

FOR WHAT IT'S WORTH

By Chester Brost

As the war in the Middle east wages and the American death toll rises, the impact that combat stress is taking on our soldier's mental health is raising concern. The leading expert on combat stress, Army Col. Charles Hoge, a psychiatrist at the Walter Reed Army institute and an expert in post-traumatic stress disorder, testified during a Congressional hearing that 41% of National Guardsman and reservists and 32% of active-duty troops serving in Iraq and Afghanistan have raised concerns about their mental health.

For those of us who have only experienced combat through the efforts of the film industry's propaganda machine, it may be difficult to understand just how traumatic combat can be.

Sometimes, after a soldier finds themselves suddenly in danger, overcome with fear, helplessness, or horror they may begin to experience problems that they did not have before the event. If these problems are severe, the individual does not get help, they may then begin to experience particular symptoms like re-experiencing the trauma-mentally and physically-and avoidance of trauma reminders. These symptoms, if gone untreated, may lead to post-traumatic stress disorder, or PTSD.

PTSD is a psychiatric disorder that can occur following the experience or witnessing of life threatening events such as military combat, serious accidents, or violent personal attacks like rape. People who suffer from PTSD often relive the experience through nightmares and flashbacks, have difficulty sleeping, and feel detached or estranged, and these symptoms can be severe enough and last long enough to significantly impair the person's life. PTSD is marked by clear biological changes as well as psychological symptoms. The disorder is associated with impairing one's ability to function in social or family life, occupational insatiability, divorce, family discord, and parenting problems.

PTSD is not a new disorder. There are written accounts of similar symptoms that go back to ancient times, and there is clear documentation in the historical medical literature starting with the Civil War, where a PTSD-like disorder was known as "Da-Costa's Syndrome." There are particularly good descriptions of PTSD symptoms in the medical literature on combat veterans of World War II Holocaust survivors.

Careful research of PTSD began after the Vietnam War. The National Vietnam Veterans Study estimated that 30% of veterans had experienced the disorder at some point since returning from Vietnam. PTSD has subsequently been observed in all veterans populations that have been studied, including World War II, the Korean conflict, and Persian Gulf, and in United Nations peacekeeping forces deployed to other war zones around the world.

Most people who are exposed to a traumatic, stressful event experience some of the symptoms of PTSD in the days and weeks following exposure. The course of chronic PTSD usually involves periods of symptom increase followed by remission or decrease, although for some, symptoms may be unremitting and severe. Some older veterans who report a lifetime of only mild symptoms have experienced significant increase following retirement, severe medical illness in themselves or their spouse, or reminders of their military service such as reunions or media broadcasts of the anniversaries of war events.

Some symptoms of PTSD include re-experiencing the trauma, thinking about it, seeing images of the event, feeling agitated, and having physical sensations that occurred during the trauma. Survivors find themselves feeling and acting as if the trauma is happening again: feeling as if they are in danger, panic, wanting to escape, getting angry, thinking about attacking or harming someone else. They may also experience trouble sleeping and concentrating. These experiences are not usually voluntary, and usually can't be controlled or stopped.

People who experience trauma can also experience physical reactions to trauma reminders such as: Trouble with sleep, feeling agitated and constantly on the lookout for danger, getting very startled by loud noises or something or someone coming up on you from behind when you don't expect it, feeling shaky or sweaty, palpitations and trouble breathing.

Because they have these upsetting feelings, trauma survivors often act as if they are in danger again when they get stressed or reminded of their trauma. They might get overly concerned about keeping safe in non-dangerous situations. Because they often feel like they are in danger when they are not, they may become overly aggressive, leashing out to protect themselves when there is no need. For example, a person who was attacked may be quick to yell or hit someone who only appears threatening. This happens because, when threatened, people have a natural physical "fight or flight" reaction that prepares them to react to danger. PTSD sufferers experience increased sensitivity here.

Although re-experiencing symptoms are unpleasant, they are a sign that the body and mind are actively struggling to cope with the traumatic experience. These symptoms are automatic, learned responses to trauma reminders: trauma has become associated with lots of things so that they remind the person of the trauma and give them the feeling that they are in danger again. It is also possible that re-experiencing symptoms are actually part of the minds attempt to make sense of what has happened.

Because thinking about the trauma can trigger re-experience symptoms, some people try to avoid reminders of trauma. Sometimes they are aware of it and sometimes they

experience avoidance symptoms without realizing what they are doing.

Some avoidance symptoms are: avoiding related thoughts or memories, avoiding conversations, activities, places, or people that remind them, "shutting down," feeling strange, things around them feel unreal, feeling disconnected and physically numb, not feeling pain, and losing interest in things one enjoyed.

PTSD is associated with a number of distinctive neurobiological and physiological changes that alter both the central and autonomic nervous systems, such as altered brainwave activity, decreased volume of the hippocampus, and abnormal activation of the amygdala. Both of these brain structures are involved in the processing and integration of memory. The amygdala is also involved in coordinating the body's fear response. Psychophysiological alterations associated with PTSD also include hyperarousal and increased sensitivity of the startle reflex, your "fight or flight" response mechanism coordinated by the amygdala. Headaches, gastrointestinal complaints, immune system problems, dizziness, chest pain, or discomfort in other parts of the body are also common in people with PTSD. Often, medical doctors treat the symptoms without being aware that they stem from PTSD.

PTSD is treated by a variety of forms of psychotherapy and drug therapy. There is no definitive treatment, and no cure, but some treatments appear to be quite promising, especially cognitive behavior therapy, group therapy, and exposure therapy in which the patient repeatedly relives the frightening experience under controlled conditions.

Avoiding thinking about trauma or avoiding treatment for trauma related problems, may keep a person from feeling upset in the short run. But avoiding treatment of continuing trauma symptoms prevents progress on coping with the trauma so that the symptoms never go away. Remember, traumas happen to many competent, healthy, strong, good people. People who react to traumas are not going crazy or showing signs of personal weakness. Many psychologically well-adjusted and physically healthy people develop PTSD. Given exposure to a trauma that is bad enough, probably all people would develop PTSD. By understanding trauma symptoms better, a person can become less fearful of them, better able to manage them, and better able to decide about getting treatment.

For more about post-traumatic stress disorder contact the National Center for Post-Traumatic Stress Disorder by logging on at www.ncptsd.org, or contact the Veterans Administration hospital in your area. Remember our troops, and ride safe.

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