

WHAT IS PTSD?

Post-traumatic stress disorder (PTSD) is a mental health condition that's triggered by a terrifying event, either by experiencing it or witnessing it.

Traumatic events that can lead to PTSD include:

- War
- Natural disasters
- Car or plane crashes
- Terrorist attacks
- Sudden death of a loved one
- Rape
- Kidnapping
- Assault
- Sexual or physical abuse
- Childhood neglect

War veterans brought PTSD to public attention. The majority of people exposed to such events experience some symptoms of distress (sleep problems, jumpiness). Most fully recover in a few weeks or months.

PTSD wasn't mentioned until DSM III in 1980. After the Vietnam War, there were studies that showed war veterans experiencing signs and symptoms of reliving the event, avoiding situations that reminded them of the event, negative changes in beliefs and feelings, and feeling keyed up.

NEXT: DSM THEN

DSM-I (1952) Code Numbers and Titles

DSM-II (1968) Code Numbers and Titles

54 TRANSIENT SITUATIONAL PERSONALITY DISORDERS

307* Transient situational disturbances

54.4 Adjustment reaction of adolescence

307.20* Adjustment reaction of adolescence*

VIII. TRANSIENT SITUATIONAL DISTURBANCES (307)

307* Transient situational disturbances¹

This major category is reserved for more or less transient disorders of any severity (including those of psychotic proportions) that occur in individuals without any apparent underlying mental disorders and that represent an acute reaction to overwhelming environmental stress. A diagnosis in this category should specify the cause and manifestations of the disturbance so far as possible. If the patient has good adaptive capacity his symptoms usually recede as the stress diminishes. If, however, the symptoms persist after the stress is removed, the diagnosis of another mental disorder is indicated. Disorders in this category are classified according to the patient's developmental stage as follows:

307.2* Adjustment reaction of adolescence*

Example: Irritability and depression associated with school failure and manifested by temper outbursts, brooding and discouragement.

DSM THEN TREATMENT

Prior to 1980, stress-related symptoms were generally viewed as transient and not requiring intensive treatment. This was in keeping with the pervasive feeling that, with time, people ought to be able to "get over" the effects of a traumatic experience and "move on" without noticeable impairment. According to the DSM and DSM-II, people who developed long-term symptoms following trauma were perceived as constitutionally vulnerable (Yehuda and McFarlane, 1995). For example, " 'Don't ever say anything to him about Johnny,' I heard Darry say in a low voice as they went out. 'He's still pretty racked up mentally and emotionally. The doc said he'd get over it if we gave him time.'" (165-166).

NEXT: DSM NOW

Criterion A. The person has been exposed to a traumatic event in which **both of the following** were present:

(1) The person experienced witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of others

Ponyboy ran away, almost died from drowning, was a fugitive hiding in the church for 5 days, was at risk of being sent to a boys' home with Sodapop, was seriously injured during the rumble and was weaker before (he was weak, his partner was dying, and he was sick), witnessed Johnny and Dally's death. This happened all in a week.

(2) The person's response involved intense fear, helplessness, or horror.

When Ponyboy and Johnny were hiding in the church, there was intense fear that they would get caught. Also, Ponyboy felt helpless when Johnny and Dally died.

Criterion B. The traumatic event is persistently reexperienced in **one (or more)** of the following ways:

(1) Recurrent and distressing recollections of the event, including images, thoughts, or perceptions.

(2) Recurrent distressing dreams of the event.

(3) Acting or feeling if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated).

"Soda... What all did I say while I was delirious? 'Oh, you thought you were in Windrixville most of the time. Then you kept saying that Johnny didn't mean to kill that Soc.'" (159). While Ponyboy was in the hospital, he was reliving those traumatic times when he was hiding with Johnny.

(4) Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

(5) Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

6 Ponyboy stopped eating because everything reminded him of baloney. "Soda just looked at me. 'You used to eat it. That's why you wouldn't eat anything while you were sick. You kept saying you didn't like baloney, no matter what it was we were trying to get you to eat.'" (159). Baloney reminds him of his time with Johnny, so everything reminds him of baloney. "I quit eating...Everything tasted like baloney."

(169).

Criterion C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by **three or more** of the following:

(1) Efforts to avoid thoughts, feelings, or conversations associated with the trauma

"Dallas and Johnny were dead. Don't think of them, I thought. (Don't remember how Johnny was your buddy...)" (156).

(2) Efforts to avoid activities, places, or people that arouse recollections of the trauma

(3) Inability to recall an important aspect of the trauma

(4) Markedly diminished interest or participation in significant activities

(5) Feeling of detachment or estrangement from others

(6) Restricted range of affect. (e.g., unable to have loving feelings)

Ponyboy has said, "It was the oddest feeling in the world. I didn't feel anything- scared, mad, or anything. Just zero." (171).

(7) Sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)

Ponyboy doesn't care about school like he used to (he's failing) and says he doesn't mind dropping out. "What's the sweat about my schoolwork?" I finally shouted. 'I'll have to get a job as soon as I get out of school anyway. Look at Soda. He's doing okay, and he dropped out. You can just lay off!" (173).

Criterion D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by **two (or more)** of the following:

(1) Difficulty falling or staying asleep

(2) Irritability or outbursts of anger

"It used to be that I'd just stand there and let Darry yell at me, but lately I'd been yelling right back." (173).

"Big deal. I busted the end of my bottle and held on to the neck and tossed away my cigarette... 'I've had about all I can take from you guys.'" (171).

(3) Difficulty concentrating

"I was lousing up by schoolwork... I used to make A's in English, mostly because my teacher made us do compositions all the time... Now I was lucky to get a D on a composition." (169).

"I started running into things, like the door, and kept tripping over the coffee table and losing things. I always have been kind of absent-minded, but man, then, I was lucky if I got home from school with both shoes on." (169).

(4) Hyper vigilance

(5) Exaggerated startle response

Criterion E. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than one month.

It has been at least a month after the traumatic incidents.

Criterion F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Yes. Ponyboy is failing school (impairment at school), he has outbursts of anger and is emotionally numb (troubling functioning socially), and has stopped eating.

Reference: DSM-IV-TR

DSM NOW TREATMENT

PTSD Treatments

The best form of PTSD treatment is CBT, or Cognitive Behavioral Therapy. During CBT your therapist helps you understand and change how you think about your trauma and its aftermath. A part of cognitive behavior therapy focuses on the actual behaviors that are contributing to the problem. The client begins to learn and practice new skills that can then be put into use in real-world situations. CBT treatment for PTSD often lasts for three to six months. Other types of treatment for PTSD can last longer.

Another treatment is group therapy. In group therapy, you talk with a group of people who also have PTSD. Sharing your story with others may help you feel more comfortable talking about your trauma. This can help you cope with your symptoms, memories, and other parts of your life.

Family therapy is a type of counseling that involves a therapist helping you and your families to communicate, maintain good relationships, and cope with tough emotions. In family therapy, each person can express his or her fears and concerns. You can talk about your PTSD symptoms and what triggers them. You also can discuss the important parts of your treatment and recovery.

Work Cited

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