

## POST-TRAUMATIC STRESS DISORDER

*Barney Greenspan, Ph.D.*

The top U.S. commander in Iraq says we may be looking at a substantial pullout by this spring. American troops will be coming home, trying to find their footing, remembering what they would prefer to forget. At home they may fight against disenchantment, dislocation and the pervasive feeling among their families and friends that they should just forget about the horrors they have witnessed and get on with their lives. It is a difficult segue from battlefield to home front.

The percentage of those wounded on the battlefields who have survived is the highest in the history of combat, in part because of advances in body armor, in part because of sophisticated on-site medical facilities. The result is that there will be a group of Iraq-war vets with catastrophic injuries: multiple amputations, head trauma, horrendous burns. They may need medical intervention for the rest of their lives.

That is not even counting those who come home with serious mental health issues. The Army's Surgeon General reported (August 2005) that three to four months after their return 30% of soldiers had problems ranging from depression to full-blown post-traumatic stress disorder (PTSD). In American wars, PTSD has been called soldier's heart (Civil War), shell shock (WW I), combat (or battle) fatigue and war neurosis (WW II) and post-Vietnam syndrome. PTSD was first accepted as a distinct psychological condition in 1980 at the urging of Vietnam veterans.

In PTSD, stress hormones like adrenaline scorch a painful event deep into long-term memory. Lab studies show such hormones normally improve memory in animals. They seem to overshoot the mark in PTSD. People get very edgy and fearful, prone to nightmares or flashbacks. They desperately want to avoid reminders of their shock, even to the point of feeling numb. PTSD happens more often in women, in cases of multiple traumas and in people with depression. Here is a psychological condition touched off because of concrete, external events, not something hidden in the dim recesses of the mind. It could theoretically happen to anyone, even the hardest and soundest of mind. It is not your fault!

Dr. Richard Rahe of Tacoma, Washington studied POW's returning from Vietnam, Beirut hostages and political prisoners in Bosnia. He differentiates Acute Stress Reaction that resolves in days or weeks after the trauma from Chronic Stress Reaction that persists for months (but may still resolve in some instances) and recommends not diagnosing PTSD until 6 to 12 months after the trauma. Acute Stress Reaction is characterized by panic, disorientation, hyper-arousal and emotional lability. Chronic Stress Reaction includes exhaustion, lack of humor, lack of direction, paranoia and isolation.

Collectively, Acute and Chronic Stress Reactions and PTSD, occurring after combat, are often referred to as "combat

stress reactions.” These reactions are increasingly being recognized as normal reactions to abnormal conditions. Early identification and intervention have been shown to be helpful in reducing long term disabling symptoms.

PTSD has expanded to encompass more frequent swerves along life’s road – car crashes, house fires, rape, mugging, physical-sexual-emotional-verbal abuse, a sudden death or severe family illness, witnessing a disaster or even learning of one. Such trauma can result in a defining psychological experience that evokes feelings of panic, grief and helplessness. Trauma of great magnitude typically shatters a person’s basic assumption about the world and personal safety, often leaving one feeling alienated and distrustful, or else overly clinging. During the past five years, the number of cases among veterans (mostly from combat) has exploded nationally by almost 80% to 215,871 last year. About 30% of the men and women who have spent time in war zones experience PTSD. One million war veterans developed PTSD after serving in Vietnam.

## **OVERVIEW**

Signs and symptoms of PTSD typically appear within three months of the traumatic event. However, in some instances, they may not occur until years after the event. They may include:

- . Flashbacks and distressing dreams associated with the traumatic event.
- . Distress at anniversaries of the trauma.
- . Efforts to avoid thoughts, feelings and activities associated with the trauma.

- . Feelings of detachment or estrangement from others and an inability to have loving feelings.
- . Markedly diminished interest or participation in activities that once were an important source of satisfaction.
- . In young children, delayed or developmental retrogression in such areas as toilet mastery, motor skills and language.
- . Hopelessness about the future – no hope of a family life, career or living to old age.
- . Physical and psychological hypersensitivity (not present before the trauma) with at least two of the following reactions: trouble sleeping, impulsive anger, difficulty concentrating, exaggerated startle response to noise, and physiological reaction to situations that remind the person of the traumatic event. These physiological reactions may include an increase in blood pressure, a rapid heart rate, rapid breathing, muscle tension, nausea and diarrhea.

## **SIGNS AND SYMPTOMS**

PTSD is an anxiety disorder that is triggered by memories of a traumatic event – an event that directly affected the person or an event that was witnessed. The disorder commonly affects survivors of traumatic events, such as sexual assault, physical assault, war, torture, a natural disaster, an automobile accident, an airplane crash, a hostage situation or a death camp. PTSD also can affect rescue workers at the site of an airplane crash, hurricane or a mass shooting. It can affect someone who witnessed a tragic accident.

Not everyone involved in a traumatic event experiences PTSD. However, the disorder affects more than 5 million adults each year in the United States. PTSD is twice as common in women as it is in men.

### **RISK FACTORS**

The severity of the traumatic event, and how long the event lasted, appear to be factors in the development of this disorder. Other factors that may increase the likelihood of developing PTSD include:

- . A previous history of depression, panic disorder or generalized anxiety disorder
- . A previous history of physical or sexual abuse
- . A family history of anxiety
- . Early separation from parents
- . Being part of a dysfunctional family
- . Alcohol abuse
- . Drug abuse

### **COMPLICATIONS**

Having PTSD may place you at a higher risk of:

- . Depression, which has many of the same signs and symptoms as PTSD
- . Drug abuse
- . Alcohol abuse
- . Eating disorders
- . Divorce

Treatment may involve a combined approach including medications and psychotherapy designed to help gain control of anxiety. My next essay will address treatment by mental health professionals (medications and psychotherapy), coping skills and some web-site resources.