Why psychology matters to me. using post tramatic distress disorder as a example

Psychology



Gaining a Psychological Understanding of Post Traumatic Stress Disorder (PTSD) Here s Here Gaining a Psychological Understanding of Post Traumatic Stress Disorder (PTSD) The field of psychology offers a multitude of theories and methods that allow for the investigation of virtually anything related to the mind. Mental disorders are among the topics that are most widely studied in psychology, and the understanding of such disorders has been greatly aided by the associated literature. Psychological research often includes biological and social perspectives, allowing for a more comprehensive evaluation of mental disorders than would be possible using these approaches alone. The following information is an example of what can be gained from understanding psychology when attempting to comprehend the concept of a specific disorder. History Posttraumatic stress disorder (PTSD) may be one of the earliest recorded psychological disorders in history. Symptoms that resemble the affliction were noted in Ancient Greece as an effect of battle, and examples of these symptoms can be found throughout recorded history in similar war-related situations. However, the actual designation of PTSD and the development of related treatment did not begin until the 1970s. It is not a coincidence that interest in identifying and studying this disorder occurred in step with the much-maligned Vietnam War. PTSD continues to be strongly linked to participation in wars (MacGregor, 2009), although this is far from the only type of traumatic experience that can be associated with the disorder. Definition PTSD is classified as a type of anxiety disorder that occurs after you've witnessed, been involved in, or have otherwise experienced a traumatic event (physical and/or psychological) that involves a serious threat to some aspect of the

observer's perspective well being (which may include experiencing threats to others). The trauma that triggers PTSD may be experienced at any age, and can be in a wide variety of forms, such as being assaulted, witnessing a murder, being in battle, or living through natural disasters (NCBI, 2011). The onset and duration of PTSD can vary. Long-term afflictions (chronic), shortterm (acute), and forms of the disorder that do not manifest immediately after the traumatic experience (delayed-onset) are some of the categories that describe the various kinds of PTSD. Symptoms Due to a lack of evidence connecting biology to PTSD (links do exist, but they are new and few at this point), the disorder is diagnosed based on the potential traumatic experience, as well as behavioral changes that may follow the event. According to the DSM-IV-TR diagnostic manual, the diagnosis of PTSD is made based on several necessary criteria. Exposure to trauma, repeated " flashbacks" of the experience, avoiding things connected with the traumatic event, displaying muted emotions, and increased arousal are diagnosable characteristics. Additionally, the symptoms must be present for at least one month, and they must contribute to a significant impairment in functioning. Other symptoms that may arise as a result of PTSD include agitation, headaches, heartbeat over awareness, dizzy spells, and fainting. Treatment Prevention and early detection are often touted as being the first lines of treatment against PTSD. Psychological debriefing may be employed following a traumatic event with the intent of reducing the chances of developing PTSD. However, research is inconsistent and some studies even suggest that debriefing contributes to the formation of the disorder. The early detection of an already-developed case of PTSD, however, is considered to be beneficial

to those who are affected. Desensitization procedures are often employed following the detection of PTSD. This process serves to allow the sufferer to express their feelings about the event early, so that the memory may become less painful over time and so that PTSD related behaviors become minimalized. Interventions for PTSD come from many fields of psychology, and include psychotherapeutic, cognitive behavioral, and pharmaceutical approaches. There is no drug that is made specifically for the treatment of PTSD, but may types of pharmaceuticals (including SSRIs, anti-consultants, and beta blockers) are used to treat the various symptoms that arise with the disorder. Sociocultural Considerations The experience PTSD always occurs in a sociocultural context. In societies that are more concerned with " getting over things" PTSD may be induced by the "bottling up" of feelings and/or an inability to express the experience for desensitization. The effect of PTSD is also felt at a sociocultural level, as weakened communication may result in the loss or lessening of both personal and social relationships (Laffaye, Cavella, Drescher, and Rosen, 2008). Many groups exist that offer help to people who have PTSD, though the family should ideally be the foremost support group. Conclusion Psychology is a broad field that offers many views on many topics. Mental disorders are likely the most popularized aspect of psychological study, and with good reason. The field has provided a large amount of research into such disorders, and treatments have helped in lessening the burden for some people. As is demonstrated above, psychology can provide us with a wealth of information in coming to understand these disorders. References Laffaye, C., Cavella, S., Drescher, K., & Rosen, C. (2008). Relationships among PTSD symptoms, social support,

and support source in veterans with chronic PTSD. Journal of Traumatic Stress, 21(4), 394-401. MacGregor, A. J., Shaffer, R. A., Dougherty, A. L., Galarneau, M. R., Raman, R., Baker, D. G., ... Corson, K. S. (2009). Psychological correlates of battle and nonbattle injury among operation Iraqi freedom veterans. Military Medicine, 174(3), 224-231. National Center for Biotechnology Information (NCBI). (2011). Post-traumatic stress disorder. In PubMed Health. Retrieved November 21, 2011, from http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001923/.