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## POST TRAUMATIC STRESS DISORDER

“No wounds on my body, although inflicted in my heart  
 I’m my own worst enemy, imprisoned in my mind.”  
 -A quote from a poem written by a Military member-

But what is this? These are the words of a Military member suffering from Post-Traumatic Stress Disorder (PTSD). PTSD is defined by the United States Department of Affairs as “an anxiety disorder that can occur after you have experienced a traumatic event. PTSD symptoms usually start soon after the traumatic event, but they may not happen until months or years later. PTSD may come and go over many years. If the symptoms last longer than 4 weeks, cause you great distress, or interfere with your work/home life, you probably have PTSD.” (DSM-IV-TR) Many people feel as if they are less human because they are not able to control their feelings. The feelings surrounding PTSD can cause a person to resent themselves and those around them. Many members go undiagnosed and left untreated because they cannot find the appropriate therapy for their trauma, gender or personality. If members can identify their symptoms and acquire more options of treatment, more PTSD diagnosis’ can be cured.

Post Traumatic Stress Disorder (PTSD) will help you be a person you fear. You are suffering; re-experiencing events that you wish would just go away. Your mind plays tricks on you. Hyper vigilance is an understatement. The sound of construction that once did not disturb you is now eating away at your thoughts. How can you live with this fate? PTSD does not discriminate but secludes those and incorporates itself into traumatic events; traumatic events can be any situation that causes one to be fearful, afraid or scared. This mental disease can strike anyone, anywhere, and anytime.

The effects of PTSD on people can have catastrophic consequences. The effects can include the inability to drive after being involved in an auto accident, suffering from an accidental blow to the head and losing the ability to watch contact sports, and even feeling anxious or nervous around fireworks due to a military deployment. All situations are different and the effects may differ from person to person. PTSD can be confirmed when symptoms associated with the disease is identified for a specific period of time and the individual’s daily life is affected.

A firefighter in the United States Air Force, let's call him SSgt Snuffy, has experienced PTSD which has led him to have suicidal ideations. He was the driver of the fire truck and had just received a call about a fire. SSgt Snuffy began to back up the truck with his wingman's help. As the wingman was giving him the clear to go, a co-worker began to walk in the street unaware of the truck rushing to get out of the garage. The co-worker was another military member. As the SSgt's wingman shouted at him to stop, SSgt Snuffy did not hear his wingman and kept going. The truck backed into the co-worker running him over and killing him instantly. The accident was tragic. The co-workers’ remains were

scattered throughout the streets of this Air Force Base. SSgt Snuffy though not affected physically, has been suffering Post Traumatic Stress Disorder because of it.

According to the provider on call: "Patient (Pt) was involved in a tragedy involving an accident on the job. Pt states that since the accident, he has been unable to sleep, eat or stop thinking about the event. He feels embarrassed, ashamed and does not know how he will cope with the event. Provider discussed normal feelings for this time." (Pt and provider testimonies, LAFB) Approximately one month later the same provider noted: "Reviewed patient's symptoms and functional impact. Pt reported persistent feelings of grief, anxiety, guilt and shame regarding his involvement in the recent fatality of a co-worker while executing his duties. Pt stated, "I wish the roles were replaced." When asked how often he felt this way, he stated [at times]. Pt denied suicidal ideation, plan or intent of self-harm but has had thoughts of death in the past week. Pt expressed reservations about his ability to remain in the unit and return to normalcy. Pt is trying to find a way to have his co-workers' death not be in vain. Pt reports experiencing panic upon returning to the fire HQ building." (Pt and provider testimonies, LAFB)

The member is currently unable to drive a vehicle in fear of harming someone else. Every time he has an appointment he gets someone else in his "shop" (AF lingo for where someone works) to drive him. He also began to have suicidal thoughts as he could not live with the guilt of killing that innocent airman. He was on the "High Interest" list in the Mental Health Clinic and had to be monitored. SSgt Snuffy was ultimately hospitalized for attempting suicide. When returning after six weeks of inpatient hospitalization, this is what the provider witnessed:

"The patient's symptoms started after a tragic accident while stationed on [XYZ-name omitted] Air Force Base. The patient inadvertently ran over one of his group members while backing up a fire truck. Shortly thereafter the patient experienced intrusive imagery and sensations from the accident. He had flashbacks of the accident and could vividly see the mutilated body of the airmen and smell its blood. At other times he imagined that he could taste the blood in his mouth...." (Pt and provider testimonies, LAFB)

"The patient started to hallucinate. He heard voices whispering his name and flashes of the accident in his mind seemed very real. Because of the accident he became severely depressed and the thoughts of suicide consistently ran through his mind. The patient stated: that avoidance was his primary coping mechanism against the accident..." (Pt and provider testimonies, LAFB)

The provider who was working with this SSgt began to treat him with Virtual Reality and Prolonged Exposure Therapy. This type of treatment exposes the member to relive the event and constantly talk about it in hopes the member will be able to cope. Virtual Reality will use equipment to see events in relation if not actual and Prolonged Exposure Therapy (P.E.T) forces the person to retell their story at every session. When a provider conducts P.E.T., they record the member and document how long they take to summarize the story. A standard appointment will be approximately ninety minutes. If the person is able to summarize the entire story in less than ninety minutes then the member will start the summarization over again. After this type of exposure the member tends to have an easier time talking about it and realize their thoughts were imprisoning their mind. Some providers have even documented members' changing their story at every visit, or adding/omitting facts because of how the mind is viewing the event. Their minds could also conform to the way

the event happened. This idea will be discussed further in the paper; I have found an explanation from Proust.

SSgt Snuffy, after about seven months, was taken off the High Interest List and was just monitored for treatment progress. The poem I previously quoted from SSgt Snuffy was written around the same time the accident happened and captured how he felt. He felt the constant thoughts of the accident had imprisoned him and his mind was trying to adapt to keep what little sanity he had left.

The poem's quote above is just that. The member who wrote the poem emphasized the line about being “imprisoned in my mind” because it represented the feeling and the insecurity of what this diagnosis truly is. It is not something you are born with, it is something you experience because of a traumatic event; traumatic being defined by your own senses and mind. When someone experiences this type of wound, though it is not physical, the mind is damaged. Constant hallucinations, vivid thoughts, nightmares and flashbacks can affect the mind in a negative way.

The therapies that were offered to the SSgt have helped him become free of his thoughts, which had trapped him since that fateful day. SSgt Snuffy will always remember what has happened but now he is controlling his PTSD; it is not controlling him. It is possible to treat PTSD with no affects, but there are no guarantees of success. It is all up to the person and their willingness to overcome.

“No wounds on my body, although inflicted in my heart”- Post Traumatic Stress Disorder is not something you can see, but something you can feel. Anyone can have PTSD and not understand it. The only way to decipher if symptoms can be PTSD is if you follow certain criteria according to the DSM-IV-TR:

- a. “The person has been exposed to a traumatic event....” (with traumatic event symptoms listed)
- b. “The traumatic event is persistently re-experienced....” (with ways listed)
- c. “Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma)....” (as indications listed)
- d. “Persistent symptoms of increased arousal (not present before the trauma)....” (as indications listed)
- e. “Duration of the disturbance is more than 1 month”
- f. “The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.”

With “disturbance” being the symptoms that are not letting you function in normalcy, your everyday life is being troubled. Notice that the actions of someone who has PTSD will not be physical but mental. After hearing the story and realizing the affects, you can see why it is important to note that PTSD is a mental disease not a physical one. PTSD can cause someone to physically hurt themselves but the mind is the component that can be damaged from it. SSgt Snuffy, with the guilt and shame, realized that his heart had open wounds and it was affecting him in a negative way. No one can truly understand what happened even as he tried to explain. Before he even started the Prolonged Exposure Therapy, he had to tell his story over and over again to different providers. Initially, the act of reliving his story through words had heightened his symptoms, but later when therapy was implied; it began to make it easier to tell.

“I’m my own worst enemy, imprisoned in my mind”- When someone seeks treatment they must realize that it is the start to a cure. Realizing the negative symptoms and abnormality.

Ever thought about how it feels to be imprisoned by ones’ own mind? Invisible bars of restrictions created by unfortunate and traumatic events restricting a person’s peace of mind. Fear has proven to be the greatest factor in the restriction of the mind. A bad experience leading to an unpleasant thought, and the fear that the thought could turn into reality can impede a person’s ability from performing normal daily functions. Although this is more related to a phobia of some sort, the two can be blended together and become even more severe. It is easier to understand PTSD when it is related to a phobia. More people suffer from phobias than PTSD.

A common example of PTSD is a plane ride. Flying at an altitude of thirty five thousand feet, the Captain of a commercial airline announces to his passengers and crew to return to their assigned seats and fasten their seat belts. The announcement comes due to turbulence reported enroute. To any individual who is used to flying, this is a common event and would not suffer any adverse effects. Take the previously mentioned flight scenario. If a person was told of the event and the event was exaggerated, the person’s mind could easily create a mental phobia of flying thus creating the illusion of being imprisoned in his own mind. This anticipatory anxiety is experienced with great distress, extending the "torture" of flying in a plane. This fear can cause a significant impairment in work and social areas that can lead to distressing consequences for individuals who persistently avoid flying. Any trauma that causes imprisonment of the mind can be overcome once a conformability level in any persons mind is reached.

