When you just can’t forget

Information about Post-Traumatic Stress Disorder

In 10 Languages
Who is this brochure designed for?

This brochure is designed to help people who have experienced traumatic events and their families. In this brochure Mr. and Mrs. B. and their daughter represent those suffering from post-traumatic stress disorder. We will learn from this family through their own words and concrete examples what causes post-traumatic stress disorder, the symptoms that develop and how they can be treated. In this brochure you will also find a list of places where you can get help and support.
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How should I use this brochure?

Good to know
Special hints

Who? What? Why?
Answers to your questions
I was on my way home from work when they started shooting at me, and it happened again the following day. From then on I was scared to go outside. This experience still haunts me today, even here in Switzerland – I keep hearing the gun shots again and again and I have the feeling that I’m in danger. (Mr. B.)
Distressing experiences can cause great fear, as well as a sense of helplessness and powerlessness. Such experiences are described as traumatic. Traumatic events can over a long period of time influence the feelings, thought and moods of those affected.

A traumatic event can cause emotional and physical suffering. Physical suffering is often clearly visible and can be treated by a doctor. Emotional suffering is not visible and is often not correctly treated. This results in severe distress, it can cause a feeling of tenseness or being “on edge” with symptoms such as stress, pain, sleep disorders, anxiety or depression. The world has completely changed for those people with post-traumatic stress disorder (PTSD); nothing is like it was before.

When such emotional wounds persist over a long period of time, we call this post-traumatic stress disorder. It hinders you in your everyday life and is difficult to endure. Post-traumatic stress disorder can be treated. For this reason it is important to seek professional help as quickly as possible. That is the first step towards a successful treatment and gives you the energy to start a new life after the traumatic experience.

**Good to know**

Almost everyone has experienced trauma at some time in their lives. Persistent emotional wounds and post-traumatic stress disorder can be treated. Seek help from a professional as quickly as possible!
What is classified as a traumatic event?

Traumatic events are invariably an emotional shock for everybody. It is difficult to understand what has happened and how to come to terms with it. It does n’t make any difference if you experienced the trauma yourself or if you were a bystander.

The following events meet the criteria of trauma:

- Natural disasters such as earthquakes, flooding or forest fires
- Experiences in warfare, either as a soldier or as a civilian
- Accidents, experiencing severe physical or mental pain
- Torture, imprisonment involving long-term deprivation
- Enormous danger, displacement or exile
- Rape and other forms of sexual violence
- Witnessing danger, injury and violence particularly when it involves your family or friends

What is a trauma?

Trauma is an incident in which an individual, either personally, as an observer, or in reports is exposed to major threats such as death, serious injury or sexual violence.
What is post-traumatic stress disorder?

People react quite differently to stressful experiences. Many feel vulnerable after a traumatic experience. Experiencing distress after a trauma is a sign that your body and mind are trying to make you get better and restore you to health.

Persistent symptoms demonstrate that the person involved has not been properly able to digest the dreadful events. These people are suffering from post-traumatic distress disorder following a traumatic event. They may be suffering from anxiety, avoidance (see page 16), depression, sleep disorders, physical impairment, angry outbursts or even suicidal feelings. Many people report that they have difficulty in saying “no” and are reluctant to express their own opinions. Often they remain silent, stay away from their friends and feel worthless. A frequent traumatic distress disorder is the post-traumatic stress disorder or PTSD.

Good to know
Not every person reacts in the same way to a traumatic experience. This is completely normal and has nothing to do with «being strong» or «being weak». Some people come through such experiences almost unscathed, others are hurt both physically and mentally. When a traumatic experience does not happen by chance, but is caused intentionally by other people and if it happens repeatedly, then the risk of impairment to health is even greater.
The terrible scenes we saw as we escaped keep flooding back into my mind, particularly at night. All the emotions that I felt then come back to me. It is almost more difficult for me to bear than my chronic back pain and headaches. (Mrs. B.)

A particularly frequent result of trauma is «post-traumatic stress disorder». The symptoms can be grouped into three categories:

1 | Flashbacks and re-experiencing symptoms
2 | Avoidance symptoms
3 | Hyper-arousal symptoms

In the following pages you will find an explanation of these symptoms.
Flashbacks

Avoidance

Hyper-arousal and stress
People with PTSD suffer because they cannot forget what has happened. Memories of the trauma keep coming back, even if the person does not want them to.

Again and again I see the flames of the burning houses and I re-live the painful events of the past. I often wake up at night and I am afraid. (Daughter)
After a traumatic experience, memories of the trauma re-surface in a distressing way in the form of stress. At these moments the person affected has the impression of re-living the event.

