

# [Post-traumatic stress disorder essay](https://assignbuster.com/post-traumatic-stress-disorder-essay/)

[](https://assignbuster.com/)[Law](https://assignbuster.com/essay-subjects/law/), [Criminal Justice](https://assignbuster.com/essay-subjects/law/criminal-justice/)

## Introduction

It is very normal for one to feel disconnected, sad, anxious or frightened after going through a traumatic experience. Many people find it difficult to move on with life after this experience as the painful memories of what they witnessed come back. Traumatic events such as war, natural disaster, rape, assault, sudden death of a lover, terrorist attack or even air crash can leave someone with post-traumatic stress disorders (PTSD) that if not well managed can have severe consequences (Murray, 1992). One group that is affected by post-traumatic stress is soldiers returning from war due to the overwhelming memories of the battlefield. Many war veterans suffer from post-traumatic stress disorders (PTSD) once they return from the war.

## War Veterans’ Experiences

After the September 11 terror attack, the US military has been involved in two major combat in the Middle East; in Afghanistan and later in Iraq. This has increased the number of patients who are seeking treatment related to combat health disorders. War veterans undergo difficult traumatizing experiences which totally affect their life even after returning from the battlefield (Kennedy & Duff, 2001). First, war veterans face combat exposures such as fire exchange, risking losing their lives or suffering injuries, witness villages being destroyed and suffering refugees, exposure to sights, smells and sound of people who are dying. Soldiers also fear the possibility of being executed or abused once they are captured by their enemies. Second, war veterans are exposed to chemical, radiological, and biological weapons that instill fear in them about the long-term effects of those exposures to their health. Third, fighting soldiers are exposed to difficult conditions for working and living where they may not eat the food they desire, poor living conditions, no privacy, cultural differences, working for many hours, boredom and uncomfortable weather. Fourth, many soldiers are concerned about how their deployment will affect their family, careers and their life in general. They fear that their relationship with their loved ones and friends may never be the same again. Fifth, soldiers are worried about terrorist tactics that are deadly and not easily detected. Warfare tactics are constantly changing and soldiers worry of the unknown tactics that may take their lives. Finally, soldiers from minority groups may experience some form of discrimination in the battlefield thus adding to their stress. All these factors make the life of returning veterans difficult as they try to catch up and continue with their normal life after returning home.

Some veterans undergo physical injuries like losing their limbs; they also suffer from psychological difficulties as a result of witnessing painful experiences such as death of their fellow soldiers and other victims of the war. According to Raymond (2007), more than half of the Afghanistan war veterans returned with mental problems which could be attributed to painful memories of the battle field. Many veterans also find it difficult to adjust to their normal routines due to post-war trauma stress and depression. Modern warfare creates an atmosphere of uncertainty, confusion, death or injury which can easily lead to mental distress or disorders among the soldiers. Kang et al. (2003) conducted a survey about health conditions of the veterans returning from the gulf war of 1991 and found that 10 percent of the soldiers had PTSD symptoms. Another survey found that about 9. 3 percent and 17. 1 percent of the soldiers from Afghanistan and Iraq wars respectively suffered from generalized anxiety, PTSD or depression (Kang et al 2003).

## PTSD and families

Many families of the war veterans are seriously affected by the psychological consequences such as depression, anxiety and PTSD that result from traumatic experiences in the battlefield. War veterans are difficult to handle in the marriage since they do not open up easily as they used to do there before. There are more volatile and less affectionate thus unable to continue well with their marriage. Many marriages break and family separate due to new behaviors that come with PTSD in the veterans. Couples find it difficult to make love since one of the spouse is less affectionate. Again handling a veteran with depression, mental problems and other health problems is not easy since the victim requires love and support from all the family members which they may not be in a position to provide. Wives of veterans experience many challenges as they try to adjust themselves to enable them to accommodate their husbands who may be suffering from psychological problems. One symptom of PTSD is lack of interest in many activities and life in general. War veterans also suffer from low concentration that makes it difficult for them to continue with their normal lives in other jobs and in marriage. Stress problems may also result in substance abuse, job loss and other mental problems that may lead to separation or divorce.

