

THERE'S NOTHING WRONG WITH ME!

by David Bennett

In life we come across things that happen so fast we frequently have no time to reflect on what is occurring around us. An accident, stabbing or witnessing another being seriously injured or killed. It becomes more horrific when we ourselves witness another's death or injury whilst in a war or battle situation.

That feeling of terror horror and helplessness, whilst attempting to assist in the saving of another's life. Ignoring danger we place ourselves into. Put bluntly we think and deal only with others, neglecting our own safety.

It is later when we relax away from this mayhem; those effects begin to take hold on our rational thinking and behaviour. We start thinking rationally and calmly again, *or do we!*

Is it possible we reflect on how lucky we were, escaping out of a hell situation with our lives intact? Yet not forgetting colleagues, fallen in the field of battle never to be seen again or able to return home to loved ones.

We are no longer under stressful situations, and hopefully return to our level of coping abilities. Those events hurt so much inside, are so personal to us, we try to keep them secret. We find it difficult to use meaningful words. Any statement to describe in words what has taken place is impossible. Finding the courage to discuss the matter is now beyond comprehension, no words are making sense to the Survivor, yet alone the listener. This adds fear to the Survivor that they are "cracking up".

We struggle with this burden of extra weight, the loneliness hurting and festering away inside. This causes grief to be more internalized. At that stage we pay the price in pain.

Many incidents become more heart wrenching and unreportable than others. Incidents that inflict deep, personal suffering can be rape, a miscarriage when caused through another's criminal act, a fatal traffic accident, attempting to rescue another that did not succeed.

In one incident a soldier could have prevented a colleague from being shot. The soldier leveled his gun at an enemy pressed the trigger and the gun failed to operate. This resulted in his colleague and best mate being shot dead in front of him. That memory the lad had to carry around inside his head, living with it every day locked away a secret inside his mind. Subsequently, falling into the **trauma trap of PTSD**.

He could no longer carry on without help. The trauma trap ensnared him, simply because he took on board the guilt, for what occurred. He was the only soldier in a position to take out the enemy gunman. This soldier in all reality could so easily have been one of us. Would we feel the same as he did? I leave the reply with you.

When tragedy strikes, our reflexive response is "**Why this? Why now? Why me?**"

These questions have no easy answers. That doesn't mean the questions should not be asked. It only means we may not find satisfactory answers to the questions.

Anger, frustration and an overwhelming grief are common emotions flowing from experiences of great

trial or pain as described above. **There is no easy fix for these feelings.** To assure another of a quick fix would be tantamount to being totally negligent in the care of a patient.

We all need to be fully in contact with **our** feelings and emotions. That is why we respect feelings of survivors, **to give them their time and space.** A time will come when survivors realize that they need to move on and forward. To move on emotionally, that they cannot become stuck in one incident, as many describe *“this out of control feeling”*.

I do not wish to give all the definitive Criteria here for PTSD, which can be gleaned from books borrowed from a library. I hasten to add an Individual who has PTSD will probably be able to quote the Criteria from their head. The only experts in this field are the survivors sitting in front of us, relating all the signs and symptoms they are encountering. A pity the so-called experts did not listen to them more often!

PTSD is a psychological response to the experience of intense traumatic events, particularly those that threaten life. The disorder can affect all, any age, culture even gender. In recent years we have started to hear a lot more about it.

A one-sentence definition for PTSD:

“The sudden cessation of human interaction”.

This condition has existed since the times of the ancient Greeks. I would go further back than that but it would be nit picking! We are accepting PTSD today, which existed previously as “soldier’s heart”. In World War 1 “shell shock”, World War II “war neurosis”. **It is interesting to note Psychiatrists and Psychologists actually began getting nearer the truth when they were diagnosing many soldiers with “combat fatigue” when experiencing symptoms associated with PTSD during combat.** The expression “combat stress reaction” arose after many soldiers developed symptoms in Vietnam. The symptoms initially did not subside, and many went on to develop Post -Traumatic Stress Disorder, which at last was given a diagnostic criteria within the APAs DSM III. (American Psychiatric Association’s Diagnostic Statistical Manual. Edition 3).

It is not natural, normal or even expected individuals placed under these conditions such as a combat situation, are going to remain fully alert and functioning 100%.

It is however natural and perfectly normal they become tired and fatigued, physically and emotionally drained. Any person with a grain of common sense knows this will be expected. **It is also foreseeable.**

We only need think for a moment how would we react with bombs and gunfire dropping all around us. Would you feel safe trying to go to sleep, or resting with the barrage of incoming fire and mortar’s whizzing past your head? Falling nearby with the resultant loud explosion and debris scattered all over. If all this was not enough the food and rations on the battlefield are few and far between when actually locked in conflict, this leads to hunger, and subsequently lack of proper food (rations) over a period of time.