Flashbacks can also happen at night, in the form of nightmares.

Re-experiencing a trauma can trigger strong emotions and enormous fear. The person affected may, for instance, start to sweat profusely or may start to shake and feel a tightness in the chest. They have the feeling of no longer being in control any more and that they are going insane. It is often not possible to shut out the pictures. This leads to an enormous sense of despair, shame and rage.

Involuntary flashbacks can occur suddenly and seemingly for no reason. However, there is often a specific trigger: there are sensations similar to those experienced at the time of the trauma (sounds, smells etc.).

Why do memories of the trauma keep coming back?

When memories keep returning involuntarily it is a sign that your inner self is still suffering from the traumatic experience. At the same time your body is asking you to tackle the difficult problem. The principle can be compared to the reminder function on a mobile phone. Until the tasks listed have been dealt with, you will continue to receive a reminder with a request to deal with the tasks that need to be done.
2 | Avoidance

People affected with PTSD try as hard as possible to forget everything and to avoid anything that reminds them in any way of the terrible experience. What they really want to do is just to forget their whole past.

“I hardly ever talk to other people. I never mention the terrible events to others nor do I pass the time of day with somebody. All I really want is to forget everything that happened – but I just can’t manage. (Mr. B.)
The unwelcome memories of the trauma and the emotions that they trigger are an enormous burden. For this reason those people with PTSD try to avoid anything that could remind them of the terrible event. That might, for instance, be thoughts, feelings, places, activities, people or situations that remind them of the trauma. Often they do not succeed.

Many people affected with PTSD withdraw totally. They do not want to be together with other people. This means they also miss out on happy events and they lose their zest for life. Things that were important to them before or things that used to make them happy no longer have any meaning. Their feelings are somehow blunted. For instance, their love for their family may fade; they have no hopes, ideas or plans for the future.

**Good to know**

Avoiding situations that remind them of the terrible events is initially a sensible response: those who succeed in protecting themselves from further trauma can at least ensure their survival.

However, by constantly avoiding and suppressing feelings you are not coping with the terrible experiences – you cannot get to grips with the trauma. This results in a gradual retreat from everyday life and you lose all contact with your fellow human beings. In such cases it is important to seek professional help.
3 | Hyper-arousal and feeling stressed

People with PTSD suffer from acute nervousness, they feel “on edge” all the time, they are easily startled and have difficulty in sleeping.

I am constantly on the go and I feel edgy. I can’t sleep despite taking sleeping tablets. I shake in bed, have headaches and I can’t wait for it to get light so that I can get up. (Mrs. B.)

People with post-traumatic stress disorder behave very cautiously and observe the world around them closely. They are in a constant state of alert; they are always on the look-out for any possible danger or they are careful to avoid anything that could trigger their memory. The body also reacts as a result of all this tension and strain. Many people complain that they have difficulty in sleeping. They find it hard to fall asleep and they wake time
and again during the night sweating or with strong palpitations. In the morning they feel tired or exhausted and they have difficulty in concentrating. Many people also report that since the trauma, they are much more irritable and likely to have an angry outburst at the smallest thing. They are also much more easily startled by something than before the trauma.

**Good to know**
The purpose of constantly being on the alert and feeling overwrought allows a person to recognize danger so that the trauma cannot be repeated. After a certain length of time this perpetual state of tension leads to a physical and mental state of exhaustion.

**Summary of post-traumatic stress disorder**
The explanation of the three categories makes it abundantly clear that post-traumatic stress disorder encompasses many problems. Quite often, the fact that the affliction and the trauma are related is not recognized. For this reason people often suffer from a feeling that they will never get over the terrible memories and that this could lead to insanity. Many people with PTSD describe feelings of guilt; they are ashamed of things that happened during the trauma, even though they themselves were the victims.

**Good to know**
Post-traumatic stress disorder has many different facets. All these reactions and feelings are often a quite reasonable response to an «abnormal» situation. They are a sign that the person affected is trying both physically and mentally to come to terms with the traumatic experiences and to heal the emotional wounds which resulted.
Dissociation as a result of post-traumatic stress disorder

People with PTSD suffer from an altered sense of perception, in that their feelings about themselves and their emotions are blunted. In professional jargon this condition is called “dissociation”.

I often feel an enormous sense of emptiness in me, almost like I’m no longer myself. This can go so far that I can’t properly feel some parts of my body any more. (Mr. B.)