I have mentioned in the story that the military member above had experienced suicidal ideations because of his PTSD. Though it did not occur initially, it became more severe as time went on resulting in hospitalization. The quote below represents a dark thought about PTSD.

#### When Night Falls by anonymous

"At night I am alone. The world stops to enjoy its slumber. Friends go on with their own life. At night no one is there to hear my thoughts, except me and the thoughts in my head that continue to play the day over and over. Focusing on the negative aspects and degrading myself without the hope of someone defending me. This cycle continues until I see little left to hold onto. Leaving nothing present that is good in this miserable world that I seem to be feeding off like a leech.

Giving nothing back to society and rather hurting it, this parasite that I have become. Then the flashbacks and vivid nightmares of the past come and haunt me, beating out the rest of the light I have inside until all I want to do is finish the cycle and sacrifice myself. This plays in my mind all night until I wake up and morning has come and there are people once again that can take my hand and help me get through life again... until the night falls, not only in the world, but in my mind as well." (PTSD forum)

The poem above expresses when comparison between night and PTSD. Considering what night is, the author may express PTSD as a dark or cold feeling. A feeling when someone is alone and dreaming; dwelling into the unconscious mind. As a result of nightmares a member may feel anxious as night approaches.

What can be more uncomfortable than dealing with an issue focused on someone having suicidal thoughts? It is important to understand that those who experience Post Traumatic Stress Disorder can ultimately experience suicidal tendencies. Because of this no one should ever ignore the signs and symptoms of PTSD or suicide. The value of life is what is important. Our goal as a society is to encourage those who are experiencing this trauma to seek help.

Suicidal ideations are traumatizing enough. When someone is diagnosed with PTSD they live with feelings of alienation, hyper vigilance, feelings of hopelessness, etc. This can cause someone suffering from prolonged PTSD, to become suicidal when dealing with their issues. "Many of us are haunted by memories of acute crises, acts of self-injury, or extended periods of severe depression." (Military Pathways)

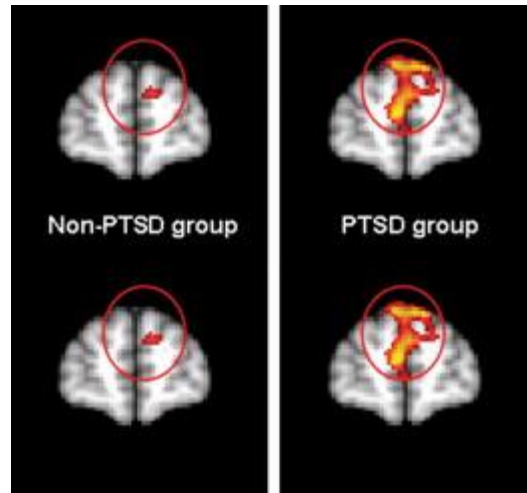
Soldiers, Airmen, Seaman and Marine members can experience suicidal ideations because of a PTSD diagnosis. Having this considered, it is easier to get help as long as you do not ignore the symptoms. The value of this segment is to understand the aspect of why it is important to keep this in mind. Why it is important for someone to seek treatment for PTSD before it leads to fatal results? Do you think recognizing a treatment to help a member recover from a PTSD is important? It is important for society to understand that PTSD affects individuals differently; thereby application of treatment will vary between individuals. It is society's responsibility to conduct extensive research into PTSD. The more we learn about PTSD, the greater the chances of saving a life.

*Proteins are the bricks and mortar of life, and a remembrance  
requires some cellular construction. The moment in time is incorporate into  
the architecture of the brain.  
(Lehrer 84)*

Most patients that undergo therapy for Post-Traumatic Stress Disorder do so with cognitive therapy. This focuses on the mind and how it experiences the traumas aftermath. One aspect that is not focused on is physical sensations. When dealing with PTSD, medical centers focus on the mind and what the mind can do to help maintain the disease. Providers need to gain their patients trust. "This means that, as trust is established it is critical to help create a physical sense of control by working on the establishment of physical boundaries, exploring ways of regulating physiological arousal, in which using breath and body movement can be extremely useful, and focusing on regaining a physical sense of being able to defend and protect oneself". (Van Der Kolk, 13)

Before understanding the physical affects though, one must understand the mental affects and what PTSD does to the brain. "Exposed to traumatic reminders, subjects had cerebral blood flow increases in the right medial orbitofrontal cortex, insula, amygdala, and anterior temporal pole and in a relative deactivation in the left anterior prefrontal cortex,

specifically in Broca's area (Pierre Paul Broca studied the frontal system of the brain which was named after him), the expressive speech center in the brain, the area necessary to communicate what one is thinking a feeling. (Van Der Kolk, 1). With this being said, most people find it hard to control their emotions when they are being reminded of a trauma.



Neuroscience research will help support these findings. Neuroscience is the study of the nervous system. The brain is the organism that receives the information that can stir the emotion. Emotions can lead to physical doings. This means the brain can determine how someone would react to trauma triggers. The mind can control feelings and impulses but is not equipped to destroy emotions and thoughts. Neuroimaging studies, like the one above, show that “intense emotions of fear, sadness, anger, and happiness cause increased activation in subcortical brain regions and significant reductions of blood flow in various areas in the frontal lobe. This provides a neurobiological understanding of the clinical observation that people usually have difficulty organizing a modulated behavioral response when they experience intense emotions. (Van Der Kolk, 3-4)

Neuropsychology demonstrates that those with trauma have problems with memory which cause difficulty in behavior. A phenomenon called “alexithymia” states that those with PTSD have emotional responses but do not initiate an appropriate physical one. Those argue that if providers can establish this into their therapy, instead of just forcing drugs to cover it up, more cures will be made. Neuroscience has been difficult to bring into therapy as most professional schools focus on cognitive behavior therapy (CBT). “The realization that insight and understanding are usually not enough to keep traumatized people from regularly feeling and acting as if they are traumatized all over again force clinicians to explore techniques that offer the possibility of reprogramming these automatic physical responses”. (Van Der Kolk, 6). Studies have shown that activities that focus on breath and movement such as yoga help to regulate emotional and physiological states.

Examples of traumas that can occur are abuse and domestic violence. A procedure that has been used is the education of men and women on what to do if it happened again

so they can defend themselves. This helps create a sense of control that most people lack when they are diagnosed with PTSD.

"PTSD involves a fundamental deregulation of arousal modulation at the brain stem level." (Van Der Kolk, 9). It has been proven that people diagnosed with PTSD have more arousal when confronted with situations. It is necessary for one to regulate their physical senses in order to accept the past and its' trauma. People who have suffered a trauma need to feel safe expressing their feelings and sensations. With this they can become aware of their physical state. "Once they realize that their internal sensations continuously shift and change, particularly if they learn to develop a certain degree of control over their physiological states by breathing, and movement, they will viscerally discover that remembering the past does not inevitably result in overwhelming emotions". (Van Der Kolk, 12)

In 2000, New York University conducted a study proving that "the act of remembering also changes you. (Lehrer, 84). In this study scientists wanted to evaluate the correlation between memory and the brain and how a disturbance of drugs can help cure the memory of trauma at the lowest level, where it begins. They took subjects of rodents and created a loud noise that would shock them. With this the rodents became fearful of the noise whenever they heard it. The scientists waited sometime after initiating the noise and then applied it again but this time injected a protein inhibitor into their brains. "But what made their experiment different was its timing. Instead of interrupting the process of making a memory, they interrupted the process of remembering a memory, injecting the noxious chemical at the exact moment the rats were recalling what the noise meant". (Lehrer, 84)

While interrupting their remembrance the fear of the rodents from the noise were erased. "The rats became amnesiacs". (Lehrer, 85). According to Proust was a Neuroscientist, "Neuroscientists are now looking at reconsolidation as a possible treatment for PTSD and drug addiction. By blocking destructive memories as they are being recalled, scientists hope to erase the anxieties and addictions entirely". (Lehrer, 85). Ultimately this study showed that if a reaction can be erased at the moment it occurred, the anxiety and fear, common symptoms of PTSD would be erased.

Although neuroscientists are studying this more indepth, it is important to have those affected know what they can do in the meantime. Individuals with PTSD will experience the aftermath of trauma through emotional and physical sensations. This will help them react to events in the present, whether that is in a positive way or negative way. Once patients become aware of this, they can develop better control over them and create new ways of personalizing their therapy. "Working with trauma is as much about remembering how one survived as it is about what is broken". (Van Der Kolk, 13)

"In this Proustian paradigm, memories do not directly represent reality. Instead, they are imperfect copies of what actually happened, a Xerox of a Xerox of a mimeograph of the original photograph. Proust intuitively knew

that our memories required this transformative process. If you prevent the memory from changing, it ceases to exist. Combray is lost. This is Proust's guilty secret: we have to misremember something in order to remember it."

