Healing the Invisible Wound

Recovery and Rehabilitation from a Post Traumatic Stress Injury

By Dr. Amy Menna

Post Traumatic Stress Disorder can affect anyone. It is a term used to describe a reaction to a traumatic situation. However, the term “disorder,” is not an accurate way to describe PTSD considering the clear sense of order to the symptoms. To illustrate, they will be discussed individually here.

PTSD can be characterized by three unique categories of symptoms known as; intrusive, arousal, and avoidance. Intrusive symptoms are when something triggers an unwanted memory of the trauma. This can be in the form of a flashback where a survivor may feel as if the trauma is occurring again or having some of the same thoughts or feelings associated with the original event. Intrusive symptoms can come in the form of images, feelings, or even physical sensations such as smells.

Having intrusive feelings naturally puts an individual on edge. This anxiety and hyperawareness are known as arousal symptoms. Arousal symptoms are the body’s response to the intrusive symptoms. There is a natural order that, when something intrudes upon your world, your body will respond by waking up the senses and becoming on guard. This is a response that is innate in every human being as well as animal. We are given an internal guide to increase our awareness when we believe we are being threatened. This guards us against harm.

When the arousal symptoms are high, it is natural that one would want to escape the situation producing this discomfort. Avoidance symptoms often follow the response
to intrusive and arousal symptoms. Again, it is reasonable that one would want to avoid something that is causing them stress or pain. Avoidance symptoms may include not wanting to be around reminders of the event, being void of certain emotions, or even having times of memory loss.

These reactions characterized as PTSD can be explained as the body's attempt to protect itself. It can also be said that it is an attempt to bring forth healing as well. The same analogy can be used for a sprained ankle. When a muscle is injured, a signal of pain is transmitted to the body indicating further use of this part of the body will cause more damage. It is also an indication that intervention may be necessary to heal this injury. The same is true of PTSD.

Whereas an injured ankle may have physical implications, PTSD has distinct emotional components. When the brain experiences feelings of distress to common situations, it produces feelings of insecurity about the surroundings. This reaction of insecurity leads to a heightened sense of the self, due to the perceived judgment. It is a way that one can be on guard for perceived attacks therefore further protecting the individual from harm. In the physical realm, this may be likened to a sprained ankle which starts to swell in order to inhibit further use which may damage the joint.

In the situation where one may respond to a seemingly harmless situation by entering a heightened state, past feelings of confidence may be hidden by feelings of self-doubt or fear. The survivor may then feel as if they are not as good as they were prior to the traumatic event. However, this reaction is not the result of deficiencies in the individual. On the contrary, these feelings of insecurity are emotional white blood cells
when the world feels unsafe. When these events accumulate, an individual with PTSD may experience feelings of depression, anxiety, or even desperation.

The survivor’s means of protection is to isolate him or herself to avoid further harm. He or she may feel a disconnection from friends or family. A perception may be that he or she is not functioning at their capacity. The survivor may feel as if they are being seen as “weak,” as if he or she could “do better” if he or she just tried harder.

The fact that these wounds may be hidden and often misunderstood leads a survivor to misinterpret their reactions. The behaviors resulting from the feelings and reactions associated with PTSD may be construed as “weak” or “bad.” This often leads to shame. The shame accompanying PTSD is rarely addressed openly and may not even be recognized by the survivor. Instead they may simply have feelings of being a failure or as if they are somehow failing at life.

When individuals sprain their ankle and are given crutches, people extend themselves to help them, ask them how they became injured, and the treatment is out in the open. However, when it comes to struggling with the symptoms of PTSD or seeking treatment, there is a stigma attached, sometimes by others and sometimes by the survivors themselves. This is a reflection of a society that is more comfortable talking about physical injuries instead of those hidden beneath the skin. These injuries are harder to understand therefore it is easier to shy away.

**Steps in Recovery and Rehabilitation**

As with many injuries, intervention is often necessary for the wounded part to regain its strength. The same is true for PTSD. With intervention and rehabilitation, recovery is possible. PTSD does not have to be a terminal illness. There is a way to gain
strength back where one may feel he or she has lost it. Following is a discussion on the steps in the rehabilitation and PTSD. As with many journeys, it starts with recognizing the need for intervention.

**Creating a partnership**

As with many injuries, the first step in recovery and rehabilitation of PTSD is to recognize a need for intervention. As stated previously, when one sprains an ankle, the body signals the individual to get help by creating pain. Movement is often constricted which signals that treatment is necessary. The same is true for PTSD.

Recovery and rehabilitation of PTSD starts with forming a partnership with a supportive individual or individuals. Many times, this takes on the form of seeking therapy from someone trained in treating PTSD. A supportive relationship is formed often giving the survivor a feeling as if someone finally understands his or her journey. Hope begins to grow with the decision to connect with a source of treatment.

In this stage of rehabilitation, the first form of intervention may be an explanation of treatment as well as exploring symptoms. An open dialogue of what the survivor has been experiencing would enhance a therapeutic relationship. The therapist and survivor may work together to form some goals regarding what the survivor would like to see as a result of treatment. This is a time for the survivor to ask questions and address any hesitation or fears he or she may have to move forward with recovery.

It is during this time that a treatment plan may be created. As there is a menu of interventions for a sprained ankle ranging from over the counter medication to hospital based procedures; the same can be said about interventions for PTSD. The “procedure” necessary will be determined between the survivor and the therapist. However, unlike a
medical procedure where the physician is in charge, a therapeutic relationship is one of collaboration and equality.

