

## Post Traumatic Stress Disorder Summary

<http://www.healthyplace.com/Communities/Anxiety/anxieties/6Trauma/summary.asp>

Post-traumatic stress disorder (PTSD) identifies a specific emotional distress that can follow a major psychologically traumatic event. This uncommon event would typically produce fear and anxiety in anyone who experienced it. Examples are rape or assault, a natural disaster, being part of or observing a serious accident, major surgery, and wartime combat duty. Symptoms may begin immediately or not surface for six months, a year, or even longer.

Severe anxiety and panic may be only two of several symptoms. The person will have recurring images of the traumatic event, often with the same degree of anxiety as during the event itself. Or, he will suddenly feel as though the event is occurring in the present. Recurring nightmares of the trauma are dramatic and disturbing. Nightmares, anxiety, or depression can disturb sleep. The person may remain tense and anxious throughout the day, and may startle easily.

As they become more mentally involved with these experiences, the traumatized individuals begin to withdraw from the world, show less emotion, and become disinterested in people and activities that were once important. They avoid any situations that might stimulate memories of the traumatic event. Guilt, depression, and sudden outbursts of aggressive behavior may also surface. Drug and alcohol abuse develop in some as they attempt to manage these responses.

### Treatment of PTSD

Fortunately PTSD can be effectively treated. Behavior therapy may play a useful role by helping modify the way a patient acts and reducing avoidance behavior. Behavior therapy is often combined with cognitive therapy, which is intended to change underlying thought patterns. These approaches may be used in a group or in an individual setting.

Family therapy can help close relatives understand and cope with the illness. Through such counseling family members can learn that any apparent rejection by a relative with PTSD is the result of the disorder. Family counseling can repair communications and help restore normal interaction.

Support groups of individuals who experience PTSD can show victims that their reactions to trauma are shared by many. By discussing common experiences and emotions, groups of survivors can help each other rebuild confidence.

Medication can be a valuable complement to other treatment by relieving many of the most debilitating symptoms, and enabling other therapy to go forward. The use of medication may be required only for a few weeks, but in severe cases it may be needed for several years.

### Self-Help

We do not offer a self-help program for PTSD, primarily because of the complexity of the disorder. If you or someone you love is suffering from these symptoms, we encourage you to seek help from a mental health professional who specializes in PTSD.

### An example - Vietnam Veteran

The largest subgroup to experience this problem is the combat veteran. In the United States, the Vietnam War has produced the largest percentage of PTSD cases. In fact, it was after studies of Vietnam veterans were added to studies of civilian post-trauma sufferers that the American Psychiatric Association created, in 1980, the diagnostic category: post-traumatic stress disorder (acute, chronic, and/or delayed).

The major task in overcoming this problem is to incorporate the traumatic event into a person's sense of the world and into his understanding of his personal life. It is possible that the nightmares and spontaneous reliving of the trauma are unconscious attempts to heal the psychic wounds.

The singular experience of Vietnam combat veterans illustrates how traumatic changes can be difficult for the mind to incorporate and how this "working through" process is essential. The Vietnam War was like no other in American history. The average age of the combat soldier was nineteen, not twenty-six as in World War II. The military flew soldiers into duty as individuals, not as teams. Once there, nothing seemed straightforward. Those already fighting did not readily accept arriving soldiers. The enemy was not easily identifiable or necessarily in uniform; women and children could kill you in the streets. Women and children civilians were therefore sometimes killed by U.S. soldiers. There was no "front line," and soldiers had to win the same territory over and over again. Leadership was young and inexperienced. The object was to kill as many people as possible and survive.

The coming home process of the Vietnam soldier failed to account for the mind's need to advertisement assimilate this experience in a slow-paced manner. After twelve to thirteen months of combat duty, the military flew soldiers back to the States in a matter of hours and, again, as isolated individuals rather than as teams. This is in stark contrast to the weeks or sometimes months that World War II veterans spent on ships returning to the U.S., while sharing time with other soldiers close to them. In forty-eight hours the Vietnam combat soldier could go from a unit assault in which he killed four North Vietnamese soldiers with an M-16 to sitting on the front steps of his parents' house in the U.S. While in Southeast Asia, soldiers would dream of that day. But when it arrived they weren't prepared. The American people, for the first time in its history, turned against its war and the returning soldiers. Anti-war marches replaced ticker-tape parades. A soldier in uniform on the streets of our country might be spat on. The heroes were now the villains.

It is no wonder that some Vietnam veterans have continued to experience chronic post-traumatic stress disorder, since the primary cause of the disorder is an inability to assimilate the experience into current life. A combat veteran needs time and the support and understanding of other people to assimilate a trauma of this significance. The person with [post-traumatic stress disorder](#) must have an opportunity to talk about the traumatic experience and, eventually, to feel the emotions associated with it. As he works through these feelings, he can begin to connect the trauma with the rest of his life. Part of that connection will be an ability to let past events remain in the past instead of continuing to surface in the present. For the Vietnam veteran, the return to present life can still be eased by the responses of those around him. Back in 1985, one of my colleagues who worked with these men and women said that even twenty years after returning from Southeast Asia, these soldiers need to hear three things from us that weren't said so long ago: "Welcome home," "Thank you," and "Thank God you're alive."

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