After reading "Proust Was a Neuroscientist" by Jonah Lehrer, I became intrigued. I never realized that when dealing with the mind post-trauma, you can cope with symptoms through many different channels. One may need individual or group counseling to talk about their experience (like in the past story with Virtual Reality and P.E.T.); one may use "Art Therapy" to draw/paint the emotions that they cannot express (will discuss); one may choose another creative approach such as singing and poetry. And then there is science. How can science help cure the troubled mind? And in the end, how can you combine all processes that one can use?

Proust believed the process of memory was one that was subject to change. "Our memories obsess us precisely because they disobey every logic, because we never know what we will retain and what we will forget." (Prelude). I find this statement fascinating and began to see that everything was making sense. When someone experiences an event they remember said event as a current reality. The mind remembers what it wants to remember based on other experiences after the event happened. This is what the provider and I noticed in the session with SSgt Snuffy.

Scientifically speaking, people at this time began to associate their mind and its processes through which the mind is made up. According to the "Nader Experiment....every time we remember anything, the neuronal structure of the memory is delicately transformed. A process called reconsolidation." (P.85) "The memory is altered in the absence of the original stimulus, becoming less about what you remember and more about you." (P.85) It is an amazing thought to put into perspective because how can one truly remember the entire event? Especially when a trauma has taken place. During this time the mind usually blocks out troublesome experiences. How is it that you may not remember something the day after it happened because your body may be in a state of shock, but remember it two days later? At this time of remembering, can you positively say that the event has happened exactly as you speak? Or could your mind be protecting you from feeling a sense of pain?

I associated this thought with Post Traumatic Stress Disorder. I considered how Prolonged Exposure Therapy can help cure/treat someone. Providers will have their patient summarize their story over and over again to desensitize them. Most patients would not even realize that their stories constantly change to either take away or add parts the mind did not recently retain. It is amazing how the mind works to satisfy your soul.

I began to "remember" when I worked with this Navy member, who lost a finger on the job. He came to my clinic to discuss the event and cope with his newly amputated body part. We were letting him summarize the story how he remembered it, but his story will always change. The important parts stayed constant but little details began to change such as what he ate for lunch that day. Looking back I noticed that his mind was adjusting the thought, the memory, the experience to its' liking. Then my memory started to re-call an event he began to experience at the time, that I did not truly understand. He stated that even months after his finger was lost, he still felt like he had his finger and that he could "feel" himself moving it from time to time. I began to think that his mind was playing tricks on him.



After reading "Proust was a Neuroscientist", my answer was revealed. Silas Weir Mitchell, "a doctor of nerves", did not ignore this symptom when members of the military who lost their limb stated they can still "feel his missing arm or leg" and that they seemed like "ghosts". (P.12) And like losing a sense and gaining a stronger feel for the other senses, one who lost a limb will be able to feel the limb even more after it is gone. Walt Whitman and Silas Wier Mitchell wrote poems about their love for their discoveries. It was known to them that the body and soul were one. You cannot feel without the soul and the body is what is being felt. "When you cut the flesh, you also cut the soul." With this I realized my memory of the situation I described above has been altered because of the present/future. What I have just learned about these "ghost feelings" will have me remember the story of the Navy member completely different than originally told.

Ultimately, the book is expressing that "we are made of art and science." "This is why we need art. By expressing our actual experience, the artist reminds us that our science is incomplete, that no map will ever explain the immateriality of our consciousness." (Prelude). It has come to show that all therapies are different. You cannot have one without understanding the other. One may feel that the field of art is helping them express themselves with drawing or painting. When one draws or paints, their mind is helping them relate an experience to an expression that is comfortable with the body and soul. That is the scientific aspect of art.

Virginia Woolf was a prime example. Suffering from her own mental illness and documenting for her use, she noticed something quite exhilarating. "After each depressive episode, she typically experienced a burst of creativity as she filled her journal with fresh insights into the workings of her own difficult nervous system". (P.172). It comes to show that art does not always have to be an expression of something scientifically. Art can be influenced by science. Woolf became a great literary writer who is still known for her work today.

It is imperative to understand the comparison and contrast of the way science and art view trauma. Science views trauma as a memory. One that is full of neurons that make up the matter of thought. Art views trauma as an emotion. One that can fully express the way a person thinks and feels about the subject because it is customized just for them. This is why it is fascinating to combine the two in order to get a grasp of the full "story". Everyone is made up uniquely, everyone experiences all sorts of trauma, and everyone reacts to their specific trauma in a different way. You need art and science to understand the scope of the trauma and its' memory. Just like the body is not complete without the soul, science is not complete without art.

It is important for providers, or those involved with someone who is experiencing a trauma, to understand the person, the way they are built and what the best way a person can express themselves is. Proust believed memories are made but change constantly as future events take place. Memories can be good or bad for a person and not expressing their memories, whether it is scientifically or artistically, can damage their mind.

"Art therapy can engage the creative potential of individuals — Especially those suffering from PTSD. Art therapy is considered a mind-body intervention that can influence physiological and psychological symptoms. The experience of expressing oneself

creatively can reawaken positive emotions and address symptoms of emotional numbing in individuals with PTSD.” – Josée Leclerc, A professor in the Department of Creative Arts Therapies

As I was just leaving the airport today, September 9th 2011, I started to realize that there are different types of Post-Traumatic Stress Disorder. On this case, PTSD and related Trauma can occur in different fashions. PTSD can occur on the anniversary date of when the trauma first occurred. This is a very interesting case to consider because it is important to realize that everybody experiences trauma differently. When I was in the airport I saw cops with their K-9 dogs sniffing everyone's car going in and out the airport. I have never witnessed this before but it makes sense considering it is the (10<sup>th</sup> anniversary of 9-11).

When I got to my job everyone was on alert. They raised the security level on base because of the upcoming memorial date. News stations everywhere were playing the event where the planes crashed into the World Trade Center.

Growing up in Lower East Side, of Manhattan where 9-11 occurred, I began to experience flashbacks. I was right there when it happened. I was 14 years old just starting a school year at Murry Bergtraum High School and I couldn't believe what I heard and felt. I was in a math class and I heard a loud rumble and felt the building shake a little. I looked around but no one else seemed alarmed. I continued doing my math work thinking it was just the class upstairs moving their desks and chairs. Then I heard it again. I looked around thinking "Why is no one questioning the noises being heard? Then, our Assistant Principal made an announcement that a plane had hit the World Trade Center. Only then did everyone become alarmed. Our friends and families worked and occupied those two buildings. The phone lines were down and there was no way of contacting anyone. Everyone became frantic with the look of horror on their faces. As parents arrived to pick up their children the first tower had begun to fall. Everyone began to run but was confronted with a wall of dusty air. As people were walking home that morning, you could see the horrific stare in people's eye as they carried the ashes and soot of the towers on their bodies. When I arrived home I realized that my family may have been trying to contact me, specifically. After months of having our phone disconnected and using payphones outside in the cold, I had learned something very alarming. United 93 was one of my dad's planes. My dad has worked for United Airlines for over 25 years and at the time he was working out of Boston, MA. My dad usually worked the night shifts. As my dad began to pull out the airport parking lot after a twelve hour shift, he was immediately called back in with the news. My dad was worried about the pilots he knew but he was more worried about his family in New York. My dad still works for United Airlines and I could only imagine how often he briefs his men on the importance of security.

I became teary eyed watching the events replayed all day long. Reiterating in my mind what I saw and experienced. I began to wonder why I got so defensive when someone talks about the World Trade Center. Can I be experiencing anniversary trauma/PTSD? I get paranoid when I fly around this time; I get sad seeing the events on television; I remorse over loved ones that passed, and this always happens around this time of year. I decided to investigate the reasons for anniversary trauma.

According to the United States Department of Veterans Affairs (USDVA), "anniversary reactions can range from feeling mildly upset for a day or two to a more

extreme reaction with more severe mental health or medical symptoms." They occur because strong memories of the event has come and plagued your mind at the time. Trauma memories are placed to keep you safe. So when these anniversary traumas are experienced, the mind tries to determine how to avoid the same situation from happening again. Therefore, the defense mechanism is activated.

The top three symptoms of this type of reaction, as stated by the USDVA are:

1. Re-Experiencing- "....repeat of the feelings and thoughts that occurred at the time of the event.
2. Avoidance- "....sometimes the feelings that are triggered by the anniversary are so strong that people try to avoid events, places or people that are connected to that event."
3. Arousal- "....the trauma memory might be so intense that it is hard to sleep or focus your mind."

So how can one find treatment? A great way to cope with these symptoms is to keep your mind busy and seek help. There are stigmas on receiving treatment but people must realize that just because they do, does not mean that they are weak. It is actually the first sign that someone realizes the situation and seeks out treatment. That is very important in treatment of the mind; Realization.

