

ABOUT PTSD

PTSD is a serious, debilitating condition, which arises from exposure to very dangerous or life-threatening circumstances. The origin of Post-Traumatic Stress Disorder can be traced to a natural defense mechanism that all human beings share. It is referred to as "Fight, Flight or Freeze." In the face of extreme danger, stress or other life-threatening experience, the body releases a chemical called 'adrenaline', which results in a wide range of psychological and physiological responses. Examples of these are increased pupil size (so more information can enter the eyes), increased heart rate (so that oxygen can be pumped to the muscles and brain), and an overall hyper arousal of all bodily systems to prepare us for either fighting the perceived danger or fleeing from it. A lesser-known fear response, though equally adaptive, is the "freeze" response (immobilization). This reaction to extreme terror often leaves people with the belief afterward, "Why didn't I do something"? Freezing and fleeing are often the defensive responses that are connected to unrealistic and debilitating feelings of guilt and shame in the aftermath of trauma.

The essential feature of PTSD is the development of characteristic symptoms following the exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or the witnessing of any of these events; or learning about unexpected traumatic event of a family member or close associate. The person's response to the event must involve intense fear, helplessness, or horror (American Psychiatric Committee, 1980).

When people experience a traumatic stressor, they may experience severe and incapacitating psychological distress. Symptoms include, but are not limited to:

- Nightmares
- Avoidance of people, places, and other stimuli associated with the trauma
- Visual, auditory and kinesthetic flashbacks
- Intrusive thoughts
- Persistent anxiety, increased arousal or hypersensitivity
- Sleep disturbances
- Diminished interest or participation in previously enjoyed activities
- Feelings of detachment and isolation
- Psychic numbing.

How Common is PTSD?

Today, PTSD is considered a significant public health problem that can affect millions of Americans. Eight percent of Americans will develop PTSD at some point in their lives. If left untreated, many individuals will never recover. For example, research with World War II veterans and Nazi Holocaust survivors shows that PTSD can persist for over 50 years or, for a lifetime. Many Vietnam and Gulf War veterans are now members of this unfortunate group as well. In the coming years we may find the prevalence of PTSD growing due to events such as 9/11.

What is the Likelihood of Recovery?

PTSD is no different than other medical or psychiatric disorders in that its severity may vary from mild to severe. Some people with PTSD are able to lead full and rewarding lives despite the disorder. Some others may develop a persistent, incapacitating mental illness marked by severe and intolerable symptoms; marital, social and vocational disability. The long-term course for most people with chronic PTSD is marked by remissions and relapses. Some make a full recovery; others experience partial improvement, while still others never improve. In this day and age we have innovative and integrated treatment models, such as EMDR, which improve the likelihood of a healthy recovery. Appropriate treatment can also minimize the negative impact that relapses may cause.

PTSD as a Co-occurring Disorder

Individuals with lifetime PTSD will likely meet DSM-IV diagnostic criteria for at least one other psychiatric disorder. The National Co-morbidity Survey found that approximately 80 percent of all men or women who have ever had PTSD had at least one other affective, anxiety, or chemical use/dependency disorder (Kessler, 1995). Substance Abuse/Chemical Dependency frequently occurs with PTSD. For instance; 51.9% of men and 27.9% of women with PTSD also abuse or become dependent upon Alcohol. Drug abuse is found in 34.5% of men and 26.9% of women with PTSD (Friedman, 2000).

The ongoing symptoms of PTSD are so taxing on a person's nervous system, they often look to the temporary relief or numbing that alcohol and other drugs induce. People suffering from PTSD are often compelled by a "felt need" to stop the flashbacks, visceral arousal or intrusive thoughts associated with this disorder. This frequently leads to the use of chemicals, and other mood and "state-altering" substances, to accomplish this goal.

The conditioned relationship between substance use and symptom relief grows over time. This complicates the brain's ability to process information and to re-establish equilibrium following traumatic stress exposure. Although some symptom relief is experienced, the ability of the person to function in everyday life declines. The person often begins to experience increasingly serious family problems, financial difficulties, decline in job productivity or job loss, health complications, legal problems, incarceration, etc.

It is clear that PTSD is a debilitating disorder affecting many people. It costs our society greatly. Without proper education of the public and professionals, it often goes untreated. Left untreated, the aftermath of trauma becomes multi-generational, affecting the children of the traumatized, rippling out as it goes.

Ask anyone who has grown up in a household of alcoholics or drug addicts (who often had their own underlying history of trauma), if they found the experience traumatizing. Or perhaps growing up with a chronically depressed and/or anxious mother, where treatment has produced inconsistent results. Our prisons are full of people who have significant trauma in their history. Treating one disorder only, is insufficient. It is important to treat the whole person, not just a few presenting symptoms, which may only be expressions of the true complexity which lies underneath.