**Work prior to the operation**

The rehabilitation of PTSD is already underway when the partnership is formed. The next step is to create a healthy foundation for the process. Issues to address at this stage may be identifying ways to cope with the different symptoms of PTSD. In this stage, areas of discomfort take priority. When one sustains an injury, the first reaction is to protect the wound from further harm. Maintaining safety would be addressed at this time as an important skill in the rehabilitation of PTSD is to be able to move oneself from feeling unsafe to feeling more grounded and eventually once again safe in this world.

There may be issues that need to be stabilized prior to taking steps towards more intensive rehabilitation. Situations to focus on may be difficulties in relationships, family, work, and other external stressors. Further aggravation to the injury would only delay the healing process and cause more harm. It is essential that the individual have an environment that is conducive to healing. Support and understanding is an important part of the rehabilitation of PTSD.

Points of resilience also need to be addressed from the beginning. There is immense strength in living with PTSD and seeking recovery and rehabilitation. The assets used for survival can also be the building blocks of recovery. Survivors often underestimate the amount of resources they have and focus more on the feelings of shame, depression, or anxiety. Although these are overwhelming feelings one may experience, the strength that lies within is still present. These inner resources should be highlighted as building blocks of recovery.
Having the procedure

The next step in recovery and rehabilitation is to actually going through the procedure. This means to do more focused, and at times more intense, work on the trauma itself. At this point in the recovery, the survivor may deal directly with the traumatic events themselves. Up until now, he or she may have dealt with more of the symptoms. It is now time to address the underlying causes.

This is a time that the survivor goes beyond symptoms relief. A sense of mastery surrounding the traumatic events is gained through addressing the trauma directly. This often leads to the most relief in symptoms of anxiety or avoidance. Similar to fractures needing to be reset, memories sometimes need to be spoken which in turn gives way to them losing their power. A visual may be a balloon where the air is let out and it is now laying in the palm of one’s hand instead of filling the room. The balloon still exists but is not as cumbersome as it once was when inflated. By speaking the unspoken, the energy can be let out in an effort to allow the memory to lose its emotional charge. At this point, there is often a shift in perspective and the survivor is set to lay a new foundation for his or her life.

This may be a difficult time for the survivor and outside support is important. Post procedure, a broken bone needs extra care and protection from the elements. The same is true for recovery from PTSD. The rehabilitation of PTSD may leave an individual feeling vulnerable as the memories may be as intense. However, in the end, the symptoms become more manageable and the survivor is able to again regain control over his or her life. The part of his or her life which feels injured becomes stronger and
he or she does not feel as if life is dictated by compensating for a part of him or herself that is perceived to be broken.

Rehabilitation

When a joint undergoes an intense procedure, often physical therapy is necessary for full recovery. PTSD does not differ. Post-procedure is a time for continued rehabilitation. The survivor's coping skills through this process are enhanced and it is time to continue to strengthen them. Groundwork has been laid for how to compensate for the return of pain as circumstances may cause an injury to flare up. Through continuing to strengthen the resources he or she has accessed throughout his or her journey, a survivor can continue to resolve new situations with less reactive coping mechanisms.

Post-Rehabilitation

As with any treatment, there comes a time when it is time to end the relationship with the individual with which you collaborated. This is a time to continue the designated plan for living to maintain the rehabilitated state. PTSD recovery is a journey that goes beyond the conclusion of therapy. The effort and care given to restoration is ongoing, although it does not need to be at the intensity it once was.

Attention should be paid to any future injuries or indications that a checkup is warranted. This does not mean that a repeat procedure is necessary. It simply suggests that additional attention to the past injury may be required. The recovery and rehabilitation of PTSD can be complex and many of the issues that accompany it can complicate matters. These areas of concern will need to be addressed on a continuous basis. By doing so, the survivor maintains an awareness of his or her internal and
external world. This will also allow the survivor to know when he or she needs to again reach out to someone in his or her support network.

Pain is a symptom that something needs attention. When a survivor is connected to his or her body, it is easier to recognize the pain and to what it may be attached. This new awareness results in shifting the focus of the survivor from feeling overwhelmed to having a new sense of power. With this, he or she may find new meaning in life and the past events. A new pair of glasses may replace ones that were once were colored with fear. The survivor feels more of a sense of confidence in him or herself armed with the knowledge of how to manage the world which he or she felt once managed them.

**Conclusion**

PTSD is far from a “disorder.” It is an injury, much like a physical one, which has symptoms related to self-preservation. It is an injury that requires and deserves the same recovery and rehabilitation as one would get for a wounded knee. Yet, in this society, we don’t speak of the injury related to war or abuse as we may ask those how they hurt themselves should they walk on crutches.

There are rehabilitative measures one can take in the recovery of PTSD. With the proper care and support, recovery is possible. An accurate picture of living with PTSD can only be reflected when the individual survivor is giving voice to his or her unique experience. No one can write another person’s story. However, there are commonalities and strength in numbers. To ask someone to join you on the road to recovery is to start the journey. With support and intervention, healing can take place. The first step is to know that the body is not working against you, but instead is sending you signals that it is in need of your attention and care.
Resources:

**Gift From Within: An International Nonprofit Organization for Survivors of Trauma and Victimization**

**National Center for Victims of Crime**

**National Center for PTSD**

Dr. Menna has 15 years of experience working with individuals and families to achieve balance in their lives. Through various methods, Dr. Menna collaborates with the individual to find his or her own internal expert and strengths. In doing so, the individual experiences newfound feelings of empowerment and the skills to maintain them. Dr. Menna’s career includes a broad spectrum of experiences such as working with impaired professionals, outpatient and inpatient addictions, supervision, teaching at the collegiate level, and presenting to various topics such as crisis management, trauma related disorders, and other counseling related issues.

*Content may not be reproduced on websites without express permission. Please link instead.*