



UNTOLD TALES OF TRAUMA

Dr Roshan Jain

Not all wounds are visible and those that are psychological are not easily objectified and recognised. And if problems of the mind can have disabling effects on our lives, why do we ignore them?

Psychological, as compared to physical wounds take much longer to heal, with one reason being that we take too long to attend to them. Given the unpredictable world we live in, understanding traumatic psychological injury of the mind has never been more important.

Everyday Trauma

We are all traumatised on a daily basis even in the comforts of our drawing rooms by news of natural disasters, war, violent crimes, accidents and rape. Frequent breaking news of catastrophes may numb us to an extent of automatic emotional withdrawal. This may have aversive consequences on our emotions, making us less available for empathic support to the victims.

What is PTSD?

Post-traumatic Stress Disorder or PTSD is a form of stress-related anxiety disorder. Defined simply as a normal reaction to an experience or witnessing an overwhelming incident during which an individual would

have felt intense fear, helplessness, or horror. These incidents include rape, torture, accident, abuse, and disasters.

Symptoms

Three distinctive features of PTSD

- ◆ Intrusive
- ◆ Avoidance
- ◆ Heightened arousal

Intrusive Features

- ◆ Recurrent and distressing recollections of the traumatic event in the form of dreams, flashbacks or memories.
- ◆ Sudden feeling as if the traumatic event is recurring, and psychological distress at exposure to things that symbolise or resemble an aspect of the trauma, such as anniversaries

Avoidance Features

- ◆ Avoiding the thought or feelings associated with the trauma, or avoidance of activities, places, people and situations.
- ◆ Some may be even unable to recall an important aspect of the trauma.

Heightened Arousal

- ◆ Difficulty in falling or staying asleep, irritability or outburst of anger progressing to rage, difficulty concentrating, hypervigilance – as well as exaggerated startled response.
- ◆ Disorganised and agitated behaviour, as well as poor concentration and memory.

Other Features

- ◆ Diminished interest in activities

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and feeling of detachment or estrangement from others, restricted range of affection (inability to have loving feelings), as well anxiety and frank clinical depression.

- ◆ Many suffer hopelessness and helplessness followed by suicidal ideas or contemplating or planning to end life.
- ◆ Undermined self-esteem and confidence, and have difficulty in coming to terms with the incident that can lead to continued self-victimisation.

Who is affected?

- ◆ PTSD can affect any age group, even children.
- ◆ Women are twice as likely to develop PTSD as men.
- ◆ Overall about 1 to 3 per cent of the general population is affected.

Individual differences over appraisal of event and the capacity to cope with catastrophic stress explain why some people exposed to traumatic events do not suffer from PTSD; while others go on to develop the full-blown syndrome. However, it must be emphasised that incidents such as rape, torture and severe war zone stress are experienced as traumatic events by nearly everyone.

Facts & Figures

- ◆ Research suggests an estimated 50% of rape victims are affected with PTSD
- ◆ 23% after other sexual assault
- ◆ About 30% following physical assault
- ◆ Other incidents such as witnessing serious injury (7.3%) and natural disaster (3.8%) also raise vulnerability
- ◆ 20% among people wounded in war

Intervention

PTSD isn't about what's wrong with you; it's about what happened to you. It is a sensitive problem that requires due diligence and empathic care.

Combination treatment with talk therapy and medication is most effective.

- ◆ Cognitive behavioural therapy (talk therapy) and structured counselling, to help victims learn new skills to process memories and emotions related to the traumatic event, and manage or resolve distressing thoughts, feelings and behaviour associated with traumatic events.
- ◆ Additional treatment with medications such as anti-depressants and anti-anxiety tablets would reduce the impact of symptoms.
- ◆ Offering support for the victim's family will help them psychologically and play pivotal role in the victim's recovery.

Frontline personnel need to be aware about providing psychological first-aid to assist people in the aftermath of major events to:

- ◆ Reduce initial distress
- ◆ Improve adaptive functioning
- ◆ Reduce secondary victimisation