

2020

## Post-Traumatic Stress and the Effects of the Disease

Rue Whitmore  
*Ohio Northern University*

Follow this and additional works at: <https://digitalcommons.onu.edu/aurora>

---

### Recommended Citation

Whitmore, Rue (2020) "Post-Traumatic Stress and the Effects of the Disease," *Aurora: The Research Journal of Ohio Northern University*. Vol. 1 : Iss. 1 , Article 1.

Available at: <https://digitalcommons.onu.edu/aurora/vol1/iss1/1>

This Article is brought to you for free and open access by the ONU Journals and Publications at DigitalCommons@ONU. It has been accepted for inclusion in Aurora: The Research Journal of Ohio Northern University by an authorized editor of DigitalCommons@ONU. For more information, please contact [digitalcommons@onu.edu](mailto:digitalcommons@onu.edu).

## Post-Traumatic Stress and the Effects of the Disease

Post-traumatic stress disorder (PTSD) is a mental disorder that affects approximately thirteen million Americans and even more people around the world. PTSD is defined as “a psychological condition caused by exposure to traumatic events that are outside the normal range of human experience” (National Veterans Association). This disorder can affect a wide variety of people ranging from age, size, ethnicity and culture – both civilians and soldiers. Even with the research that has been done on post-traumatic stress disorder, there is still a large array of unanswered questions. For example, is there a link between the causes of PTSD and the circumstances in which a person gets it? What are the true effects of post-traumatic stress on soldiers? What about citizens? And is there a link between post-traumatic stress and soldiers who undergo trauma and stress everyday while they are overseas? These questions will be researched and answered throughout this essay, specifically focusing on the comparison between soldiers and civilians, the family of the PTSD sufferers, the effects of PTSD on children, and the treatment options for the disease, or lack thereof. One aspect that is consistently underrepresented throughout the research projects explored in this paper is the negative stigma of PTSD and how it prevents victims from seeking treatment. As a society, there must be more awareness and facts concerning PTSD and what triggers the disease as well as a way to abolish the abysmal care for cases of PTSD and eliminate the stigma of receiving treatment in order to help those who are suffering from mental illnesses.

The research done on this specific disorder varies between the effects of war on veterans, but also the effects it has on civilians. Post-traumatic stress disorder can affect a veteran in a multitude of ways. Some of these can include “nightmares, flashbacks, difficulty sleeping, and feeling emotionally numb. These symptoms can significantly impair a person’s daily life”

(Military.com). The disorder has also shown great impacts on the social and family aspects of life for these veterans. These same symptoms that are present in war veterans can also frequently be seen in civilians who live in war-torn areas. In a research study about Palestinian children exposed to military violence, “54% of the children suffered from severe [symptoms of PTSD], 33.5% from moderate and 11% from mild and doubtful levels of PTSD” (Qouta, S et al. 265). The study found some effects of PTSD to be intrusion, avoidance, and hypervigilance.

These effects are also very similar to what other studies and articles have found. These studies also evaluate the difference in the effects between veterans and civilians. These studies found that stress from traumatic events do not discriminate between the two groups. No matter the circumstance, role, or involvement during a war, both the veterans and civilians are affected in the same way from the disorder. Another article, written by the National Veteran Foundation (NVF), explains how post-traumatic stress disorder not only affects the veterans fighting in a war, but also the civilians who undergo war crimes, accidents, or abuse from the war. Civilians are not always the ones who are secondary victims of post-traumatic stress. The difference between civilian trauma and veteran trauma is that veterans are typically trained to handle these situations. Because of this, most soldiers are immune to the trauma they experience until they return from deployment and are no longer being exposed on a consistent basis. They are trained to be desensitized to the trauma and can usually delay the effects at least until they return home. Whereas when a civilian is exposed to a traumatic event or even multiple traumatic events, the stress is more severe as they usually do not know how to handle these situations. The stress they experience can also be triggered by similar events (Walz et al. 2). Families of the victims are also directly exposed to the trauma through their loved ones and experience the effects of the disorder.

The children, spouses, parents, and other close relatives are often forgotten when it comes to the effects of their loved ones suffering from post-traumatic stress. They, however, are arguably one of the most important healing factors to the victim. They experience firsthand the effects of PTSD in their relatives and are able to respond and care for them. In addition, they are usually the closest to the person and therefore most likely to notice if the person is acting differently. A study published by the *International Journal of Nursing Studies* researched the impact of PTSD on veterans' familial relationships and how these relationships help with healing from the trauma. The research found that two major themes emerged from the impact of PTSD and family relationships: the negative impact on family relationships caused by emotional withdrawal and how emotional withdrawal from family support creates a struggle to heal (Ray and Vanstone 841). This study pulls from veteran stories. One from a veteran named Paul states, "...I had a lot more anger. I was making my family and my kids suffer with some physical and psychological abuse..." Another, from a veteran named James, states, "I was isolating myself and ignored my family life." (Ray and Vanstone 842). Various veterans present symptoms of PTSD in different ways, but it usually comes back to the veteran isolating themselves from their family. This puts an emotional burden on the family and disrupts the healing process while hurting the relationships formed with spouses or children.