Going back again, providers can use Prolonged Exposure Therapy. I do not think that this is appropriate for this type of PTSD/Trauma. I am a byproduct of this. I can tell the story over and over but it does not desensitize me the way a provider would hope to. I have witnessed one type of therapy that works for anniversary trauma regardless of age. This is called "Art Therapy". Art Therapy is an alternative type of treatment that allows the member who is suffering to be more in control of their emotions.

"Through art, participants were able to express positive feelings, externalize difficult emotions and gain insight into their PTSD symptoms. Art-making fostered discussion and allowed veterans to show empathy for one another," said Cheryl Miller. (art therapy blog). Studies have shown that when people are in a group discussion, they feel that their situation is normalized. It is easier for one to speak to another when they have experienced the same situation, than someone who hasn't. It is also easier for one to respect that person more because they truly understand. They are not just saying that to comfort them.

The types of tools that are used could influence or determine the analysis about the member and their situation. Usually they will use paints, cray-pas, clay, markers, and charcoal or display images on collages.

I knew a child who lost his father to the disaster of 9-11 and though the child was just a baby when it happened, the child had a sense of what happened. The art work the child drew was of two buildings on fire with his dad falling out of the window and his mom and siblings running away below. The sky was black and red, there was smoke everywhere and it all blended in with the use of cray-pas. Though the child did not show emotion when discussing what he drew, you can tell all the emotion was put into the artwork. This is why Art Therapy is important to consider. Everyone is different and it gives those another way to express themselves if it is not through words or science.

For those members who are plagued with an anniversary trauma; whether that is a family member passing or an event like the disaster of 9-11, anyone can be subject to this experience. You must remember too that one persons' trauma may not be a trauma to someone else. Take everything serious and be compassionate. Even if it takes just giving them a piece of paper to paint their heart away.

We also have to consider gender discrepancies when determining treatment:

"I felt sorry for myself and locked myself in my room and cried.  
The first real tears I shed in my life weren't because I'd done badly  
at school or broken something valuable but because I was a girl. I  
wept over my femininity even before I knew what it was. The moment  
I opened my eyes on life, a state of enmity already existed between me  
and my nature."

-Memoirs of a Woman Doctor by Nawal El Saadawi-

The words of Nawal el-Saadawi say it all. I couldn't help but include this quote in this section of my research. Nawals' words were words of pain and hurt because of her gender. She hated being a girl. She felt limited and less of a person, especially compared to a man. She wanted to do things her brother did and not be in the kitchen all day. Thoughts like these come to a woman who enlists in the military. Just because someone may feel they do not have to live up to what society states they must do because of their gender characteristics, does not mean it stops them from reacting to a certain way because of their gender. This is very important with people who are suffering from Post-Traumatic Stress Disorder or any Trauma. Men and Woman react different and this should be examined. People can treat their Trauma the same, whether it is through therapy, science or art, but realizing the difference between how men and woman react to it is just as important.

I began to think if trauma could be gender specific. I could not pick a better example than to be sexually assaulted. Though a high percentage of victims are woman, you can see that both genders experience this in two different ways.

According to the website ([ptsd.va.gov](http://ptsd.va.gov)), "about one in three woman will experience a sexual assault in their lifetime". This statistic is based on the vulnerable state some woman put themselves in. This state makes it highly likely to experience this type of trauma. Studies show that woman who face child abuse or child molestation grow to experience other intense issues such as domestic violence. In the military since more woman are being exposed to combat along with men, they are experiencing sexual assault at greater intervals. The experience could be anything from someone touching them, holding them down, exposing themselves or having sexual intercourse with them. "While both men and women report the same symptoms of PTSD (hyper arousal, re-experiencing, avoidance, and numbing), some symptoms are more common for women than men." Usually women will also have issues with drinking and feelings of depression. They may even be more sensitive to their emotions and avoid being around men.

I recently spoke with a patient at the Mental Health Clinic at Langley Air Force Base, who was diagnosed with Post Traumatic Stress Disorder after being sexually assaulted during a deployment. She stated "my supervisor called me into his office. As soon as I walked in he locked the door, grabbed me and started to feel on my breast". The patient tried to get out of the situation but the male supervisor continued to hold her down and kiss her neck. After pushing him aside forcibly, she managed to run out the room and tell her command. (Patient testimonies, LAFB) Being back in the United States and getting treated for this trauma, she could not be around men, especially in a closed room. Female technicians were asked at every one of her appointments to sit in so she would feel the comfort of being with another female. Her psychiatrist in treatment decided not only would he have a female technician sit in with them, but reading her history he wanted to make sure she was comfortable to be in a room as well. He began his treatment outside his office in larger group rooms throughout the clinic. As she progressed in telling her story using Prolonged Exposure Therapy, he began to downsize the room until he moved the appointment into his office. This process took many months. One day he asked the patient how she would feel if the female technician sat in for fifteen minutes of the appointment, and they continued the rest of the fifteen minutes alone. She stated it would be hard for her but she would try. After half the appointment went by and the female technician left the room, she became shaky, she couldn't breathe, she started to sweat and ultimately ran out the room into the woman's bathroom. The female technicians had to check on her because she started to have a mild panic attack. This process was attempted many times and after being in treatment with both a male psychiatrist and a female psychologist, she began to be comfortable around men. She even started to date and become intimate with her current boyfriend. Her case was then closed. The statement above by Nawal El Saadawi expressed the exact feeling this patient felt. She felt dirty and responsible for the attack because of her gender. I began to wonder if men would experience this situation differently.

"At least 10% of men in our country have suffered from trauma as a result of sexual assault. Like women, men who experience sexual assault may suffer from depression, PTSD, and other emotional problems. However, because gender plays a role in how life is experienced emotional symptoms following trauma can look different in men than they do in women." (Military Pathways) Men may experience substance abuse issues, emotional constraints, encopresis (bowel issues) and impulsivity. Men may experience a severe sense of shame as society places the perception of great power on them. This power gets stripped from them when they face a sexual assault trauma. They try after the trauma to prove they are real men. Many result in having multiple woman partners to feel a sense of worth. "There is a bias in our culture against viewing the sexual assault of boys and men as prevalent and abusive. Because of this bias, there is a belief that boys and men do not experience abuse and do not suffer from the same negative impact that girls and women do. However, research shows that at least 10% of boys and men are sexually assaulted and that boys and men can suffer profoundly from the experience. Because so few people have information about male sexual assault, men often suffer from a sense of being different, which can make it more difficult for men to seek help." (Military Pathways)

I looked into a recent case and was asked to sit in on a session. A male in the same clinic experienced a sexual assault after being hospitalized for suicidal ideations. Now I must disclose that there are many discrepancies with his story so it may not be as reliable as

the female patient above. The male patient stated while he was hospitalized, one of the student doctors had him in a room and began to give him oral sex. After said event took place, the member went into a brief state of psychosis. He began to consistently talk to himself discuss religion. He spoke of religion whenever a question was asked of him; even if religion had nothing to do with the topic. This was very odd to me as I found out that this was a young Air Force pilot who was experiencing this. He was then put on a no flying status and because his psychosis had not improved, he was medically discharged from the military. Just to think that this man was so traumatized from this event that he suffered psychosis astounded me.

Considering the two prior patients stories, their success and failure in treatment, it has been proven that woman can treat PTSD successfully with these cases more than men. This may be because women are more comfortable talking about their feelings. But it is also skewed as more women report this assault than men. As we have learned, many therapy types to cure PTSD involve constantly summarizing their story and group activities. Speaking is more verbal than action, though you many have some involvement to do. It has come to show that PTSD can be experienced and dealt with different ways and gender is a factor. Again, the treating provider must take all risk factors into consideration when treating the patient.

So with the many issues surrounding PTSD, its' diagnosis and the people who suffer, medical facilities need to include more access and treatment regardless of its severity. In the Military we have the insurance TRICARE and the Veterans Affair (VA) is managing many members medical history that had a prior PTSD diagnosis as well as a current. Some Military members are afraid to come out and get help. The hardest part of seeking treatment is actually seeking treatment. We can get into all the scientific and artistic approaches of treating/curing PTSD but what about those who fear the consequences or don't even realize they have this disease? In the meantime we focus on another channel of treatment.

*People with PTSD tell me their life is so miserable, they're willing to try anything to feel better. I'm amazed that what seemed to be science fiction just a few years ago is being tested. So this is a really big move forward.*

~ *Alain Brunet*

There are many different routes that one can come across in treatment for their diagnosis of Post-Traumatic Stress Disorder. They have Prolonged Exposure Therapy, Cognitive Therapy, Artistic Therapy, and Scientific Therapy (Neuroscience). One that I have not yet mentioned is management of medication. Medications are taken for various reasons when coping but not treating PTSD. The reason why I say coping is medication can be used to cover up an issue or make it go away for a certain amount of time. This may help those who are experiencing anxiety and its' symptoms. Psychiatrists are primarily medication management and there are some doctors who are using medication to the extreme with PTSD. I have stumbled across an article that astounded me; an article that is quite controversial and if made public or can be proven will be widely unaccepted.