A factor ignored at time of conflicts, taken for granted, (which catches up with us later in life) was crawling around and even to lay down in freezing water and mud. This may have occurred over days, even weeks. When there is a lack of proper waterproofed clothing the potential for other physical ailments arises.

If an individual becomes soaked to the skin in an open and hostile environment, unable to seek proper cover, the soaking wet clothing may have to remain on the person for several days. This again is another trigger overlooked, which can be a cause of anger and frustration when later suffering from arthritis and pain. Individuals who feel they gave everything in a just cause. To return feeling neglected, let down, totally ignored and snubbed. In other words they have past the sell by date, been cast off and left to fend for themselves.

When Individuals then start presenting themselves before the Medical Officer or GPs reporting initially with the following:

- * Headaches, aches and pains from joints
- * Feeling tired and lethargic
- * Finding it impossible to concentrate, inability to complete simple tasks
- * Poor memory and concentration,
- * A total lack of energy
- * Irritability, inability to relax, disturbed sleep

The symptoms above could so easily be mistaken for Anxiety, Depression, even chronic fatigue syndrome, (referred to as 'ME')

When questioned further by the GP, and the following symptoms are present:

- * Hypervigilance, disturbing dreams, flashbacks and night sweats

Then the warning bells should now at least be clanging away "PTSD".

If the presentations are delayed for several months or longer following the trauma it is at this stage the Doctor may enquire if there has been any history of a stressful event. An event may come forth where they experienced intense horror, fear or helplessness. It is now the pieces of a large jigsaw are beginning to fit into place at last. The patient is now informed the likely cause of these distressful symptoms may be termed PTSD.

The patient feels a little better knowing there is something wrong. They are not cracking up, they are not mentally ill. What are now taking place are natural and normal reactions to something, which is certainly **NOT NATURAL** to most human beings.

When a diagnosis of PTSD is made, that is fine. It is now the frustration that lies ahead in an attempt to get treatment. Survivors referred to me have personally informed me they would have had a wait of 12–18 months had they not got an appointment; this is totally outrageous and unacceptable.

A support system is the very least required at this stage, otherwise it goes from a solitary individual's problem, which begins to affect spouses, children, and family and work colleagues. This is where Tertiary PTSD takes a stranglehold. The whole cycle starts off again within another, and may be not

picked up for weeks, months even years.

The next question is “So what can be done about it?” What treatment is available?

Obtaining the appropriate treatment for PTSD unfortunately is not as clear-cut as one might imagine. First, the person diagnosed with PTSD has to accept something is wrong then appreciating the benefits of seeking help. Getting help is not easy it can be both frightening and threatening. Simply, they are walking into unknown territory. Is it not reminiscent once more of a battlefield situation!

Will this mean the end of my job? Will my Employer have to be informed? If my partner finds out, will he/she walk out with the children thinking I am unsafe to be left with them? If I loose my temper one more time I will loose my partner!

These questions are raised constantly particularly with Armed Services personnel and those in the Emergency Services. What a sad reflection on a supposed caring Society!

Without that first step in coming forward to receive help, progress is not possible in aiding their future recovery.

“It is not easy to find a Specialist who understands PTSD and to whom you may be able to relate and trust”. This is another common remark.

I would advise all, to seek out as many sources of help you may find, until you feel comfortable and safe enough to relate what occurred in your past. There are many different aspects of treatment even more different approaches. Treatment for PTSD may often involve several stages:

1. Crisis stabilization and engagement.
2. Education about PTSD and related conditions.
3. Strategies to manage the symptoms (such as anxiety, anger, depression, alcohol abuse, sleep problems, and relationship problems).
4. Trauma focused therapy (confronting the painful memories and feared situations).
5. Cognitive restructuring (learning to think more realistically and re-evaluating the meaning of the event).
6. Relapse prevention and on-going support.

Lastly it is vital for those seeking help to grasp and understand treatment can be painful and hard work. There is no easy way to let go of the memories or make them less distressing.

There is no magic tablet or wand to make it all instantly disappear. We can reassure that the long term gains **can** be enormous: that effective treatment **can** dramatically assist recovery, helping Survivors become thrivers to live a normal life once again.

Talking, supporting, reassuring and lending a listening ear is vital in a good prognosis.

If you have confided in a friend who has this condition, and promised you would support them, be there

for them, please don't let them down. It is your support, friendship and trust that keeps them going forward, until they can walk that path on their own. When attained you both become friends for life.

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