A second research study presented evidence that close relationships with families catalyzed the healing process of trauma, allowing the process to be more effective. In a collaborative research study done by Gabriela Lopez-Zeron and Adrian Blow, they found that "positive family support is often central to the survivor's recovery environment. Close relationships may provide the necessary support that can allow traumatized individuals to reconnect with themselves and others and engage in a healing process" (Lopez-Zeron and Blow).

The relationship between the family and the veteran significantly helps the healing process and allows them to return to a more normal life faster. Being involved with the healing process can however spark an indirect, and responsive, form of PTSD in the children of the veteran. Cases involving this typically can be caused by neglect due to emotional withdrawal from the parent. As stated in a previous study, a veteran's PTSD can have a negative impact on the overall relationship of the family, due to emotional withdrawal. The impact of this emotional withdrawal, as well as the behavioral changes while a parent is deployed, is evaluated in a separate study. This impact has caused many children to develop behavioral issues at home and in social settings (Lester et al. 311). Overall, there are positive and negative impacts that PTSD has on families of war veterans. These impacts can show up while a parent is deployed or after the parent or spouse returns. The impacts of PTSD don't always affect children and families with a parent or spouse involved in the war. It can also have an impact on child soldiers and their families that are forced to fight during different civil wars overseas.

All over the world, there are approximately 300,000 children used as soldiers in armed conflicts. Many of these children were abducted by rebellion movements and forced to fight in resistance armies. In a report about child soldiers, Uganda is a country of interest. The children who were interviewed had been abducted from their families and forced into the Ugandan Lord's Resistance Army (LRA). The report focuses on the trauma these children experienced and how it affects their daily lives now. The child soldiers commonly presented symptoms such as intrusion, avoidance, and hyperarousal. These are some of the same symptoms exhibited by adult soldiers that served in a war. Through a series of interviews, the study found that "69 of the 71 children had a clinically significant score [...] nearly all the children experienced several severe traumas. Moreover, the post-traumatic stress reactions of these children were severe and widespread [...]"

(Derluyn et al. 862). These symptoms are active for several years, the same as in adults. But how do PTSD symptoms for child soldiers differ from those of adults? In children, PTSD can stem from many different events, such as violence, injury, or any form of harm. In adults, PTSD can stem from similar events, but also from stressful situations and combat.

Any sort of trauma can trigger the effects as well. Children with PTSD often re-experience their trauma through different memories, flashbacks, or nightmares. They typically experience symptoms of stress, anxiety, and depression, but it may show in a different way than it does with adults. Shirin Hasan, who writes for kidshealth.org, states that teens exhibit PTSD symptoms similar to adults, but in children the symptoms look different. She writes, "...PTSD in children can look a little different. Younger kids can show more fearful and regressive behaviors. They may reenact the trauma through play" (Hasan). Reenacting trauma through play is a distinctive characteristic of PTSD seen in children, not adults. The differences in PTSD in children, teens, and adults is something not commonly researched. Based on the differences, can it be shown that these symptoms present themselves earlier based on the age of the victim of the trauma? When a traumatic event affects a person, the first days after could spark outbursts and flashbacks. These flashbacks and anxiety don't immediately mean the victim has post-traumatic stress disorder. Most of the time, these symptoms must last constantly for months to be considered a disorder. Research from multiple studies, including one done by the Mayo Clinic, don't give a consistent "start" time to when symptoms present themselves. This doesn't differ between children, teens, and adults. A recent article suggests that, "Post-traumatic stress disorder symptoms may start within one month of a traumatic event, but sometimes symptoms may not appear until years after the event" (Post Traumatic Stress Disorder (PTSD)). Though the symptoms of the disorder present themselves differently throughout different ages groups and the

presentation of symptoms is random, treatment options are still the same. No matter the age, treatment for PTSD is consistent and can be used right when the symptoms begin, or years later.