First off let us talk about the many medications that are used to cope with PTSD and what they are primarily used for. Trying to find the right medication for PTSD is like trying to find the right size for a pair of shoes; you will have to test out different ones to see which one works for you. The most common drugs for PTSD are Selective Serotonin Reuptake Inhibitors (SSRI). Popular drugs such as Celexa, Paxil, Zoloft, Prozac and Lexapro fall under the SSRI category. According to PTSDMedication.com, these types of drugs will “affect the concentration and activity of the neurotransmitter serotonin, a chemical in the brain thought to be linked to anxiety disorders”. Another group of drugs that can be used are Tricyclic Antidepressants which “affects the concentration and activity of the neurotransmitter’s serotonin and norepinephrine, chemicals in the brain thought to be linked to anxiety disorders”. Less formally used are Monoamine Oxidase Inhibitors “blocking the effect of an important brain enzyme, preventing the breakdown of serotonin and norepinephrine” and Alpha Blockers used for nightmares.

Out of all the medications that can be used, SSRI’s are the most popular with Zoloft and Paxil being the top picks for military members since they are FDA approved. Let us note that most medications will take a couple of weeks to actually see any improvement in mood and all have side effects. Side effects can consist of anything from sexual side effects to vomiting, to having increased arousal. Medications are not used to cure but are used to reduce the symptoms at the current moment. There are doctors and scientists who are attempting to develop new drugs to cure PTSD. The article I mentioned earlier is focused on doing this. The article mentions that an illegal drug, Ecstasy is being tested on military veterans to cure PTSD.

Noah Shachtman wrote this article to deliver a message about a possible cure for PTSD through medication. “Michael Mithoefer, a former emergency room physician turned psychiatrist, is testing the party drug ecstasy as a treatment for Post-Traumatic Stress Disorder”. According to Shachtman, Mithoefer has been conducting the FDA approved tests with ecstasy, also known as MDMA, since 2004. Mithoefer was quoted as stating “people are able to connect more deeply on an emotional level with the fact they are safe now”. Many of these trials are limited to overseas areas like Israel or Switzerland. The VA and DOD are resistant in supporting the testing’s, though they are becoming more interested in finding a cure. A former army Ranger states “it’s an extremely positive thing. I feel so lucky that I got to take part in the project...It’s basically like years of therapy in two or three hours. You can’t understand it until you’ve experience it”.

So what exactly is Ecstasy? According to the National Institute of Drug Abuse, “MDMA (3,4-methylenedioxymethamphetamine) is a synthetic, psychoactive drug that is chemically similar to the stimulant methamphetamine and the hallucinogen mescaline. MDMA produces feelings of increased energy, euphoria, emotional warmth, and distortions in time, perception, and tactile experiences”. Most popular among teens and urban gay males, this drug is used in parties to enhance your senses. This drug is used unacceptably to induce people to get a feeling of being “high”. Most people who are on this drug can lose sense of time and place and can easily be taken advantage of. The most common abuse that can come out of taking this drug is sexual abuse.

With this being said, Psychiatrist Mithoefer believes that Ecstasy can be a cure for PTSD because of the experience you have under it. I am not sure how this can cure PTSD as Ecstasy is not a constant drug but it is what this psychiatrist believes. I cannot completely disagree more. I could not believe that this doctor already has test subjects for it. If anything we should be focusing on Neuroscientist viewpoints about injecting a protein inhibitor into the brain to “erase” the memory or at least “erase” the reaction to that memory.

Medications are always a good tool to cover up an existing condition rather than cure it. It gives the body some time to adjust as they work towards being cured. New developments in medication are being created. “There are competing hypotheses about the role of glucocorticoids following trauma and their effects on the brain. It might be possible to intervene at some level in the hypothalamic-pituitary-adrenal axis or at the level of the glucocorticoid receptors in the brain to modulate the effects of stress and the development of PTSD. Neuropeptides such as Substance P and Neuropeptide Y (NPY) have been implicated in PTSD as well (20). Combat troops exposed to stress have been found to have lower levels of NPY. Perhaps altering this neuromodulator could improve the resiliency of the brain to the effects of trauma”.

I hope that the VA and DOD do not buy into this idea because they are becoming desperate for answers. The Armed Forces are losing members every day because the diagnosis of PTSD is incompatible with the mission. The Pentagon is become distressed as well as looking for a cure. Walter Reed Medical Center (Army) has found a temporary relief for PTSD that involves just a quick “jab to the neck”. This is what the report found:

It’s a procedure called stellate ganglion block (STB), and involves injecting local anesthetic into a bundle of nerves located in the neck. The bundles are a locus for the sympathetic nervous system, which regulates the body’s “fight-or-flight” stress response.

Led by Lieutenant Colonel Sean Mulvaney, Pentagon scientists gave STB injections to two soldiers, one on active duty and another who’d been suffering from PTSD symptoms since serving in the Gulf War nearly two decades ago. Their study reports that both men “experienced immediate, significant and durable relief” after the 10-minute procedure, and no longer exhibit symptoms that would qualify them for a PTSD diagnosis.

Seven months later, both had successfully stopped using antidepressant and antipsychotic medications with the guidance of a psychiatrist.

While the research out of Walter Reed only tested two patients, a Chicago-based doctor named Eugene Lipov is already conducting his own double-blind trial on war-vet volunteers. One of his patients, 28-year-old John Sullivan, found little relief with prescription anti-anxiety meds. But the former Marine Corps Sergeant told ABC News that the STB injection completely eliminated his nightmares, flashbacks and ongoing anxiety.



“[It was] not painful and the results were within five minutes — I felt more relaxed and calmed down. It’s been great.”

Lipov has also conducted before-and-after brain scans on patients. Those suffering from PTSD usually exhibit characteristic “hot spots” that light up when a patient is exposed to violent imagery. After an STB treatment, the brains of PTSD patients no longer displayed the abnormal reactions.

But STB treatments, which have been used for decades to treat a handful of illnesses, including Raynaud’s Syndrome, aren’t without risks. Injuries to the nervous or vascular system are the most common, usually from a misplaced needle. Still, STB is likely to be met with more enthusiasm from the Pentagon than another potential PTSD treatment. MDMA, the key ingredient in ecstasy, was in the spotlight last week after successful results of a study on 21 veterans. But according to the Multidisciplinary Association for Psychedelic Studies, who sponsored the study, the Department of Veterans Affairs has thus far refused to collaborate on future research.

Psychotherapy and Pharmaceuticals are looking into combining and interfering in the memory process, again neuroscience. This is the avenue that should be widely introduced, not supposing theories of an illegal drug that is not used for anything but illegal entertaining purposes. Investing in those procedures that will actually benefit to both science and the member will be the ideal avenue for those to look in to.

Memory  
Shouldn’t be  
Shards of a broken dream  
Secret pain  
Shouldn’t strain  
Breathlessly to scream  
I know the where  
I know the when  
I know the who too well  
Believe me or believe me not  
I have a truth to tell....  
-By Dr. Frank Ochberg-

I have talked about alternative treatments for Post-Traumatic Stress Disorder such as Yoga and Medication. Just recently I mentioned cases of treatment that has tested the illegal drug Ecstasy to help cure PTSD. I had the opportunity to have an in-depth interview of this claim with a Psychiatrist in the Langley Mental Health Clinic. His name for documentation is Dr. Psych. He has been a Psychiatrist for over 10 years. I have decided to

include a short portion of the interview as well as research I used to support his claim on what would be the best type of treatment for PTSD.

Me: Dr. Psych, are you aware that there have been studies that have shown that Ecstasy may be able to cure PTSD?

Dr.Psych: What? Where is the validation for this study?

Me: (I provided him the study that I had researched)

Dr.Psych: Are you kidding me? Ecstasy? You'd be better off doing Crack!

Me: Oh wow, are you telling me that Crack is safer to use than Ecstasy?

Dr.Psych: Definitely. I would say that both are unsafe and illegal but to treat PTSD, Ecstasy would be the worst choice.

Me: Why do you say that?

Dr.Psych: Ecstasy is a drug that amplifies your senses. PTSD is a memory issue that is experienced through arousal, physical reactions and mental reactions. Ecstasy will only enhance those reactions and increase your awareness of your memory. That would be the worst drug they can use for this diagnosis.

Me: What is your opinion on the best way to cure PTSD besides Therapy?

Dr.Psych: I have been researching and supporting a new study that deals with morphine injections.

Me: How exactly is morphine injections used to help deal/manage/cure PTSD?

Dr.Psych: Morphine is used medically to reduce severe pain. Studies have shown if a troop in the military gets injected with Morphine shortly after the traumatic event, they will remember said event as less traumatizing as it takes away the pain. You have to remember that experiencing a trauma is like riding a bicycle. You learn how to ride and once you do you never forget. You will always remember how to ride a bike, or how it feels to ride the bike. Memory is a fascinating thing and there are many loopholes in the process of memory. I believe that these morphine injections might be the best treatment because of the validity of decreasing the effect of the trauma through morphine.

