



The Institute of Family Living

WHAT IS POST-TRAUMATIC STRESS DISORDER?

Historically, symptoms associated with what we now call PTSD were described back in ancient Greece. Soldiers from World Wars I and II were frequently diagnosed with “combat stress” or “shell shock.” Many of us have heard family stories describing someone who returned from a war “a different person.”

Since 1980, the revisions of the Diagnostic and Statistical Manual of Mental Disorders (DSM III and DSM IV) have recognized the inter-connection of various trauma-related conditions. Now the systemic causes and consequences of trauma have become clear: the field of traumatology is concerned with the systemic (interpersonal and intra-relational) causes and consequences of traumatic events. According to Patient Care Canada (II, 6, June 2000):

Today, the diagnosis [of PTSD] is applied broadly to the development of multiple emotional, cognitive, behavioural, and identity reactions to any number of traumatic life experiences. These include accidents, natural disasters, acute illnesses, acts of terrorism, physical, sexual, or psychological abuse, and wartime stressors. PTSD can also occur in persons who provide care to trauma victims, such as police officers, fire fighters, and health care personnel [including therapists and other mental health practitioners – ed.].

One of the defining characteristics of PTSD is that a person continually re-experiences the traumatic event. Such memories cause the person to develop a wide range of symptoms, including trouble concentrating, distrust of others, angry outbursts, withdrawal, flashbacks, insomnia, nightmares, crying, sadness, dissociation, feelings of inadequacy or unworthiness, alienation from self, others, or work. People who have experienced acute psychological trauma in the past often tend to experience current stressors with emotions that have an intensity belonging to the past. Because intense fear is part of the felt experience of trauma, any current reminder of that fear creates acute anxiety. Thus, traumatized individuals may frequently rely on action (e.g., sudden withdrawal or angry outbursts), rather than thought, when they feel threatened. This is of course bewildering, and can be deeply distressing, to persons with whom they are in intimate relationships

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