There are many different ways to treat post-traumatic stress disorder in patients. Some involve family members, and some involve seeing a therapist, who is trained specifically to help victims of trauma. These treatments are the same no matter the age of the patient. However, there is a decline in the number of people who utilize treatment for their disorder. In a collaborative study of the treatment of PTSD in mental health care facilities, the reasons for dropping out of the care facility were researched. It reviewed the percentage of soldiers who were in need of treatment compared to the actual number of soldiers who went to receive care or those who received care and later dropped out. The study stated that “treatment reach for PTSD after deployment remains low to moderate, with a high percentage of soldiers not accessing care or not receiving adequate treatment” (Hoge et al. 997). The treatment rate is extremely low and to make matters worse, the already low number of people getting help becomes even smaller when the dropout rate is taken into consideration. While this study evaluates how many people needing help are receiving it, it fails to answer the question “why are PTSD treatment options so low and why are soldiers not receiving it?” One of the main issues with veterans and others not receiving care for their post-traumatic stress disorder is that it is linked to the stigma that mental illnesses come with. The word “stigma” means a sign of disgrace that separates a person from another person. The stigma of mental illness can make a patient feel incredibly different from those around them, making them not to want to bring attention to their disease. The patient can feel like they’re being alienated from society because of something that they can’t control. A research study in the United Kingdom evaluating the stigma of mental health and PTSD in British soldiers stated that “evidence has been reported that military leaders viewed service personnel who had

accessed mental health services more negatively than their peers...” (Murphy and Busuttill 2).

This study found that veterans who sought out mental health care were almost branded with the stigma of a mental illness making them look weak and vulnerable. Because of this negative outlook, many soldiers who have PTSD do not seek treatment for fear they will look bad to their peers or superiors. Is there a way to get rid of the bad stigma of mental health? A diminution of the stigma would encourage more veterans to receive the treatment they need for this life-altering disorder. Treatment for post-traumatic stress is important for many reasons. Some of these reasons include that those who do not seek treatment are at a higher risk of suicide, have poor social functioning, and are more likely to develop a substance abuse disorder (Reisman).

As seen in the various research studies performed on the effects of post-traumatic stress disorder, each patient’s case is deemed unique. Each person experiences a different trauma that results in a stress that changes every aspect of their “normal” life. Though each disorder is unique to the person suffering from it, the symptoms and presentation of the symptoms are usually the same. The anxiety, the flashbacks, and the social isolation are all seen consistently in patients. The biggest difference is how the specific individual reacts to the symptoms and whether or not they seek out help. The treatment options are also the same for each patient, although very few seek treatment. The issue between seeking treatment and still wanting to be seen as a normal, functioning human is prominent. Therefore, victims of PTSD do not generally search for help because of the fear of being thought of as a person with a mental disorder. Once again, patients are afraid that if they go to seek help, they will be “marked” as someone who is mentally unstable and therefore cannot properly function in society. Society today makes it difficult for those suffering from post-traumatic stress to seek help and when victims do seek the treatment they need, it comes with a negative outlook.



Post-traumatic stress is a mental disorder that is similar to many other mental disorders in the way that it debilitates the patient, preventing them from living a normal everyday life.

Consequently, the impacts it has on veterans and civilians is similar to the impact other mental illnesses have on people. In today's society, a negative stigma is attached to mental illness. This stigma makes it difficult for people to seek treatment. People fear that this stigma will transfer to themselves and this makes it hard for them to get the help they need to function in everyday life. When society talks about mental health and how illnesses affect different people, the conversation is always centered around only the negative components of these illnesses.

The news focuses on how a teenager takes their life as a result of depression or how a veteran takes their life as a result of post-traumatic stress. It never focuses on the spiking rates of mental illness or the dismal lack of help that veterans receive for their mental health. If the focus were to shift to these alarming rates or to the lack of treatment options, it could lead to more people seeking treatment. Shifting the focus to these issues would also lead to an increase in awareness of these critical issues amongst the public. This increase in awareness would lead to more interest in the subject resulting in more people getting involved in furthering research for these mental illnesses. The general public's awareness of these issues would also help to eliminate the stigma itself as more people become aware of the truth behind mental illnesses and the victims of them. In a research article mentioned earlier, many soldiers drop out of care because of feelings of judgment and misunderstanding (Hoge et al. 1002). Shifting the focus could also bring attention to those who treat these mental illnesses, helping gain trust from the veterans or other patients seeking help. This increase in trust could lead to a better outcome such as better and more individualized care for these veterans. A wider variety of treatment options could also potentially lead to a decrease in mental health rates by making treatment more

accessible to more people. Most of the research presented about PTSD does not include how the stigma of mental health should be presented. If more research showed the effects of how society views post-traumatic stress and mental illness in general, the stigma could change. This change would allow the affected veterans and civilians to be able to benefit and seek the treatment they need without feeling judged or misunderstood. This would ultimately allow them to live normal lives and overcome their illness.