Me: I remember reading about protein injections to the brain to interfere in the memory process. Is it sort of the same thing?

Dr.Psych: Protein injections to the brain? I am not sure of this. It sounds like a similar process but I have not heard much about that through the medical field like I have the morphine injections. That may be something I will be interested in looking into.

Me: So what exactly are the long term effects of morphine use for curing PTSD?

Dr.Psych: Well, research has been doing this treatment as a one-time occurrence, and that is right after the trauma has occurred. There are many long term effects such as constipation and depression but right now since it is only a one time injection it probably won't affect the member much long term. Now if military members constantly get these injections because of what they are being faced with, that is a different story. Do some research on morphine injections and tell me what you think about it.

Me: I will thank you so much for your expert opinion and information regarding PTSD treatment.

According to Wikipedia, Morphine “is a potent opiate analgesic medication” used to relieve agonizing pain or suffering. It is a central nervous system depressant. In medical uses it can also be used for labor pains or treatment of cancer causes. It is a great first responder for those who are in intense pain that need a quick relief. It does not cure the pain, just blocks the feeling for a time. Morphine can be very addicting if not used properly. Side effects that you can get from Morphine are constipation, addiction, tolerance, withdrawal and yes possible overdose. In psychiatric uses, morphine mirrors endorphins. As far as affecting the mental state “in terms of cognitive abilities, one study has shown that morphine may have a negative impact on anterograde and retrograde memory, but these effects are minimal and are transient. Overall, it seems that acute doses of opioids in non-tolerant subjects produce minor effects in some sensory and motor abilities, and perhaps also in attention and cognition. It is likely that the effects of morphine will be more pronounced in opioid-naive subjects than chronic opioid users”.

So what can morphine exactly do for PTSD? MSNBC did an article about studies showing when morphine should be applied to troops and what the effects were. The article stated that troops should be given the morphine injections shortly after the trauma occurred. Most troops were receiving it while in deployed settings such as Iraq or Afghanistan. Doing this reduced the chance of developing PTSD, especially after the trauma had occurred. “It was unclear whether it was the fast pain treatment or something specific to morphine that made the difference. But researchers theorize that simply easing pain might reduce the severity of the psychological trauma, or that prompt relief might alter the way the brain remembers the attack or injury — in essence, causing the mind to file away the episode as less traumatic”.

Iraq was doing the tests of morphine's of those that had just suffered from a car bombing or burns. The treating doctor will determine if the member would benefit from the morphine injections. A study showed that out of 696 troops who got injured overseas, 493 had taken the morphine injections. Two years after they had gotten injected 147 out of the 493 developed PTSD as opposed to the 96 developing PTSD from the 203 members who did not get the injection. This study from MSNBC's article showed that you had a 53% higher rate of obtaining this diagnosis without the injection.

Another article for the LA Times about this subject showed the same results. After Iraqi Operation Freedom took place there was an increase in PTSD diagnosis. Morphine was used to help some members reduce their sensitivity to these memories. "Psychiatrists and neuroscientists aren't sure why some people develop PTSD while others don't, but the leading theory is that too much of the stress hormone norepinephrine at the time of a traumatic event causes the brain to malfunction when it records the memory. The idea behind the preventive treatment approach is to disrupt the transmission of norepinephrine in the brain, either by blocking its release or by preventing it from binding to a receptor. In either case, a drug would have to be administered very early, while the memory was still being encoded".

Now as the doctor said, there are long term effects of using morphine but since they inject it one time the members may not have any side effects at all. I am still in process of searching for what it will do to the brain. Most of the effects are physical with the exception of dependence and tolerance but what I have found is: "Morphine, a narcotic, directly affects the central nervous system. Besides relieving pain, Morphine's effects impair mental and physical performance, relieves fear and anxiety, and produces euphoria. Morphine's effect also decreases hunger, inhibits the cough reflex, produces constipation, and usually reduces the sex drive; in women it may interfere with the menstrual cycle. Morphine's euphoric effects can be highly addictive", according to NARCARNON, alcohol and drug rehabilitation.

I am astounded by my research of the topics of injections or medications. To completely go against biological work up and is able to interfere with the recoordance of memory fascinates me. To receive an aid that helps one reduces their pain and suffering for when they retell their story, they will not remember it as that traumatizing. This will result in ultimately not having the trauma affect them at all. This would increase mission readiness in the military and provide relief to those who are suffering. This can be put into effect for newly diagnosed veterans but we still must focus on those that have had the diagnosis for a while. Morphine should be tested on those going through Prolonged Exposure Therapy when they retell their story to re-introduce the pain and hopefully be able to numb that feeling. This is where science should focus their studies on this diagnosis. I am sure Department of Defense would be glad to implement such a procedure if it keeps troops ready and able to return to full duty. Like the poem directly states above what memory should not be, many troops feel the same and may be willing to stop the hurt before it begins.

“Well what is the sense of ruining my head and erasing my memory; which is my capital, and putting me out of business? It was a brilliant cure but we lost the patient....”

-Ernest Hemingway-

Another controversial type of treatment for Post-Traumatic Stress Disorder is Electroconvulsive Therapy, or Electroshock or ECT. According to MentalHelp.net, this therapy is a type of psychiatric shock therapy involving the induction of an artificial seizure in a patient by passing electricity through the brain. Because of how this therapy is portrayed in public, negative comments have been made regarding it. It has shown to show short-term memory improvements but like always there are risks and complications that can happen with this. Ernest Hemingway is a famous author who underwent treatments of Electroshock Therapy. This therapy began for him when experiencing life issues such as money and health problems causing depression and also suffering from paranoia. After receiving fifteen to twenty treatments of Electroshock Therapy, Hemingway committed suicide.

ECT was created by neurologist Ugo Cerietti in the 1930s. He witnessed these electroshocks being administered to pigs before they got slaughtered. It did not kill the pigs; just put them in a state of unconsciousness. Cerietti began to use it on his patients and noticed they were more manageable on this type of therapy. Psychiatric hospitals started giving them to their patients to control and punish them. As medication needs grew the use of ECT declined. ECT was modified to be more effective when muscle relaxers were used with it and the voltage was lower going through the body. “Ultra brief pulse, high frequency, and longer stimulus duration contributes to the effectiveness while minimizing the adverse cognitive effects”.

ECT is mainly used in conditions that are monitored closely. Only certain personnel trained and certified shall administer this treatment. ECT is also governed by mental health laws that should be followed strictly. Right now ECT is used to treat severe depression, bipolar disorder and psychosis, especially when psychotherapy and medication have failed. For those that are unable to take medication due to pregnancy or other health concerns, doctors recommend ECT after weighting risks and benefits. In the United States, ECT is not used unless there is an evidence based indication that it is needed. There have been concerns that ECT though controversial, has not been offered to the general public as much as it should be.

“The aim of ECT is to induce a bilateral grand mal seizure (with contractions and twitching of both sides of the body) which lasts at least 20 seconds”. This procedure is accomplished by using a gel, paste or saline solution to place on scalp so no burns occur and a short fixed current is passed through electrodes on it. The electrodes are placed on the side of the scalp. One on the left side and one on the right. This is done so that the shock can be delivered to parts of the brain that are non-dominant; parts of the brain that do not have learning areas or memory storage. When patients are interested in this type of treatment, they are made aware that it usually takes 6 to 12 sessions with the shocks being

at least a day apart. ECT machines or those providing the shock attempt to keep the voltage constant. This will cause the seizure and it will be confirmed that it is happening by the EEG neuromonitoring. Overall, the seizure using the appropriate amount of electrical shock will make the therapy effective.

There are two types of ECT; bilateral and unilateral. In bilateral, the electrodes are placed on both sides of the head. This is the most common type used. In unilateral, they are both applied to the same side to keep the shock primarily on one side. Some providers will try to use unilateral first then switch it up to bilateral but unilateral is not always effective so most stay with bilateral. For bilateral treatment the electrodes are adequate enough to perform the appropriate seizure where unilateral you must shock over the minimum to be effective.

We cannot do a treatment like this without risks and complications. The greatest risk of ECT is the patient getting brief general anesthesia. The patient can have confusion and memory loss and though they may return back to normal after treatment, they may have issues down the line because of it. Every individual is different and everyone will have different side effects and though most learn and remember normally after procedure, some may not. Your mind can be completely damaged by these shocks which is why most people oppose the treatment. This is why ECT is offered as a type of treatment for PTSD. To permanently remove the memory, your symptoms will vanish. It has been noted that some patients when finished with treatment through ECT, their memory started refining itself. But this is not always the case. More than few showed memory impairment and scaring. Providers when providing this therapy are also not encouraged to use medication, as it can heighten the body for a higher seizure.

There have been decades of research that has proven that ECT has been successful in most case. ECT tends to work faster than most medications and this is why some would argue its effectiveness. It does not have long term effect of having suicidal ideations though. Some patients have to go through what is called maintenance ECT. "Maintenance ECT refers to indefinite periods of electroshock, usually scheduled a few weeks apart". Most critics say that this type of ECT is required because it takes the brain at least four weeks to recover from this type of therapy. The brain would release the feeling and want to obtain it again. Almost like if it was addicted at this point.

