

PTSD IN THE FAMILY?

Post-traumatic Stress Disorder is a relative newcomer to the field of mental health. Originally chronicled as a condition affecting Vietnam veterans, it has become commonly used to describe a set of symptoms for survivors of plane, rail or car crashes, terrorist attacks, as well as victims of rape, sexual assault or other forms of trauma. It has also been applied to emergency service workers as well as present-day returning veterans of Middle East combat.

In order to receive the diagnosis of PTSD, a person who has witnessed a traumatic event where there was actual or threatened death must persistently re-experience the event by distressing dreams, feelings or illusions as well as persistently avoid any stimuli associated with the original trauma. Psychic numbing is common and the person may also avoid experiencing any feelings. The condition of PTSD may continue on for years without any outside help, often to the frustration of concerned family members. Sufferers of PTSD may lack self-esteem, feel insecure, not handle stress well, and may actually feel guilty for having survived the trauma or for not “doing enough” when the trauma originally occurred.

In families, PTSD is rarely talked about. The sufferer may be experienced by the family as being “moody,” depressed, or may be an abuser of drugs or alcohol. The family usually focuses on trying to control the PTSD sufferer’s *behavior* rather than seeing the behavior in light of “the big picture.” Left untreated, PTSD sufferer’s moodiness can evolve into chronic mood instability, mood swings, verbal or physical abuse, along with exacerbation of any present addictions.

When partners of PTSD sufferers are asked what they felt about their partner’s problems, this is what they have said:

- They feel overwhelmed by pressures of having assumed total responsibility in the home situation;
- They feel afraid to say anything, fearful of yet another emotional blow-up;
- They lose sight of their own needs, deferring to the emotional neediness of the partner;
- Their self-esteem becomes worn-down as a result of being de-valued by the partner;
- They feel responsible for making everything better;
- They feel dragged down by the partner’s negative views and feel caught in the middle between their partner and the children.

Sufferers of PTSD most often adopt a code of silence about their trauma, fearful of being judged or fearful of re-experiencing the traumatic event. This refusal to discuss what they are feeling extends unfortunately to concerned family members who would be in an excellent position to advocate for their loved one to get help. For this reason, PTSD is

considered “an invisible injury.” Left untreated, PTSD can last a lifetime, and can contribute to alcoholism, drug addiction, divorce, and domestic violence.

Combat veterans who have PTSD are considered to be disabled. Currently, PTSD is the number one mental health problem among veterans returning from the conflicts in Iraq and Afghanistan, followed closely by nondependent drug abuse and depression. Some PTSD does resolve on its own, while other cases need therapeutic intervention with skilled mental health practitioners. See “Newsweek” magazine dated 3/5/07, for complete article on “Forgotten Heroes.”

Here are the ways family members can help a PTSD sufferer:

- Become informed about the condition;
- Advocate for increased mental health services for returning vets;
- Advocate for your own family member with medical and psychiatric providers, tell them your side of the story, and how the PTSD affects the family;
- Do not take criticism personally and set a firm boundary about domestic violence;
- If there is a situation with substance abuse, get educated about how to intervene and how to access the treatment recovery network;
- Do not give up on the PTSD sufferer...he has probably already given up on himself.

As always, EAP is a resource that is available for you whether you just want to talk or want information. Call X4567 to set up an appointment.