Dissociation is a common result of post-traumatic stress disorder

Many people affected with PTSD report that their awareness of their feelings, how they perceive themselves or the way that they behave has changed since the trauma. Often this involves altered perceptions, it is like being engulfed in fog or being behind a pane of glass. For instance, you no longer know what you have
just done, where you are exactly or how you got there. Familiar places or persons suddenly seem strange or unreal.

Even your body can be affected: it feels strange as though it doesn’t belong to you. Sometimes people with PTSD have the feeling of not being in control of themselves any more, a feeling of being just like a puppet. At other times you feel quite paralysed deep down inside and can’t move any more.

All these emotions and physical sensations are extremely unpleasant and make you feel afraid. Sometimes people try to put an end to this state by inflicting pain on themselves.

Why do people’s perceptions change?
The change in perceptions (dissociation) is an important survival function of the body. When a threat becomes too difficult to bear – for instance during a trauma – the body goes numb, all thought processes are suspended, and you are no longer aware of pain or emotion. In this way, the person affected can decide between fight or flight. When both options are hopeless, the body goes into «shutdown». The body remembers this protective function of switching off in response to a trauma and it employs the same strategy years later when memories of the trauma resurface. Often this happens really quickly during stressful situations in daily life. The person affected experiences this condition as a huge loss of control over their own behaviour or complains about difficulties concentrating or about gaps in their memory. It can also lead to them experiencing an altered sense of time (slow motion).
I hated myself for having all these health problems and I said to myself: why am I suffering from headaches and back pain? Why do I always feel so tense and nervous now we are safe? Why now of all times? (Mrs. B.)

People who have experienced traumatic situations often suffer at a later date from chronic physical pain. The following types of pain are often mentioned:

- back pain, pain in the legs and feet
- joint pain and headaches
- stomach ache and pain in the upper and lower abdomen
- pain passing urine

Many people affected with PTSD experience their pain as persistent and would like to find long-term relief to get rid of it permanently. However, medical examinations often find insufficient or no reason for the pain which is suffered. This is because physical and mental disorders are closely linked and influence each other.
Avoidance as well as hyper-arousal and tension cause stress. Stress leads to pain and a vicious circle starts. Actual living conditions such as income, well-being, relations with friends or legal residency status also have an influence on how pain is felt. Hence chronic pain always has several causes.

The problem is further exacerbated by the fact that the pain is linked to memories of the traumatic events. Pain may, for instance, be felt in a part of the body that was tortured even though X-rays show nothing. As a result, the existence of the pain leads again and again to distressing memories of the traumatic events as though the body remembers. Many find this «reliving it in the here and now» very stressful.

Many people with PTSD suffer from chronic pain that leads to apathy, they withdraw from family and friends and complain of a sense of hopelessness. Some try to find relief in alcohol or medication, hoping to make the tension and pain more bearable. This on the other hand has an impact on the person’s family or social relationships and on their professional activities.

**Good to know**

Many people with PTSD suffer not only the mental symptoms of post-traumatic stress disorder but also from persistent pain. Stress leads to tension, tension leads to pain and pain leads to stress. Because body and mind as well as the current living conditions are all to a great extent interlinked, chronic pain always has several roots.
Traumatic stress disorder can put a strain on the entire family

I live a very withdrawn life, I hardly ever leave my apartment – I avoid contact with the outside world. Often I just can’t tolerate anybody any more, neither my wife, nor my daughter, nor even myself. (Mr. B.)

Feelings are a sort of bond linking us to our fellow human beings. The feelings of people with PTSD often change. For some of them it is as though they no longer feel anything at all. This makes contact with other people more difficult. Not only do those affected suffer the consequences but also family members and friends. The friends and family feel unsure of themselves be-
cause they do not understand the behaviour of the person with PTSD and they do not know how to react. This leads to misunderstanding or even conflict in the family or partnership.

In addition to the impact on the partnership and on the marital relationship the trauma has an influence particularly on the role as parent and therefore on the upbringing of the children. People with PTSD often do not manage to communicate on an emotional level with their children. They do not talk to their children about the past or about the trauma. On the one hand they do not want to burden their children and on the other hand they are trying to protect them from the terrible experiences.

Children are extremely sensitive. They can sense when their parents are stressed, even though no-one talks about it. Parents’ trauma can also have an effect on their children. They develop anxieties and other symptoms of stress even if they themselves have not experienced any trauma.

This puts a burden on the relationship between parents and children. For this reason no time should be lost and suitable professional help obtained as soon as possible.