In the United States you must consent to use ECT. The only occasion that it can be used on a patient without consent is if it were a life or death situation and usually this has to be determined or finalized through the court system. Though there are some doctors who say this type of treatment is best, others look at it as inhumane. These providers would use it only as a last resort. ECT is judge by saying that the job of it is to kill brain cells and some patients attempt to ban it as it has made their memory worst after using. "The church of Scientologist dianetics claims that ECT does not treat the cause of the disorder but suppresses natural reactions to certain influences by creating further disorders". An alternative to using ECT is using Magnetic Stimulation Therapy (MST). We will look into that further.

Dr. Michael Miller of Harvard Mental Health Letter states: “ECT continues to restore the health and sometimes save the lives of people with the potentially lethal disorders of severe depression, mania and acute psychosis. For the patients who suffer most with mood symptoms, nothing better than ECT has been devised. That is the most important reason for its survival through doubts, fears and political controversy”. Although controversial, there are also many ridiculous attempts/claims of cure for PTSD.

“Let them come for all they were worth to wash my mind  
clean of its accumulated dust, to dislodge the dark veil that  
was insulting my heart and to set my soul free from the  
prison cell of deadly rigidity where it languished”  
-Nawal El Saadawi-

I have been a huge advocate on finding a cure for Post-Traumatic Stress Disorder. Not just one cure though, I believe there are many that can be established since everyone is different. I have gone through many cognitive therapies, medications, yoga etc. I recently came across one that was even more ridiculous to me then the study of Ecstasy curing PTSD. There is a foundation located in Malibu California that is providing service dogs for those diagnosed with PTSD. I was pretty livid when I did my research on this considering all the knowledge I have obtained about PTSD. There are many words to describe the diagnosis of PTSD and one of them is a disease. But does this “disease” constitute getting a service dog?

The Sam Simon Foundation is one that “provides service dogs trained for veterans diagnosed with PTSD as a result of serving in the Iraq/Afghanistan conflicts. Other tasks we may train for include assistance with hearing loss, TBI (Traumatic Brain Injury), and moderate physical limitations due to injury”.

On their website, the foundation provides a brief review of what PTSD is and how a service dog can help those with the diagnosis. They state that “a service dog is not a cure for PTSD but whose skills and companionship can be an aid for managing the symptoms and promoting well-being”. These dogs are typically retrievers being between one to two years old and there is no fee if the veteran is eligible.

The dogs according to the foundation are trained to:

**Cover Me:** Dogs are trained to move in front of the veteran to create a spatial boundary between the veteran and public.

**Watch My Back:** Dogs are taught to turn, sit and face what is behind the veteran. This command creates a sense of safety and security.

**Balance:** Where balance is affected by medication or a TBI, our dogs are taught to stand and hold still when they feel any weight applied to their shoulder and back. A veteran with balance challenges is taught how to use their dog to regain balance again.

Looking at the training I can see how someone who feels unsafe in their neighborhood would benefit from this. People who suffer PTSD may find this helpful at times; until it gets to the point where it is running their lives and they are unable to leave their home because now they are even more afraid and jumpy than before they received the dog. They start relying more on the dog than themselves.

The disadvantage of having these dogs to me outweighs the benefit. Besides the fact that you have an increase of responsibilities with a dog, the foundation selects those who receive on need and who can give the dog the lifestyle they need. This includes eating and exercising. Some military members cannot have pets because of their military jobs. They cannot take them to every base if they change their duty station and many who go on short term trainings will not be able to have the dog sheltered. Yes these dogs are made to be in public places, but they cannot go everywhere these military members may need to go.

The biggest issue I believe is this disorder does not require a service dog. Most people who have service dogs are ones that medically need it; those with diabetes or who are blind etc. We have talked in previous papers about those with PTSD that are really ashamed of their disorder because they feel they have no control. It is a mental disease. Throwing a dog at them to help them live is just telling them they are sick. They already feel limited, with a dog they will just put themselves in a position that than can't be cured. There was no evidence from this foundation that the dogs were useful. I tried to find feedback from veterans that have received the dog for their disorder but there were no testimonies on their website.

When researching other corporations or foundations that take part in this, I did come across a military installation that is working on developing a program to provide a veteran with PTSD to receive a dog. I have no inside sources if this program is still getting worked on but there was a testimony I found from CNN about a woman who has gotten a dog for her disorder and what it did for her.

The members name is Jo Hanna Schaffer, a 67 year old veteran who got a Chihuahua because she suffers from PTSD. Ms. Schaffer states that the dog is her best friend as she feels protected when he is around. He will bark when others are around her and will cuddle when she is depressed. Ms. Schaffer never wanted to take medication for her PTSD but instead looked into the "alternative therapy: psychiatric service dog". The dog is able to sense when she is feeling depressed or may be having a panic attack and the dog will curl up with her. This makes Ms. Schaffer with her PTSD.

"The use of service dogs for mental illness has emerged in the past decade, says Dr. Joan Esnayra, founder and president of the Psychiatric Service Dog Society". Dr. Esnayra had coined the term "Psychiatric Service Dog" and has been working with those diagnosed for over 10 years.

I chose the quote above to represent this topic of PTSD because I would assume that is how someone would feel if they were put into a position of having a service dog. It may seem a little harsh but the idea that Dr. Esnayra is working towards makes the patients seem more like victims and no one should feel victimized because of this type of disorder. It's like adding insult to injury. Family should be their companion through these times.



*"At times it's been hard to accept that life has changed irrevocably, and will never be the way it used to be.....Our lives together, our duet, also continues to evolve, and even if we can't go back to how it was, we're designing a good life for us, in spite of everything".*

*-Diane Ackerman in One Hundred Names for Love-*

Understanding Post-Traumatic Stress Disorder is important to an individual who is experiencing it. We focus much of the attention on the trauma and how to cope for the member but one aspect that is not always addressed is how it affects family and friends. We must educate them on what this disorder is and how it will affect them and the loved one who has the diagnosis. Doing this will help them realize what they can do for their loved one who is experiencing this disorder.

When someone has PTSD their whole family life changes. From the outside looking in you may notice that the member may get angrier easier, not want to spend as much time with you as they once did, disconnect themselves with the things they liked to do before the trauma and not have an active sex life. This can be a problem for family and friends who do not understand what their loved one is experiencing. They may feel helpless and not know what to do to cope with it themselves. Questions may also be brought up on if the family can get back to normal or will the family break up?

Families and Friends should take it upon themselves to read up and learn about the disorder. With this you may be able to help your family cope with the changes that will take place if you understand it more. If there are any children in the family it is also easier to explain it to them as well.

According to the official website for the government on PTSD, Here are some ways you can help. Keep in mind that those who are withdrawing from the disorder may not want to participate but you as the family member must give them their space as well as supporting and encouraging them to be more active.

- Learn as much as you can about PTSD. Knowing how PTSD affects people may help you understand what your family member is going through. The more you know, the better you and your family can handle PTSD.
- Offer to go to doctor visits with your family member. You can help keep track of medicine and therapy, and you can be there for support.
- Tell your loved one you want to listen and that you also understand if he or she doesn't feel like talking.
- Plan family activities together, like having dinner or going to a movie.
- Take a walk, go for a bike ride, or do some other physical activity together. Exercise is important for health and helps clear your mind.
- Encourage contact with family and close friends. A support system will help your family member get through difficult changes and stressful times.

There may be times of serious concern when the loved one becomes angry or violent. When this happens, you should take it seriously and re-locate you and the children to a safe environment until the loved one calms down. You may seek professional help as well. Once the negative atmosphere subsides you should talk it out with your loved one and discuss what had happened and ways to change or avoid that. Communication is key in a relationship and also key if a situation like this has occurred or can occur.

You must always remember not to forget about yourself in the process of caring for your loved one with PTSD. You have needs too and if those needs are not met you may start resenting your loved one for their experience and the impact it has on you. You can become physically or mentally sick, possibly feel burned out and refuse to continue to help your loved one anymore. But knowing what you can do to take care of yourself will benefit you and your family and will not cause disruptions in care of your loved one.

Below you will find two reactions to PTSD. One is a military member, a marine that is suffering. The other is from a devoted spouse. Read the two excerpts below and think about how different but how similar PTSD directly affects everyone around the person who is diagnosed with it.

**MARINE:** I have PTSD and have sought treatment from VA for years. There are some very valid points I have read. Kudos for the loving/caring people that have taken the time to educate themselves as a spouse or sufferer. Damn those that "brand" PTSD sufferers "wacko," "crazy," or "Manson" like. PTSD is the body and mind's natural reaction to something or event experienced that is unnatural. Further, medication from VA may help in the short-term: zolpidiem, mirtazapine, trazadone, etc. but the root source is facing the fear and talking about it to the point that it is wildly uncomfortable then just makes you squirm and sweat to--oh yeah that thing that happened. No one is asking PTSD sufferers to cheapen their experience or forget what they have done as a service-member, but you have to know and re-learn how to verbalize, communicate, and know what your triggers are that you can pretty much predict and deal with the outcome. My number one hurdle as a former Marine, swallow that PRIDE!

