

Post-Traumatic Stress Disorder: A Primer

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*“There are wounds that never show on the body that are deeper and more hurtful than anything that bleeds.”~
Laurell K. Hamilton, [Mistral's Kiss](#)*

[Post-traumatic stress disorder \(PTSD\)](#) is classed as an anxiety disorder, listed in the [Diagnostic and Statistical Manual of Mental Disorders - The DSM:V](#). Although considered a soldier's illness by many, all humans can develop the condition following any life-experience that involves exposure to death or the threat of death, serious physical injury, assault or sexual violence. Any such life-experience is considered traumatic whenever it is *subjectively* interpreted by the one experiencing the event as potentially life-threatening, extremely stressful, frightening, and outside of individual control.

Those of us living with PTSD know well what happens to us with trauma. Psychological trauma overwhelms the human nervous system causing a great measure of uncontrollable distress. Traumatic life-experiences are generally unexpected, and many who suffer a traumatic experience feel powerless to stop or change the event.

Such experiences may include crimes, natural disasters, accidents, war or conflict, or other threats to life. Though most destructive when experienced personally, traumatic events that are witnessed or heard about in story-telling (including news stories of disaster or war) can overwhelm our ability to cope.

Experiences that traumatize are as unique to individuals as eye-colour might be. What traumatizes one individual, won't necessarily be perceived traumatic by another. However, the [traumatic stress response](#), plays itself out similarly across human populations. The cause may be individually unique - the effect is generally typical in all who are traumatized.

Left untreated and once rooted, trauma causes intrusive symptoms of unwelcome and incessant visual, auditory and olfactory (scent) memories of the traumatic event. We live with vivid nightmares, flashbacks, or thoughts of the experience that seem to come from nowhere. The symptoms lead us to avoid any reminders of the event, including reminders triggered through the senses.

So the public might better understand, I'll share this example. Someone hurt in a car crash, who was perhaps trapped and smelling the leakage of fuel, may find themselves distressed each time the smell of fuel enters the environment. If struck in an intersection by a red car, a person with PTSD might develop an aversion to any red car. Experiences in accidents such as these, might lead an accident victim to avoid future driving all together.

PTSD makes us feel *extremely* nervous or keyed-up, on alert for danger almost every moment. Many with PTSD, startle easily and have a difficult time concentrating. Most feel perpetually irritable, and have problems with sleep. We feel as though the traumatic experience is still happening in our lives, even when we are safe and the traumatic event is long passed.

We feel often emotionally numb and detached from important family, friends and the world. We sometimes feel like things around us aren't real, feel disconnected from our body and thoughts. We have a hard time feeling normal emotions.

While most people (75%) will experience at least a single trauma at some point in their life, not all traumatic experiences lead to PTSD. We aren't sure why trauma causes PTSD in some people and not others, but it's likely linked to many interactions of various factors making up the individuals who develop the condition. This may include the length of exposure to the trauma, the number of other traumatic experiences in a person's life and their reaction to previous events.

Some occupations put people more frequently in dangerous situations. Military personnel, first responders (police, firefighters, and paramedics), doctors, and nurses experience higher rates of PTSD (25-30% higher) than other professions. Psychological trauma isn't always connected with a single event in the past. Some trauma, particularly repeated acts like abuse or trauma during wartime, can impact a person's life far beyond the symptoms of PTSD. Some use other terms like [Complex PTSD](#) to describe these experiences.

Recovery we know depends on the quality of support received after the event, and how timely we are treated. Traumatic stress can be dealt with appropriately when we accept what is initially happening as a normal response to an extremely troubling situation. Working through the trauma as we might with grief is what we need to learn to do to process the information connected with the traumatic experience. In vocation, military, first-responder work etc. we call the stress reaction '[Critical Incident Stress](#)'.

Quality, trauma-informed employers will have care streams developed to care for their workers should we need support due to trauma on the job. Education and full support of the employer is what makes the difference in terms of survival and positive outcomes for workers in [at risk industries](#). Unfortunately, we are still stuck with fear of liability and stigmatization keeps many of us from seeking the support we need to recover in time to ward off the onset of full-blown PTSD.

The [Additional trauma](#) of inappropriate care, with feelings of intense abandonment and betrayal left behind for a worker, can drive an initial traumatic stress response (Critical Incident Stress) into full-onset PTSD. For many, the experience of betrayal leads us into an experience with our condition that is increasingly complex and more and more difficult to confront in terms of recovery.

When traumatized from any source, or when we are re-traumatized through [secondary wounding](#), we experience a change in thoughts and mood related to the traumatic event. Physiologically, trauma can disrupt all systems in the body, launching an imbalance of systems dedicated to [fight-or-flight](#), including the brain, adrenal and endocrine systems in the human body. For some, without any prior knowledge of healthy means of managing troubling emotions, alcohol or drugs can be the only way found to cope with PTSD, leading ultimately to [addiction](#).

[Stigma](#) issues related to a label of mental illness keeps far too many of us from seeking treatment. This only serves to reinforce the experience as '*abnormal*', setting the trauma deeper into the body and mind. Over time, the experience of trauma can become the central focus of life. The effects of the condition can then last a lifetime. Under these conditions, PTSD is considered as one of the most debilitating and disabling conditions a human-being can develop.

I encourage the public to delve into the subject. Research on your own and learn all you can, not only to create a larger pool of informed humans across the masses, but also to protect yourself should you ever experience the unfortunate experience of trauma in your own life.

Three out of four of us will, at least once, experience a traumatic event. Perhaps in sharing this information with others, we can all be more prepared. Watching out for one another and providing information to assist: isn't this what human life and living is really all about?

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