

Upper East Side Resident
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Post-Traumatic Stress Syndrome

We all build physic fences around ourselves in order to feel some measure of safety in what is, after all, an unpredictable, sometimes, even dangerous world. And none of us is immune to the effects of overwhelming trauma, with attendant feelings of terror and helplessness. Trauma can come in many forms, both as natural disasters (earthquakes, floods, uncontrollable fires) and as man-made disasters (plane crashes and other accidents, war, torture, child abuse, rape and domestic violence). While all disasters are terrifying, man-made disasters, especially those that are caused by human cruelty, appear to create the most long-lasting symptoms, destroying all trust in other human beings.

Post-Traumatic Stress Syndrome, once identified as hysteria in Freud's time and shell-shock during the era of WWI, has been recognized as a legitimate psychiatric disorder since 1980. Previously there was a strong tendency to consider those suffering from its many symptoms to be "weak" and somehow morally deficient. However, we know that the syndrome, whether acute and of short duration, or chronic and sometimes lasting for many years, even a lifetime, is the human being's natural response to overwhelming catastrophe, completely beyond the range of normal life experience such as sickness, death, etc. As a matter of fact, there is recent evidence that individuals who remain overly calm during disaster may indeed be the most likely candidates for long-lasting traumatic symptoms.

Post-Traumatic Stress Syndrome has multiple symptoms. On the one hand, there is usually tremendous anxiety as a reaction to any situation that recalls the original trauma in any way; there are also nightmares, sleep disturbances, startle reactions, irritability, psychosomatic symptoms and sometimes rage outbursts.

And there are, perhaps most frighteningly of all, flashbacks in which there is relieving of the entire trauma or aspects of it, often as if it were actually occurring in the present.

On the other hand, there is psychic numbing and amnesia, complete or partial disassociation from consciousness of the trauma, along with disturbing states in which the individual experiences a sense of unreality or even not being in his own body. And perhaps worst of all these symptoms, the ability to trust other human beings and oneself is often shattered along with all former sense of self-empowerment, self-esteem, and competence. Thus trauma can lead to profound disconnection from self and others, resulting in depression, addictions to self-medication emotional pain, and various degrees of constriction of emotional and social life.

There is another aspect of Post-Traumatic Stress Syndrome which is also of great importance to understand the concept of "cumulative trauma", which results from not one overwhelming incident, but many traumatic acts. These include ongoing childhood abuse (physical, sexual, and emotional), as well as repeated marital domestic violence. In the case of child abuse, a child is not able to achieve basic emotional milestones of growth because the abuse warps the experience of relationship and ultimately the entire sense of self and safety in the world. For adults trapped in abusive relationships, often there is a replication of earlier abuse to what is already a fragile self or a loss of a former healthier individuality to a self under constant or intermittent attack.

Furthermore, it is my clinical opinion that there is an even more subtle form of Post-Traumatic Stress Syndrome in which children are deprived in less overt ways of appropriate nurturing, where they do not receive the kind of intimate connection of mirroring of their true selves needed for development of basic trust in others and a sense of their own competence and self-worth. Often the parents of such children have not received appropriate nurturing, themselves, and while not abusive, are self-involved and emotionally unavailable. Such children grow up to have profound self-doubts, a deeply painful inner "void," and experience symptoms of trauma in less overwhelming, and overt ways, including anxiety, depression, addiction, inability to make meaningful connections, feelings of being less than fully real and authentic and a constricted ability to actualize themselves.

There is a scientific evidence that both acute and cumulative trauma can cause changes in brain functioning that can be long and even permanent. The stress centers of the brain become hyper-alert and act as if danger were constantly present, releasing certain brain hormones that keep the body in a state of readiness for emergencies which do not actually exist. There is, at the same time, an increase in activity level of the opioid system of the brain which results in emotional numbing. At this time, there are no specific medications which can reverse these changes, but researchers feel that this new understanding of the brain will eventually result in drugs that can be tailored to reverse the effects of posttraumatic stress.