

Posttraumatic stress disorder: causes and effects



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A War Without End: The Struggle of Posttraumatic Stress Disorder

Abstract

This analysis is divided into two major parts. The first portion is dedicated to describing posttraumatic stress disorder, as well as the stress response and its contribution to developing PTSD.

Along with describing PTSD is a reaction to a Frontline Documentary on veterans struggling with the disorder. The second portion is an analysis of a personal friend that is currently undergoing treatment for PTSD. Though the information of his treatment is true, information about his identity or personal life will be altered.

Part I.

The issue of PTSD has gained a lot of attention with the United States fourteen year endeavor in the middle east. The number of veterans returning home from Iraq and Afghanistan with PTSD is quite staggering. To better understand PTSD it is important to look at stress and trauma, and how these two mechanisms manifest. Their manifestation is crucial to our understanding of PTSD.

Stress

Stress can best be exemplified as our natural physiological response to a threat. To say that stress itself is a bad thing would imply that our survival is bad. The stress response is what has allowed our species to adapt and reach our current status. So what is the stress response?

It all starts at the hypothalamus which sits dorsal to the limbic system, the system that is responsible for our stress response. The hypothalamus then triggers our endocrine system by relaying electrical signals to the pituitary gland, also known as the master gland of the endocrine system. When the stimulation of the pituitary is that of a perceived threat, adrenocorticotropic hormone is released stimulating the adrenal glands (Cohen, 2013). The adrenal cortex responds by releasing cortisol, and the adrenal medulla releases epinephrine. Cortisol is responsible for raising glucose levels by stimulating the release of stored glycogen in the liver. Epinephrine's response is what raises heart rate, dilates blood vessels, and prepares us for the situation that of which caused the initial reaction. All of what falls under this description of stress results from the sympathetic nervous system, and its effect on what is known as the hypothalamic-pituitary-adrenal (HPA) axes (Siegel, et al. 2005).

Trauma

When people experience a traumatic event, in more cases than not, they attach an emotional response to said event. Looking at trauma's long term effects, we see that these responses can be acted out through unpredictable behavior/emotion, flashbacks, unstable relationships, and even physical pains (APA, 2013). Trauma can affect anyone at any age, and can result from events such as rape, abuse, and as it is most prevalent to this topic, combat. When someone suffers from trauma, a nonthreatening event can set off a stress response if triggered in some way (Comer, 2014).

PTSD

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In a simplified explanation of posttraumatic stress disorder, PTSD could be seen as an over active stress response that follows a traumatic, or series of traumatic events. As is common with those who see combat or the gruesome consequences of combat, PTSD has left psychological scars on the veterans who return home after serving.

A 2005 Frontline documentary depicted PTSD in a way that was both informative and emotional. One point that stood out about the documentary was the culture of military life, especially in the army and marines. The culture is basically this; Being violent and reactive is very much encouraged, showing empathy is weakness, disobeying an order is cowardice, and showing signs of psychological issues is as cowardice as it is weak. Because of this disturbing belief system it is really not a topic to stay politically correct on. Let us start with the fact that violence and reactivity are considered virtues of a soldier. Finding a peaceful resolution has never resulted from fighting fire with fire. Attempts to find peace are crushed by the surge of reaction (Martin Luther King Jr., 1965), and for a very obvious reason. When someone is reactive in a situation that does not readily call for it, more times than not mistakes are made. In the case of Rob, this issue came center stage when he opened fire on a civilian woman after hearing reports of suicide bombers. She fell with a white flag in her hand (Frontline, 2005). It is not Rob's fault that this civilian died, but rather a consequence of war. He felt that the threat of a suicide bombing was approaching, and instinctively tried to preserve his life, and the men he fought along side. When he began to struggle with the event, the men around him labeled him a coward.

Rob's story is not uncommon for those who have fought in this war. Turning to a soldier by the name of Jeff, we see the consequences of not seeking help after a traumatic event. According to the Frontline documentary, Jeff told his family of a haunting memory which seems to depict the consequence of blindly following orders. Jeff was commanded to execute two unarmed prisoners of war, and his obedience cost him his sanity. Jeff's mental decline was shown through his abuse and excessive use of alcohol (Frontline, 2005). Jeff committed suicide roughly about a year after serving, which alcohol could be seen as a contributing factor.

The experiences of those interviewed in the Frontline Documentary provided great insight in terms of PTSD, and with this insight the signs and symptoms can easily be spotted. With this information a brief diagnostic assessment will be attempted, and as stated earlier, some of the information about this particular individual has been altered.

Part II.

Background

John is a white male in his mid-twenties. He was released from active duty in the Army July, 2013. John has been receiving psychiatric care for PTSD for a year and a half, and he claims that he has been improving. His psychiatrist has him undergoing drug treatment to help with the symptoms. As is common with those suffering from PTSD, John takes Lithium to help with his anxiety and feelings of depression attributed to stress. As an adolescent John was diagnosed with ADHD, and had been prescribed Adderall up until 10th grade. He has been back on Adderall for the past six months to help with

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concentration, and also for the anti-anxiety benefits of taking a low dose stimulant.

Behavior

John is rather evasive when talking about his time in Afghanistan. When asked about his experience, John seems to steer the conversation towards boot camp, seemingly as an attempt to keep his mind off of his duty served in Afghanistan. The only thing that could be confirmed is that John had seen combat on a number of occasions. At times his speech seems disorganized and forced. He loses attention during conversation quite often, and has trouble holding eye contact. When John initially returned to civilian status he began using methamphetamine's for a short duration before seeking help.

John has also been trying to limit his consumption of alcohol since being released of duty, and though he has stopped drinking every night, his troubles with alcohol have persisted.

Summary

John's behaviors that of which can be observed fall in line with most of the behaviors of those mentioned earlier in the Frontline Documentary. Drug abuse has been the most prevalent issue in John's life after serving, but he has shown signs of progress with his current treatment plan.

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