

HEALTHY MINDS

A Weekly Column All About Mental Wellness
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PTSD – Posttraumatic Stress Disorder (Part II)



This week we shall look at the problems of PTSD so common in our returning troops, and how they impact our nation. Then we shall discuss a variety of treatments.

Before the Vietnam War era it was called “shell-shock” or “battle-fatigue”. As recently as 2004 there were still 25,000 World War II vets being treated for PTSD; it is estimated that at least 5% of those soldiers displayed symptoms. Three out of every 10 returning Korean vets were affected with PTSD and nearly half a million Vietnam Vets were so diagnosed in a government study in the mid-80s, and a VA study showed that 31% of men and 27% of women showed symptoms of PTSD; of these almost half had been in jail once, one third more than once, and nearly 12% had committed felonies.

In the Iraq war, one out of every five or six soldiers or marines were stricken with PTSD and of these, only 4 out of 10 sought help; the others were afraid it would hurt their careers or their reputation. Enlisted men were twice as likely as officers to suffer; women suffered the most severe symptoms; shockingly, there is a significant and rising number of our female soldiers who have been traumatized by sexual assault from fellow male soldiers. The bottom line is that currently nearly 21,000 American troops (from the Iraq/Afghanistan theaters) have been officially diagnosed with PTSD; keep in mind only 4 out of 10 seek help, so that number could realistically be closer to 50,000.

How do these diagnoses translate into behavior that affects our society? In recent studies among incarcerated populations, PTSD has been found in nearly half of female inmates and 30% of male inmates. PTSD can be linked to criminal behavior in two basic ways.

First, the very symptoms of PTSD, discussed last week, can incidentally lead to criminal behavior: for example there can be sudden outbursts of violence; those with PTSD continually think of their past trauma and are often anxious; sometimes they self-medicate with drugs and alcohol; those that are emotionally numb engage in sensation-seeking behavior in an attempt to experience some feeling of emotion; some combat vets try to trigger the adrenaline rush experienced during combat; other who are always "on guard" can cause veterans to misinterpret harmless situations as threatening and cause them to respond with self-protective behavior way out of proportion to the perceived threat; finally, it is common for trauma survivors to feel so full of guilt that they commit crimes that will likely result in their arrest, punishment, serious injury, or even death.

Second, offenses can be directly connected to the specific trauma that an individual experienced. Two examples illustrate this point. One was a man working in a factory

where the noises were so reminiscent of the war noises he experienced in Vietnam that he went into battle-mode and shot the foreman; a similar case involved a man in Louisiana, where the sultry climate and vegetation made him think he was in Vietnam and he murdered a family member. Both men were found innocent by reason of insanity, but the suffering they caused could not be undone.

Can PTSD be undone? There are some individuals who claim they can cure PTSD using certain techniques akin to acupuncture or hypnosis, but most experts say that it cannot be cured, although the symptoms can be controlled.

Perhaps the most effective therapy are various forms of Cognitive Behavioral Therapy, in which the therapist helps the patient to *change how they think* about their trauma, how the world makes their symptoms worse, and how they can better cope with their guilt, fear, and anger. Cognitive Therapy helps the sufferer understand that the trauma they experienced wasn't their fault; Exposure Therapy actually exposes the patient to stressful memories, and, with the therapist as a guide, the memories become less overwhelming. Sometimes the less upsetting memories are discussed first, leading up to the more traumatic ones; this is called "desensitization"; some therapists induce a lot of bad memories at once; this is called "flooding", and actually helps a patient feel less overwhelmed. As with any other kind of anxiety and stress, the patient can be guided through a large variety of relaxation techniques, including certain breathing exercises, which lower the heart-rate and causes the person to relax.

EMDR is a newer therapy and is very effective in helping the person with PTSD change how they react to memories of the trauma. It stands for Eye Movement Desensitization and Reprocessing where the therapist has the patient follow his hand movement with their eyes as he discusses the traumatic memories; sometimes hand taps and other sounds are added to the mix. How it works is still being studied, but there is sufficient clinical evidence to know that it does work well.

Some drugs, especially the class of drugs called SSRIs (Selective Serotonic Reuptake Inhibitors), such as Prozac, Paxil, Celaxa, and Zoloft, are used in treating PTSD (as well as depression). These drugs are antidepressants and can have short-term benefits, but they are controversial, and some say dangerous. Several studies show that they are no more effective than sugar pills; others say they work well, but are, at best, no more effective than psychotherapy (talk therapy). **WARNING:** If you are taking these medications, do not quit them abruptly, but rather slowly, and always under your physician's guidance.

Group therapy, small groups (usually no larger than 12), meet regularly under the guidance of a counselor, or two counselors; members discuss their experiences with PTSD (there are groups for other problems as well). Sharing thoughts and experiences helps to build trust, self-confidence, and understanding about the condition.

Brief psychodynamic psychotherapy is a way of dealing with your emotional conflicts stemming from the trauma by identifying with your therapists, the triggers that release

painful memories, then learning how to deal with these intense feelings from past events by changing your responses to them, and my raising your self esteem.

Family therapy, of which there are very many techniques and approaches, brings the entire family (or partner) into the therapy because they also suffer from the consequences of the PTSD. They work together on communication, on healing the tears in the fabric of the family caused by this illness, and bring the family together in the healing and/or coping processes.

PTSD often lasts 3 to 6 months; sometimes it does not occur as the sole problem but is complicated with a dual problem, or even more than two, such as major depression, and drug and/or alcohol abuse or dependence. This lengthens and complicates the therapy process which then often continues for a year or two, or even longer. Statistically, PTSD significantly shortens the life expectancy of the afflicted, and causes suffering to the families impacted as well. If we humans could only learn to collectively resist the masters of war then we could beat our swords into plowshares.

Next week we shall discuss how proper diet and exercise can promote a healthy mind.

TIP OF THE WEEK: *Our dreams, our jokes, and our slips of the tongue often reveal a lot about who we are and how we think.*