## Symptoms of PTSD

Signs and symptoms of PSTD may arise immediately, gradually or after some time. In most cases these symptoms arise as result of something that reminds the victim of the actual event such image, smell, noise or certain words. Though many victims experience these symptoms in different ways, they may be categorized in three groups according to (Guay et al., 2006) :

## a) Experiencing the traumatic event again

In this case, the victim experiences the upsetting and intrusive memories of the traumatic event. The patients flash back and see the event happening again or it may come back again through nightmares or seeing other things that are frightening at night. The patient may also feel intense distress when he or she remembers the event while others may experience intense physical reactions such as rapid breathing, pounding heart, sweating, and nausea or muscle tension.

## b) Numbing and avoidance

Many victims avoid activities, thoughts, feelings, or places that may remind them of the actual traumatic events. These symptoms may also be demonstrated by inability of the victim to remember significant aspects of the event. One may also feel detached from other people, lack of interest in many activities and being emotionally inactive. Finally, other victims have a sense of limited future where they are not expecting to live for many years.

## c) Emotional arousal and increased anxiety

Many victims of PTSD experiences difficulties in staying or falling asleep and spend most of their sleeping hours awake. Others may burst in anger just because of a very minor issue or getting irritated so easily. The level of concentration is also low where victims are not in a position to concentrate on one thing for a longtime.

## Treatment of PTSD

It is very important for the victims of the PTSD to seek medical assistance as early as possible to prevent other health problems that are related to these disorders. The patients need to seek assistance from experienced doctor or therapist who will help them to confront their painful memories of what happened and accept it as their past life. Many victims try to avoid the feelings and memories of the traumatic events but doing so will make the situation worse since they will always come back once they are triggered by any activity, event or sound.

There are several treatment methods that therapists and doctors use to treat these disorders. These methods include family therapy, medication, cognitive-behavioral therapy and finally eye movement reprocessing and movement desensitization method (Schore, 2002).

Though all these methods are different, they all aim at confronting the past events, accepting them and hence moving on with normal life. All these methods will therefore involve the following main activities. First, the patient will be required to explore his or her thoughts about the traumatic event. The patient needs to remove the feelings of self-blame, mistrust and guilty that may have developed with time. There is also need for the patient to be taught how to control and cope with intrusive memories of the past. Finally, the victim will be assisted to address the problems that have already occurred in his or her personal life and in regards to relationships with other people such as one’s spouse and family members.

Again, the victim of these disorders also has a part to play in the process of recovery other than just seeking treatment from the doctors and therapists. Many times the victim feels disconnected from others and he or she may be tempted to stay way from other people such as family members and friends and also have low interest to participate in various social activities. However, it is important for the victim to stay with other people such as family members and friends who may help him or her in the process of recovery. The victim may also consider joining support groups especially of the survivors who went through the same experience with him or her for quick process of healing (Guay et al., 2006). Another personal responsibility of the PTSD victim is to avoid taking alcohol and other drugs. Many victims are tempted to use alcohol and other drugs as a quick treatment for traumatic memories and difficult emotions. However, the research shows that these drugs make the situation worse as symptoms of PTSD such as social isolation, depression and anger deteriorate. Finally, as part of recovery process, it is important for the victims to refuse being helpless. Trauma usually leaves the victim with the feeling of vulnerability and powerlessness but it is important for him or her to challenge this situation and gather courage to deal with tough times.

## References

Guay, S., Billette, V. & Marchand, A. (2006). Exploring the links between post-traumatic stress disorder and social support: Processes and potential research avenues. Journal of Traumatic Stress, 19(3), 327-338.   
John, B. (1992). Posttraumatic stress disorder: A review. Genetic, Social & General Psychology Monographs, 118(3), 315.   
Kang, K., Natelson B., Mahan, M., Lee, Y. & Murphy M. (2003). Post-traumatic stress disorder and chronic fatigue syndrome-like illness among Gulf War veterans: a population-based survey of 30, 000 veterans. Am J Epidemiol. 157, 141-148.   
Kennedy, P. & Duff, J. (2001). Post traumatic stress disorder and spinal cord injuries. Spinal Cord, 39(1), 1.   
Raymond, K. (2007). Crisis looms for GIs: Mental health summit for veterans highlights difficulties of readjustment after surviving combat. McClatchy - Tribune Business News, 30 Mar, 1.   
Schore, N. (2002). Dysregulation of the right brain: a fundamental mechanism of traumatic attachment and the psychopathogenesis of posttraumatic stress disorder. Australian & New Zealand Journal of Psychiatry, 36(1), 9-30.