**Good to know**

Children and relatives of people with PTSD need help and advice from professionals. They often suffer because the feelings and behaviour of their traumatized relative have changed. Trauma sufferers and their families feel mutually alienated.
Traumatic stress disorder can also affect children and teenagers

All of a sudden my daughter could not sleep at night. She was afraid of the dark and she often cried a lot. She also complained of stomach ache and a lack of appetite. Her performance at school kept getting worse. What on earth is the matter with her, I asked myself? *(Mrs. B.)*

Children and teenagers are often just as traumatized as their parents by terrible experiences. This fact is especially serious as the children are growing up and are particularly vulnerable and helpless.

For this reason, it is important to recognize the distress and suffering of traumatized children and provide them with appro-
appropriate support. This sometimes does not happen enough because the parents do not want to mention their children’s problems. They are too afraid. Attempting to come to terms with the effects of terrible experiences on their children often means that the parents must also confront their own trauma.

Children’s reactions and symptoms are often different from those of adults:

- a sense of fear and dread, sleep disorders and nightmares
- withdrawal, despair and grief
- spontaneity and joie de vivre is diminished
- problems such as stomach pain or headaches, bed-wetting
- problems concentrating and learning difficulties (e.g. at school)
- aggressive behaviour and irritability
- strange patterns of behaviour

**Are only adults affected by post-traumatic stress disorder?**

No! Children and teenagers are also affected. They are especially vulnerable and suffer intensely from the terrible experiences they have had without being able to talk about them. They often cannot talk to their parents, who just hope their child will forget all the awful things that happened.

**Good to know**

Children and teenagers with PTSD urgently need therapeutic support, advice and assistance! Do not delay – seek help as quickly as possible from an appropriate specialist.
Traumatic stress disorder is treatable

I suffered enormously from all those terrible experiences. Finally I looked for a professional who could help me by talking through my problems, aches, pains and fears. My family really supported me. Since then I feel a great deal better and I can laugh again.

(Mrs. B.)

It takes time for the wounds to heal whether they are physical or mental. A professional should be consulted when the major symptoms of post-traumatic stress disorder have lasted for more than four weeks. In the main, the first symptoms occur directly after the initial trauma. However, sometimes the condition only develops years later, or perhaps as the result of further stress in their life circumstances.

Professional treatment of post-traumatic stress disorder takes place at different levels. It includes psychotherapy, social support and may also incorporate medication. The cost of the treatment is borne by the compulsory health insurance.

**Psychotherapy** with patients suffering from post-traumatic stress disorder is effective when it is provided by a psychotherapist who has experience of the condition. Psychotherapy fosters
self-healing. A safe and secure environment allows the person affected to talk about the traumatic memories and the complaints and problems related to them. Together with the mental health professional they will work out solutions for their complaints and rediscover their own strong points.

**Social and economic support** helps when there are stressful life circumstances. Patients receive practical support in order to sort out their situation. This support can take the form of help from a social worker or a doctor may talk to the family, to the authorities or to the employer.

**Medication** may be an effective treatment for some symptoms of post-traumatic stress disorder. This includes for instance medicines that are taken regularly to reduce symptoms of depression, constant pain, difficulty in sleeping, or feelings of panic. The medication is not addictive nor does it induce personality changes. Unfortunately however, distressing memories, nightmares or just the desire to «forget everything», can only partly be treated by medication. For this it is necessary to undergo psychotherapy.

**Good to know**
Post-traumatic stress disorder can normally be treated successfully. Psychotherapy is the most effective treatment for PTSD, medication can reduce the symptoms of a post-traumatic stress disorder. Do not delay; find a mental health care provider who is experienced in trauma therapy!
These mental health professionals and services can be of help

General practitioners and family doctors are normally the first ones to learn about the disorder. They can diagnose a post-traumatic stress disorder and refer a patient to a psychiatrist, psychologist or to an institution specializing in the treatment of post-traumatic stress disorder.

Psychotherapists (psychologist or psychiatrist with additional training in psychotherapy) work in a practice, in a psychiatric hospital or in a psychiatric outpatient department.

Psychiatrists (doctors with a training in psychiatry) can conduct medical examinations and prescribe medication. Psychiatrists work not only in a practice, but also in a psychiatric outpatient department or in a psychiatric hospital.

Psychotherapy sessions can be attended as an outpatient in a specialist practice, as a day-patient or as an in-patient.
Good to know
For successful care and treatment, a bond of trust must exist between the patient and the professional offering medical, therapeutic or social advisory services. Sometimes it is easier for the patient when the professional treating them is of the same sex. Treatment in one’s native language or treatment with the help of a professional interpreter can be of great importance for patients. Do not hesitate to address these topics.

