



Facts about PTSD

Life is not always kind, but the human brain and body can usually get back to normal after bad things happen, such as civil unrest based on a history of racial inequities. Though you may never forget a painful event, usually you know that it's over and no longer a threat to you.

In post-traumatic stress disorder—PTSD—this healing process breaks down. An event such as combat, a terrorist attack, sexual assault or childhood abuse can be so stressful that you can't "get past" it. You live in fear of re-experiencing it. You try to avoid "triggers" that cause flashbacks. You may turn to alcohol or drugs. But you can't get away from the trauma. Here are some basic facts—what happens with PTSD, what causes it, who gets it and how it can be treated.

PTSD is a reaction to a real event. It can cause changes to the way we go through and interpret the events of daily life, but it does not start that way. It always starts with something that actually happened. It can be a trauma you experienced directly, or something you saw (or heard about) that happened to someone else.

Symptoms of stress should fade away after trauma. In PTSD, they last. If symptoms last more than a month, you may have PTSD. It can show up in many ways, such as nightmares, unwanted and troubling thoughts, and dissociation. The latter is a state of feeling cut off from the here and now. Dissociation is the state in which one relives the trauma, or feels the strong emotions tied to it, as if it were happening all over again.

PTSD is a breakdown of normal memory. Most of the time the brain processes your experience like a highly skilled file clerk. It takes your memories and places them in context. When you retrieve them, you can find them at a proper point in the past. Under traumatic stress, the brain changes the way it does this task. Memories are “dissociated,” out of context and out of control. Memory of this kind can be set off by a “trigger,” plunging a person with PTSD into the same stressful state in which he had in the original trauma. A car backfires and a veteran with PTSD thinks he is under fire. PTSD therapy aims to bring the painful memories under control of the rational mind—that is, filed in the right place.

Trauma comes in many forms; intentional harm is the trauma most likely to lead to PTSD. Most people who go through trauma do not get symptoms that would lead to a diagnosis of PTSD. So what would make trauma so bad that the brain cannot do its normal work? Being harmed on purpose by another human being is worse than being hurt accidentally. According to the National Center for PTSD, you are more likely to be diagnosed with PTSD if you:

- Were directly exposed to the trauma as a victim or a witness
- Were badly hurt during the event
- Went through a trauma that was long-lasting or very harsh
- Believed that you or a family member was in danger
- Had a severe reaction during the event, such as crying, shaking, throwing up or feeling apart from your surroundings

PTSD is not just a veterans’ problem. Based on data from health surveys, 7 percent to 8 percent of adult Americans can expect to have PTSD at some time in their lives. Rates are higher among veterans, but PTSD affects civilians too. Women are about twice as likely as men to get the diagnosis. Some people may be more prone to PTSD if they have been through life-threatening trauma early in life or have little support from family or friends. Younger people are more susceptible, as are the less educated.

PTSD is treatable. Some medications can ease certain PTSD symptoms as well as the commonly associated low mood and anxiety. But more is needed to get at the underlying cause of PTSD. Forms of cognitive-behavioral therapy are often used. One of these, prolonged exposure, aims to end fears about entering safe situations that are linked to trauma. Another is cognitive-processing therapy, which helps the mind make healthier thought patterns.

Resources

National Center for PTSD | www.ptsd.va.gov

National Institute of Mental Health | <http://infocenter.nimh.nih.gov/pubstatic/OM%2009-4299/OM%2009-4299.pdf>

The Post-Traumatic Stress Disorder Sourcebook, 2nd ed., by Glenn R. Schiraldi, PhD. McGraw Hill, 2011.

The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma by Bessel van der Kolk. Viking, 2014.

Disclaimer: This document is intended for general information only. It does not provide the reader with specific direction, advice, or recommendations. You may wish to contact an appropriate professional for questions concerning your particular situation.

©2015-2020 Beacon Health Options