**SPOUSE:** My husband and I married. He then was diagnosed with PTSD after being in the army 6 years and retired as a charge medic. The first time I was told was he put my daughter to bed and had to leave the room because he was crying it flashed him back to an awful call and losing a 9 year old girl. He shuts down isolates himself, feels like he has no support and worthless because he can't do that line of work either anymore with all the medical problems and plates attached to his body. I don't know what to do. I have tried to support the family by working and even taking a different job for more money. The scariest thing is I myself have to battle with depression and set boundaries and its gotten worse because when he is confronted he is nasty with the most hurtful words no person would put up with.

It is not fair to the family member but it is a hard situation to overcome for the loved one. Again the family member must take care of themselves and read up on this diagnosis to fully understand. The military member is just as confused and scared and if you show them support, the member and their family and friends can overcome it together. Like the marine stated above don't brand him. Support him.

I chose to quote Diane Ackerman for this subtopic of PTSD because she experienced some type of difference in her spouse medically. Her husband suffered a stroke and was unable to communicate like before. Diane did not give up though. She used many different techniques to bring the man she loved back to his feet of understanding. Though she is different from a PTSD spouse the thoughts are still the same. Diane talks about how their life will never be the same because of her husband's stroke, but how their marriage is keeping them to grow still and adapt to the new way of life for both of them. Just realizing that medical issues affecting someone don't just affect them but also their families is why this quote is important for this topic. Those that are suffering from PTSD can be cured or treat the disorder in a timely fashion. Family members and friends should also be considered when treating the member's disorder. So the Department of Defense (DOD) should have sources like these for both active duty members and their families.

“To fulfill President Lincoln's promise: [To care for him who shall have borne the battle, and for his widow, and his orphan” by serving and honoring the men and women who are America's veterans].”  
(Veterans Affairs)

From our first step forward in a formation flight, we learn to dress and tie our combat boots laces. Like children we mature and recognize that we are the sons and daughters of war. Our parents who raise us are the military branches that brakes us down from civilian habits to military routines that builds us up to proudly defend, fight and win in the name of our country. Through it we attain the confidence and the tools to believe that we are strong, and nearly invincible; these are traits needed for survival as a future combat soldier. Can a path with too much confidence and pride lead to Post Traumatic Stress Disorder (PTSD)?

Could I really go back to my parents and tell them I'm scared and that everything they have taught me to be I am not? It is clear that this is happening to a high percentage of soldiers today. Being filled with pride, it is hard for them to seek help within their branch. The thought that they could be considered mentally weak encourages them to hold everything inside as they try to be strong and deal with their illness alone. When all else fails, alcohol and other substances come into play, and something that could have easily been treated from the very start could now be following a possible dishonorable discharge; an individual issue that is no longer the responsibility of the DoD.

Another thought that comes to mind is if they do approach the services, how frequently are soldiers with intentions of staying in the military bothered about the situation and the protocol. The endless appointments they have to attend and the process with the paperwork can be quite tedious. It's as if military doctors and personnel are being trained to

give patients a hard time. Also you must remember the profile effect their permanent military record. Even though all the information is known to be confidential, when it comes down to it soldiers wonder how confidential would it really be when trying to reenlist after being diagnosed with PTSD. Most of the time they don't know the mental health field in order to gain enough trust. For all they know this could lead them to be medically discharge for a personality disorder and not qualify for the benefits of a soldier with PTSD.

Truthfully there isn't a perfect system in this world yet. The one that exists now within the branch is good but there is always room for improvement. Anyone would understand that off base civilian mental health offices could be compromised and critical information spoken by a soldier with possible PTSD could be used against the security of the country. This is why it is critical to maintain our confidentiality and at the same time smooth the process to diagnose, recognize and correct soldiers with integrity. The system needs to improve so people can learn and teach others how to deal with and recognize the problem at its lowest level.....

With the constant diagnosis of Post-Traumatic Stress Disorder plaguing the military and its service members, it is important to recognize and seek treatment. But not only do most go misdiagnosed, many unfortunate members do not receive the benefits they are entitled. Members should always be screened for PTSD symptoms, whether they are coming back from a deployment or not. Another issue is many women have a hard time claiming benefits due to them not having combat related jobs, though some experience sexual trauma. That is when policy is questioned.

Veteran Affairs (VA) is a company that focuses on military members, their dependents and their benefits. These benefits can consist of health care, education, home loans etc. The quote listed above is their mission statement. I dissect this quote and realize that the system is not fulfilling its' promise. Why is it that most men and women in the armed forces do not feel protected? Why is it that the ones who are fighting for America's freedom, gets their freedom taken away harshly with policies and guidelines unknown to the civilian world? Why is it that those suffering from a medical disability get overlooked easily in hopes of saving a few dollars for the government? This again is when policy must be changed.

Speaking in the medical aspect, why are members not allowed to be seen at an off base facility? All Active Duty personnel question this policy especially those who are diagnosed with PTSD. Since it is so hard for one to receive benefits from it, the procedure or application process makes it undesirable. Is the process meant to discourage those from seeking what they are owed? Yes, as I stated before speaking outside the military can compromise security. But without having proper medical care that can not only be obtained on base, those that need help do not receive it. When a soldier asks to get a second opinion, the member gets referred to the nearest military base regardless of branch.

Many questions go unanswered and assumed. Those who feel they are experiencing the symptoms of PTSD need to be checked out and not just by their own doctors. For those that do become diagnosed and those that do not, the Military should allow their medical coverage, TRICARE, to allow them to get a second diagnosis from an off base non Military institution. With this option there would be no biases. The options would ensure a proper diagnosis from independent doctors. Yes it is true that Military doctors see more cases of PTSD than the normal doctors in the civilian world, but who is to say they are completely

correct. They can diagnose a member with Acute Stress Disorder just because they think the symptoms did not last as long as they think they should. Fact is, PTSD is not a diagnosis that can be affiliated with the Armed forces. Most of the time you will see members discharged because their symptoms come in the way of the mission. But when it does, they do not get appropriate benefits.

PTSD can not only affect those who are who are in a deployed setting, but also in an inactive setting as well. Someone could have been involved in a sexual assault, someone may have been off duty and was involved in a car crash, someone could have come into the Military with PTSD and its' symptoms but it took a trigger to make it severe.

Tracie Shea, PhD in the Mental Health field stated: "VA psychologists conduct assessments for service connected disability applications. These "compensation and pension" exams follow established guidelines, and cover psychosocial functioning and symptoms of mental disorder present prior to, during, and following military service. Military experience, including exposure to traumatic events, is assessed, and the timing of the onset of symptoms in relation to military service is determined. Most of the exams that I personally have conducted have been to establish service connection for PTSD. These require detailed questioning of symptoms of PTSD and other mental disorders, including timing of onset. If there is a pattern of maladaptive behavior existing prior to military service, it is important to determine whether there has been a change in connection with military service. Diagnoses reflect a personality disorder if present but, in my personal experience, this has been rare. As noted above, a personality disorder can also co-exist with PTSD. In my experience, these exams take about 60 minutes on average, but can take longer in more complicated cases."

Policy must change to give the respected member's their benefits and give them the proper medical care they deserve. Every time someone goes into a medical facility whether it is on base or off, one of the first things they should ask in person or via a questionnaire is: "Have you ever or are you currently experiencing a physical, sexual or emotional trauma"? This can be a very broad topic, but being broad is what needs to happen in the beginning. Again, because everyone is affected by trauma in their own way, and everyone handles it differently. What is trauma to one person is not trauma to another. With the questionnaire, more military members should get evaluated soon after their serving in a war zone overseas. "I would like to begin by writing a little about what is not being done. It is unanimously agreed that treatment for PTSD should start as soon as possible after a traumatic event. While the military has always participated in "debriefings" after missions I can find no history of treating soldiers for trauma immediately following an event. While I am aware, having served in Vietnam, that immediate treatment often is not feasible there are very few instances where the situation would dictate the treatment being delayed for days, weeks, or months." (Kelley, PTSD Reference Manual)

Also, especially in the Military, it is important to take out the extensive evidence you need to show you have PTSD. Many people cannot just prove it. It is not something you can see on someone's body. It is something that is affecting the mind. Only the individual can feel it.

If this future change takes effect, I believe more PTSD patients would be revealed and proper medical care can be given to help treat and cure this mental disease.

There is no standard therapy in place for the general population. I do believe that more military bases should offer more types of therapy for this disorder other than Prolonged

Exposure Therapy. This may be a reason to why so many go undiagnosed and untreated. This would give those the option of many treatment options whether that is P.E.T., science, art or medication and not be bias against gender.

Recovery is not a cure, rather the ability to live our lives with balance and dignity. To be able to see and have real hope.”-

Chato B. Stewart, Founder of *The Mental Health Humor Project*

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