# Post-Traumatic Stress Disorder

By Dr. Linda Hancock

## ABOUT THE AUTHOR

Dr. Hancock has written a regular weekly column entitled “All Psyched Up” for newspapers in two Canadian provinces for more than a dozen years. Over the years, her readers and clients have said that they have benefited from her common-sense solutions, wisdom, and sense of humour. Dr. Linda Hancock, the author of “Life is An Adventure…every step of the way” and “Open for Business Success” is a Registered Psychologist who has a private practice in Medicine Hat. She can be reached at 403-529-6877 or through email office@drlindahancock.com

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The first time that I ever heard the term *Post-Traumatic Stress Disorder* (PTSD) was in a news report about veterans of the Vietnam War. Since then, however, I have realized that the causes, diagnosis and treatment form a very complex and difficult dilemma for the client and the professional.

Let's break the diagnoses down word by word.

"Post" implies that the condition occurs AFTER an event has occurred. In fact, if the symptoms last less than three months, the condition it is classified as "acute" but if they last more than three months, we use the term "chronic". "Delayed onset" describes symptoms that appear at least six months after the stressor.

"Traumatic" refers to an event or events that an individual experienced, witnessed or was confronted by which involved actual or threatened death or serious injury or the threat to the physical integrity of the person or others involved. An individual with this diagnosis responds to the event with intense fear, helplessness or horror.

"Stress" is an organism's total response to environmental demands or pressures. Those with Post Traumatic Stress Disorder persistently re-experience this in one or more of five ways. They may have:

1. recurrent and intrusive distressing recollections of the event with images, thoughts or perceptions,
2. dreams,
3. acting or feeling as if the traumatic event were recurring through illusions, hallucinations or dissociative flashback episodes,
4. intense psychological distress or
5. physiological reactivity with exposure to internal or external cues that symbolize or resemble an aspect of the event.

The word "Disorder" can be further broken into two parts. "Dis" implies disease and "order" refers to organization. Those with a "disorder" tend to have problems that lead to disease in mind or body. The good news is that they can be managed with treatment.

Avoidance of stimuli associated with the trauma and numbing of responsiveness are common in individuals with PTSD. There may be effort to avoid thoughts, feelings, conversations, activities or people. Sometimes diminished interest or participation in activities or inability to recall an important aspect of trauma may occur. The client may feel detached or estranged from others, restricted in affect or have a sense of foreshortened future.

Behaviours such as difficulty falling or staying asleep, irritability, difficulty concentrating, hyper-vigilance, exaggerated startle response may occur.

All of this sounds very serious and clinical and can be quite debilitating. The disturbance can cause significant impairment in social, occupational or other important areas of functioning.

However, (and there always needs to be a “however”), there is always hope in life.

I know many individuals who have serious disorders but manage their lives in a way that allows them to function beautifully and have amazingly positive attitudes. At the same time, I know people who have very little against them in life, and they refuse to get out of bed in the morning!

I’m not saying that you can “cure” your disorder - but you can choose how you will approach each day when dealing with it.