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## WHAT IS POST-TRAUMATIC STRESS DISORDER?

Post Traumatic Stress Disorder has many origins. Symptoms are identified and recoveries are listed for the reader's benefit. Post Traumatic Stress Disorder (PTSD) is defined by the Diagnostic Statistical Manual-IV (DSM-IV) as an overwhelming response to an extreme event or series of events that occurred at least more than 1 month prior to the onset of symptoms. The event itself does not qualify a person for PTSD. An earthquake, a war, sexual/physical/emotional abuse, a devastating fire, a rape, a stock market crash and accidents of all kinds can be the precipitating factors to the development of symptoms. Moreover, as also can be noted, the duration of the trauma does not determine whether or not a diagnosis is made. Some traumas are of a one-time occurrence; others are chronic and pervasive.

Symptoms of PTSD include the recurrent and intrusive distressing recollections of the event; recurrent nightmares of the event; intense psychological distress at exposure to internal or external triggers that symbolize or resemble an aspect of the trauma; avoidance of thoughts, feelings, or conversations associated with the event; avoidance of activities, places, or people that arouse recollections of the trauma; inability to recall an important aspect of the event; markedly diminished interest in important activities; a restricted range of feeling or estrangement from others; a sense of a foreshortened future; difficulty falling asleep or staying asleep; irritability or outbursts of anger; difficulty concentrating; hypervigilance and an exaggerated startle response. Not all of the symptoms must be present; however, what symptoms there are must be connected to the trauma experienced. Symptoms often go unattended by friends and family members due to the length of time

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that has occurred from the trigger. Instead, the person is likely to be blamed for the very behaviors that are causing him/her distress. This tendency prevents the person from coming forward and identifying the trauma as an issue. Instead, almost universally, the person desires 'to move forward' and/or not discuss what is most troubling for him/her, a sense of shame for having the symptoms. Moreover, the shame further blocks the person from accessing outside resources.

To explain PTSD requires a limited understanding as to how reasoning works. For most people, waking up to greet the day means the suspension of 'what ifs.' Instead, most people assume they know full well what the day will bring as well as how and why events will occur. Events of the day that coincide with the prediction assure them that the universe is a kind, reasonable and well- organized place. In this scenario, the brain can make sense of all that ensued. The brain is able to make sense of them, as the events are congruent with prior learning and understanding of how the world operates. Imagine now that the day predicted goes awry. What ensues is chaotic and unexpected. Instead, one unknown event throws out all other events that were to ensue and changes the life permanently. Moreover, this event is not congruent with prior learning. To illustrate, suppose that a child was inculcated with the idea that he/she must mind authority figures but is now confronted with an abusive teacher. Due to the conflict, the child might endure marked mental distress. In essence, the brain would stop at the event, as if wanting to organize the prior discipline with the reaction of the teacher. Unfortunately, the two events are not compatible. Instead, the brain of the child would work hard to find a memory that might make sense of the conflict. Theorists posit that this episodic backtracking (flashback) is the brain's way of attempting to construct a new file



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for organizational purposes. The flashback is a dramatic sign that the psyche wants to make meaning of the occurrence.

To facilitate whole recovery, a visit to a licensed therapist or psychologist will enable the identification of a diagnosis. Relief of symptoms can be offered when the behaviors and reactions are given a name. Moreover, the professional can offer additional insight as to varying theories and procedures that can be used to offer healing. One intervention that is frequently suggested by professionals who have expertise in the area of PTSD is the connection to a support group with others who have had similar traumas. This intervention enables healing, as it is more likely to encourage a safe feeling for sharing with others. The new member of the support group discovers that his/her symptoms are not unique or crazy. Moreover, support is easily attained from others who empathize in a way not easily accessed by the outside world. The support network widens the social resources of the new member and serves to increase better coping skills.

Other techniques recommended by therapists include journal writing to put thoughts and feelings into words in order to create meaning from the trauma as well as interventions that encourage relaxation and the easing of anxiety. For example, therapists encourage the trauma victim to make use of biofeedback, positive visualization and deep breathing exercises to promote a sense of gaining back control. With the practice of these techniques, the victim is able to produce at will a feeling of calmness. The techniques add greater coping skills to the victim's repertoire. Specifically, visualization and deep breathing demonstrate to the victim that his/her body and mind are united and no longer operate without each other.



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To further explain, the problem of trauma is that it requires the brain to disconnect from feeling (panicking especially) in order to encourage automatic survival behaviors that will increase the chance of living or enable to continuation of sanity. Unfortunately, just because the trauma ceases does not mean that the emotional side of the brain resumes as previously operated. Instead, long after the trauma ends, the person has problems feeling fully present in his/her body. Feelings either spread all over the place or remain constricted and not forthcoming. Visualization and deep breathing encourage a reconnection between mind and body, thus fostering congruence of reactions and behaviors.

In addition to the previously mentioned interventions, certain therapists are trained in a procedure called Eye Movement Desensitization and Reprocessing (EMDR). Although seemingly simple, EMDR is said to offer powerful healing on the traumatized brain. EMDR uses certified state and nationally trained licensed therapists and psychologists to perform the rhythmical finger movements as a trauma is recalled. Patients report an initial evoking of strong emotion followed by a sense of relief. Not fully understood, EMDR is supposed to alter the brain's response to trauma, thus enabling much faster healing than other more traditional therapies. However, it is important to make certain that the EMDR therapist is state and nationally certified before proceeding with this therapy. Make certain that other physical issues are ruled out such as epilepsy and organicity before beginning this new procedure.

To prevent PTSD, it is important that a person debrief subsequent to a trauma. Ironically, friends and family members often discourage debriefing as they fear the retelling will add further harm to the victim. However, the sooner a person debriefs subsequent to a trauma,



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the more integrated the person's feelings will be with their behaviors. In conclusion, if a loved one or family member suspects that someone they know may be suffering from PTSD, ask them to seek help from a professional trained in the area of the trauma. Most importantly, encourage the speaking up of feelings as well as the difficulty in coping. As strength and composure is resumed, encourage the person to reach out to others who might be suffering in a similar manner. Connecting with others through shared perspectives is the greatest healing that can occur.



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