

Patienteninformation „Posttraumatische Belastungsstörung“ (englisch)

Information on PTSD for patients

Posttraumatic Stress Disorder – a totally normal reaction to abnormal events

The experience of war, exile, escape, torture or physical violence is an extreme burden. One calls such events “trauma”. After the experience of such events one is often physically and mentally injured. The physical injuries are well visible and are mostly treated by doctors. But such experiences can also be an emotional shock. It is difficult to understand what has happened and to know how to cope with it. The traumatized individuals often suppress their mental injuries. Even professionals, such as doctors and social workers sometimes do not recognize the psychological problems.

Of course each individual reacts differently to a trauma, however, there are reactions that are shared by many. Following are description of some typical reactions. Many of these problems will be familiar to you and some may not concern you. Please read the information carefully and underline the things that you experienced yourself. If you have questions, please note them as well so you and your therapist can discuss your problems and questions when you meet next time. A very frequent problem after a trauma is the “posttraumatic stress disorder”. This illness has four main components:

1. recurring memories of the traumatic event
2. trying to forget everything and avoiding whatever is related to the events
3. feeling emotionally numb and strange
4. feeling tense and nervous

After a trauma the memories of the trauma can reoccur again and again, often continuously. One remembers or sees scenes like in a picture or in a film. These pictures appear independent of one's will and even against one's will. They just appear spontaneously or in connection with something that reminds of the trauma, for example, through discussions about similar topics, people who look alike, as well as sounds or smells that bring back memories of the trauma situation. The recollection can occur during the day, while falling asleep or during the night as nightmares. It can happen that one suddenly feels that the trauma is occurring again right here and now, at this very moment and thus behaves as if it would be so. These memories are powerful, one can experience the same fear, sorrow, anger, disgust and shame that one has experienced at that time. A lot of people report that they suddenly get attacks of perspiration, trembling, dizziness or feel a pressure in their chest. To stop these images is almost impossible or very difficult. These reactions are very stressing. Also because it feels like losing control of one-self or one is going crazy.

Because re-experiencing the trauma is painful, one tries to avoid everything that reminds one of it. One tries, often unsuccessfully, to no longer think of the event. One avoids talking about it with other people or to go back to the place where it happened. One withdraws, doesn't want to be with other people. Things or activities that were once meaningful and pleasant are suddenly meaningless. Furthermore, it can be that after the trauma one doesn't sense any strong feelings anymore. For example one doesn't perceive the same love for his family and ideas and plans for one's own life become dim.

After a traumatic event people often perceive their feelings, themselves or the things they do different from normal. It mostly occurs as short “mental blackouts”, like being in a fog or behind a milk glass. One doesn't know anymore what one has just done or where one is. Suddenly one has the feeling, one's family or the present place, where one is, are all very strange, unreal, and colourless. Or one feels oneself or one's body as being unfamiliar. One hears oneself talk, but feels like a puppet without self-control. There is a feeling of numbness like “a block of ice”, which can hardly be moved. All these feelings and somatic sensations are very uncomfortable and fearful. Some people try to stop these sensations by hurting themselves. These “black outs” are a protective function of our body: if the traumatic event becomes too painful this numbness or



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emotional blunting and freezing of feelings facilitates these experiences and thus often to survive. The body registers this protective function by simply becoming numb. If new tensions come up again as reminders of the traumatic event, even years later, such “black outs” resurface automatically.

If one is repeatedly agonized by the traumatic recollection, one can finally react somatically. Most people tell about having difficulty sleeping. They have difficulty to fall asleep. They wake up often several times during the night and sleep a few hours in the early morning. Additionally, a lot of people report being very irritable and short tempered, especially if they don't get enough sleep. Minor things can cause an outburst of anger. The tiniest noise can easily startle them. They are very cautious and observe their environment attentively. Another common problem is that they have difficulty concentrating.

As you can see the posttraumatic stress disorder is made of a variety of different problems. One may not realize that they all belong to the same illness. Therefore one often has the feeling of never being able to overcome the event never being able to get a hold of oneself and perhaps even slowly turning mad. A lot of people report, as well, that they feel guilty or ashamed of things that happened during the traumatic event, although they were only the victims. These kinds of sorrows are entirely understandable. Their reactions are, in fact, a completely normal reaction to an abnormal stress. It shows that their body and mind are working towards coping with the trauma. It has nothing to do with becoming crazy.

The problems described do not only affect the victims themselves, but also their family or their work. Because often everything is avoided that has anything to do with the trauma, a lot of people do not talk about their problems with the doctor and therefore they often do not get help from him. Without treatment the posttraumatic stress disorder can last for many years. Psychotherapy, on the other hand, is often effective. In the process of psychotherapy the patients are requested to describe their experience in detail. By confronting the traumatic events and their consequences in the present life, the symptoms of posttraumatic stress disorder can be reduced.

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