Psychiatric day-clinics offer care for day-patients. This means that during the day the patients attends therapy at the clinic. At night they go home. Professionals from several different sectors work at a day-clinic.

Psychiatric hospitals admit acute cases and they offer in-patient treatment. A doctor’s referral is necessary for admission to a psychiatric hospital. Here too there are also professionals from several different sectors.

Community mental health services are mostly in the larger towns. The psychiatric nurses visit people with psychiatric disorders at home and assist them in their daily activities.

Good to know
The symptoms of post-traumatic stress disorder are treatable. The pain and distress are a reaction to an exceptional level of stress that should be treated by a professional as early as possible. All medical and therapeutic personal are bound to secrecy.
This is where you will find support

- A professional whom you trust: this could be your family doctor, a doctor specializing in psychiatry and psychotherapy, or a psychotherapist.

- Social services: the social worker serving the local community where you live is a good first point of contact for many different problems.

- The victims’ counselling centre in the canton where you live: www.opferhilfe-schweiz.ch

- Pastoral care offered by different religious communities: pastors can offer important advice in difficult life situations and are a good first point of contact.

- Die Dargebotene Hand/La Main Tendue: anonymous help by telephone in times of crisis. The Samaritans offer a first point of contact around the clock regardless of cultural or religious affiliation. Telephone 143, www.143.ch
Selection of services specifically for migrants

• Psychiatric outpatient facilities: in the psychiatric hospitals, psychiatric outpatients and other institutions in the larger cities like Basel, Berne, Geneva, Lausanne, Winterthur and Zurich there are psychiatric or psychotherapy consultations for migrants. If necessary, the consultations will be aided by an interpreter. The interpreters are bound to secrecy.

• Ambulatorium für Folter- und Kriegsopfer, Schweizerisches Rotes Kreuz, Werkstrasse 16, 3084 Wabern.
  Telephone 058 400 47 77, www.redcross.ch/ambulatorium

Good to know
Your family doctor can help you to find the right treatment or the right place to get help.

Beratung 147: free, and anonymous help by telephone; it is a chat and counselling facility for children and teenagers in times of crisis and for those experiencing difficult situations in life. Available around the clock. Telephone 147, www.147.ch

Pro Mente Sana: anonymous telephone advice in German by telephone: Telephone 0848 800 858.
  Mon, Tues, Thurs 9 – 12 am, Thurs 2 – 5 pm.
Legal counselling in French: Telephone 0840 0000 61.
Mental health advice in French: Telephone 0840 0000 62
  Mon, Tues and Thurs: 10 am – 1 pm, www.promentesana.ch
• Ambulatorium für Folter- und Kriegsopfer, Psychiatrische Poliklinik, Universitätsspital Zürich, Culmannstrasse 8, 8091 Zürich. Telephone 044 255 52 80, www.psychiatrie.usz.ch


• Consultation pour victimes de la torture et de la guerre Lausanne (ctg Lausanne), Appartenances, Rue des Terreaux 10, 1003 Lausanne. Telephone 021 341 12 50, www.appartenances.ch

• Directory of psychotherapists speaking a foreign language, Publisher: Swiss Federation of Psychotherapists, Telephone 043 268 93 00, www.psychotherapie.ch

• Gravita, Medical centre for post-traumatic stress disorder and other stress related illnesses, Bahnhofplatz 5, 9000 St. Gallen, Telephone 071 552 25 15, www.gravita.ch → Therapiezentrum Integration

• Internet platform migesplus.ch of the Swiss Red Cross: The platform offers an overview of the most important brochures, videos and other material containing health information in many different languages, www.migesplus.ch

• Multikulturelle Suchtberatungsstelle beider Basel (MUSUB), Nauenstrasse 49, 4052 Basel. Telephone 061 273 83 05, www.musub.ch
In an emergency

- Emergency medical services: if you cannot reach your family doctor, contact the emergency medical services or the psychiatric outpatient department.

- In life threatening situations, either due to an accident or as the result of an illness, dial the emergency telephone number 144 directly.
Albanisch, albanais, albanese
Arabisch, arabe, arabo
Deutsch, allemand, tedesco
Englisch, anglais, inglese
Persisch, persan, persiano
Französisch, français, francese
Kroatisch, croate, croato/Serbisch, serbe, serbo/Bosnisch, bosniaque, bosniaco
Tamilisch, tamoul,tamil
Tigrinya, tigrinya, tigrino
Türkisch, turc, turco

Orders:
www.migesplus.ch–The internet platform for health information
in different languages

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