person awakens screaming in terror, as if he or she were re-enacting the trauma in sleep. In young children, distressing dreams of the traumatic event evolve into generalized nightmares of monsters, of rescuing others or of threats to self or others.

At other times, the re-experience comes as a sudden, painful onslaught of emotions that seem to have no cause. These emotions, often those of grief that bring tears and a tight throat, can also be of anger or fear. Individuals say these emotional experiences occur repeatedly, much like memories or dreams about the traumatic event.

Symptoms of Avoidance

Another set of symptoms involves what is called avoidance phenomena. This affects the person's relationships with others, because he or she often avoids close emotional ties with family, colleagues, and friends. At first, the person feels numb, has diminished emotions and can complete only routine, mechanical activities. Later, when re-experiencing the event begins, the individual alternates between the flood of emotions caused by re-experiencing and the inability to feel or express emotions at all. People who suffer posttraumatic stress disorder frequently say they can't feel emotions, especially toward those who are closest. Even if they can feel emotions, they often can't express them. As the avoidance continues, the person seems to be bored, cold, or preoccupied. Family members often feel rebuffed by the person because he or she lacks affection and acts mechanically.

For children, emotional numbness and diminished interest in significant activities may be difficult concepts to explain to a therapist. For this reason, the reports of parents, teachers, and other observers are particularly important.

The person with PTSD also avoids situations that are reminders of the traumatic event because the symptoms may worsen when a situation or activity occurs that resembles, even in part, the original trauma. For example, a person who survived a prisoner-of-war camp might overreact to seeing people wearing uniforms similar to those of the camp guards. Over time, the person can become so fearful of particular situations that his or her daily life is ruled by attempting to avoid them.

Others, particularly war veterans, avoid accepting responsibility for others because they think they failed in ensuring the safety of those killed or injured during battle. As a result of this, many with PTSD have poor work records, trouble with their bosses, and poor relationships with their family and friends. Children with PTSD may show a marked change in orientation toward the future. A child may, for example, not expect to marry or form another lasting attachment as an adult, or to have a career. Or he or she may exhibit "omen formation," the belief in an ability to predict future untoward events.

PTSD sufferers' inability to work out grief and anger over injury or loss during the traumatic event means the trauma will continue to control their behavior without their being aware of it. Depression is a common product of this inability to resolve painful feelings. Some people also feel guilty because they survived a disaster while others—particularly friends or family—did not. In combat veterans or survivors of civilian disasters, this guilt may be worse if they witnessed or participated in behavior that was necessary to survival but unacceptable to society. Such guilt can deepen depression as the person begins to look on him- or herself as unworthy, a failure, a person who violated his or her predisaster values.

Symptoms of Hyperarousal

PTSD can cause those who suffer with it to act as if they were constantly threatened by the trauma that caused their illness. People with PTSD can often become suddenly irritable or explosive, even when they are not being provoked. They may have trouble concentrating or remembering current information, and, due to the terrifying nightmares that afflict them, they may develop insomnia. This constant feeling that danger is near causes exaggerated startle reactions. War veterans may revert to their war behavior, diving for cover when they hear a car backfire or a string of firecrackers exploding. At times, those with PTSD suffer panic attacks, which result from the extreme fear they felt during the trauma, which has remained unresolved during later events in life. During the attack, their throats tighten, breathing and heart rate increase, and they feel dizzy and nauseated. Children may exhibit physical symptoms, including stomachaches and headaches, in addition to symptoms of increased arousal.

Associated Features

Finally, many who suffer with PTSD also attempt to rid themselves of their painful re-experiences, loneliness, and panic attacks by abusing alcohol or other drugs as a "self-medication" that helps them to blunt their emotions and forget the trauma. A person with PTSD may also show poor control over his or her impulses, and may be at risk for suicide.

Treatment

Psychiatrists and other mental health professionals today have good success in treating the very real and painful effects of PTSD. Using a variety of treatment methods, they help people who suffer with PTSD to work through their trauma and pain to resolve their unexpressed grief.