Much of the evidence shows that post-traumatic stress disorder is a life-altering disease. It can be seen in veterans who face the horrors of war but can also be seen in the civilians who live in war-torn countries. It can directly and indirectly affect the families of those living with loved ones who suffer from PTSD. With a lack of treatment options and a stigma that frowns upon mental health care, the symptoms of PTSD are growing in the veterans of both America and the United Kingdom. Post-traumatic stress also deals with children who have suffered some sort of abuse or disaster. The symptoms presented in children compared to teens and adults are very different and the treatment for the three age groups should be approached differently. Overall, post-traumatic stress disorder dramatically changes the lives of those who suffer from it, as well as those who care for them. There is a need to change the stigma of mental health and to provide a multitude of treatment opportunities to help the healing process become easier and more effective for thousands of people.

#### Works Cited

Derluyn, I., Broekaert, E., Schuyten, G., & De Termmerman, E. (2004). Post-traumatic stress in former Ugandan child soldiers. *The Lancet*, 363(9412), 861-863. doi:10.1016/s0140-6736(04)16212-0

Hasan, Shirin. "Posttraumatic Stress Disorder (PTSD)." KidsHealth, Nemours, July 2018, [kidshealth.org/en/parents/ptsd.html](https://kidshealth.org/en/parents/ptsd.html).

Hoge, C. W., Grossman, S. H., Auchterlonie, J. L., Riviere, L. A., Milliken, C. S., & Wilk, J. E. (2014). PTSD Treatment for Soldiers After Combat Deployment: Low Utilization of Mental Health Care and Reasons for Dropout. *Psychiatric Services*, 65(8), 997-1004. doi:10.1176/appi.ps.201300307

Lester, P., Peterson, K., Reeves, J., Knauss, L., Glover, D., Mogil, C., . . . Beardslee, W. (2010). The Long War and Parental Combat Deployment: Effects on Military Children and At-Home Spouses. *Journal of the American Academy of Child & Adolescent Psychiatry*, 49(4), 310-320.

López-Zerón, Gabriela, and Adrian Blow. "The Role of Relationships and Families in Healing from Trauma." *Journal of Family Therapy*, vol. 39, no. 4, July 2015, pp. 580–597., doi:10.1111/1467-6427.12089.

Military.com. "Post-Traumatic Stress Disorder." Military.com, [www.military.com/benefits/veterans-health-care/posttraumatic-stress-disorder-overview.html](https://www.military.com/benefits/veterans-health-care/posttraumatic-stress-disorder-overview.html).

Murphy, Dominic, and Walter Busuttill. "PTSD, Stigma and Barriers to Help-Seeking Pithing the UK Armed Forces." *J R Army Med Corps*, 21 Oct. 2014, pp. 1–5.

National Veterans Foundation. (2016, September 12). The Far-reaching Effects of PTSD in Veterans.

"Post-Traumatic Stress Disorder (PTSD)." Mayo Clinic, Mayo Foundation for Medical Education and Research, 6 July 2018, [www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/symptoms-causes/syc-20355967](https://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/symptoms-causes/syc-20355967).

Qouta, S., Punamaki, R., & El Sarraj, E. (2003). Prevalence and determinants of PTSD among Palestinian children exposed to military violence. *European Child & Adolescent Psychiatry*, 12, 265-272. doi:10.1007/s00787-003-0328-0

Ray, Susan L, and Meredith Vanstone. "The Impact of PTSD on Veterans' Family Relationships: An Interpretive Phenomenological Inquiry." *International Journal of Nursing Studies*, vol. 46, 2009, pp. 838–847.

Reisman, Miriam. "PTSD Treatment for Veterans: What's Working, What's New, and What's Next." *US National Library of Medicine National Institutes of Health*, vol. 41, no. 10, Oct. 2016.

Tull, Matthew. "Rates of Post-Traumatic Stress Disorder in Military Veterans." *Verywell Mind*, National Center for PTSD, 4 Oct. 2018, [www.verywellmind.com/rates-of-ptsd-in-veterans-2797430](http://www.verywellmind.com/rates-of-ptsd-in-veterans-2797430).

Vasterling, J. J., Proctor, S. P., Friedman, M. J., Hoge, C. W., Heeren, T., King, L. A., & King, D. W. (February 2010). PTSD Symptom Increases in Iraq-Deployed Soldiers: Comparison with Non-deployed Soldiers and Associations with Baseline Symptoms, Deployment Experiences, and Post-deployment Stress. *Journal of Traumatic Stress*, 23(1), 41-51.

Walz, Garry R, et al. "Comparison of Civilian Trauma and Combat Trauma." *American Counseling Association*, no. 45, 2013, pp. 1–8.