One important form of therapy for those who struggle with posttraumatic stress disorder is behavior therapy. This treatment approach focuses on correcting the PTSD sufferer's painful and intrusive patterns of behavior and thought by teaching him or her relaxation techniques, and examining (and challenging) his or her mental processes. A therapist using behavior therapy to treat a person with PTSD might, for example, help a patient who is provoked into panic attacks by loud street noises by setting a schedule that gradually exposes the patient to such noises in a controlled setting until he or she becomes "desensitized" and thus no longer so prone to terror. Using other such techniques, patient and therapist explore the patient's environment to determine what might aggravate the PTSD symptoms and work with the patient to reduce sensitivity or to teach them new skills for coping.

Psychiatrists and other mental health professionals also treat cases of PTSD by using psychodynamic psychotherapy. Posttraumatic stress disorder results, in part, from the difference between the individual's personal values or view of the world and the reality that he or she witnessed or lived during the traumatic event. Psychodynamic psychotherapy, then, focuses on helping the individual examine personal values and how behavior and experience during the traumatic event violated them. The goal is resolution of the conscious and unconscious conflicts that were thus created. In addition, the individual works to build self-esteem and self-control, develops a good and reasonable sense of personal accountability, and renews a sense of integrity and personal pride.

In addition, therapists may recommend family therapy because the behavior of spouse and children may result from and affect the individual suffering posttraumatic stress disorder. Spouses and children report their loved one doesn't communicate, show affection, or share in family life. By working with the family, the therapist can work to bring about change within the family. Its members can learn to recognize and cope with the range of emotions each feels. They do this by learning good communications, parenting, and stress management techniques.

Therapy involving discussion groups or peer-counseling groups is another effective treatment for many suffering posttraumatic stress disorder. This method encourages survivors of similar traumatic events to share their experiences and reactions to them. In doing so, group members help each other realize that many people would have done the same thing and felt the same emotions. That, in turn, helps the individual realize that he or she is not uniquely unworthy or guilty. Over time, individuals change their opinions of themselves and others and can build a new view of the world and redefine a positive sense of self.

Generally, such treatments can be completed on an outpatient basis. But if the disorder is so severe that the person is dangerous to himself or herself or others, inpatient treatment might be recommended.

With most patients, medication can help to control the symptoms of PTSD. While medication or psychotherapy alone is rarely sufficient to resolve the illness, the symptom relief that medication provides enables most patients to participate more effectively in psychotherapy when their condition may otherwise prohibit it. Antidepressant medications are particularly helpful in treating the core symptoms of PTSD-especially intrusive symptoms.

Controlled studies of treatment for PTSD are only beginning to take place. Research into the effects of medication has been spurred by the growing awareness of the long-term physiological changes that appear to accompany PTSD, such as increased sympathetic arousal. Medication appears to alleviate these symptoms of hyperarousal, although it is ineffective against symptoms of avoidance such as alienation, detachment, and emotional numbness.

Tricyclic antidepressants as well as some monoamine oxidase inhibitors are effective in the treatment of PTSD. Some success with lithium has been reported in the treatment of rage and affective (mood-related) symptoms. Benzodiazepines may be particularly effective for crises, although their addictive potential warrants caution. And beta-blockers and the alpha-2 agonist clonidine have been found effective for symptoms such as intrusive thoughts and explosive outbursts of emotion.

Resources

Anxiety Disorders Association of America, Inc.
6000 Executive Boulevard
Rockville, MD 20852-3801
(301) 231-9350

International Society for Traumatic Stress Studies
60 Revere Drive, Suite 500
Northbrook, IL 60062
(847) 480-9028

National Center for Post-Traumatic Stress Disorder
VAM & ROC 116D
Rural Route 5
White River Junction, VT 05009
(802) 296-5132

National Institute of Mental Health
5600 Fishers Lane

Rockville, Maryland 20857
(301) 443-4513

National Organization for Victim Assistance
1757 Park Road, N.W.
Washington, DC 20010
(202) 232-6682