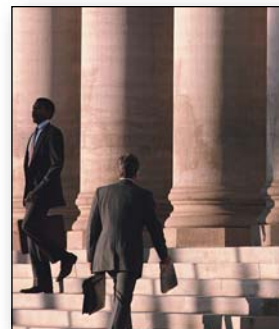


# PRACTITIONER FORUM

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## Posttraumatic Stress Disorder: A Sign of Weakness or of Strength?

Over a decade ago, when I became the attending psychiatrist for the Specialized Inpatient PTSD Unit of the Carl T. Hayden VA Medical Center, the philosophy for treating patients with posttraumatic stress disorder (PTSD) was rooted in the predominant psychodynamic zeitgeist. Specifically, the belief was that catharsis and abreaction of suppressed and repressed emotion would lead to a resolution or decline in PTSD symptoms.

This approach is based in the concept of “war neurosis,” as formulated during the psychoanalytic era, which understood PTSD as a psychological disorder—in other words, a dysfunction arising from the psychological mechanisms of the mind. Moreover, it was thought that cathartic and abreactive experience would have a positive effect on the nervous system and would lead to a decline in symptoms.

Today, these concepts persist to some degree in both professional and nonprofessional circles. Based on my own experience and an accumulating body of scientific knowledge, however, I believe a new understanding of PTSD is needed—both to improve treatment of the condition and to dispel

myths and stigmas that linger about its interpretive meaning. In this column, I attempt to shed light on some of these misconceptions.

### LOOKING BEYOND PSYCHOLOGY

The theory of PTSD as a fundamentally psychological disorder arises from a cultural ideology regarding military conflict—namely, that once soldiers enter a combat zone, they should be able to use their training or intrinsic character to get through the experience without retaining the effects of the stress it produces within them. The first problem with this view is that it places an onus of responsibility on training and intrinsic character and implies a deficiency in one of these areas for any service member who develops PTSD following a combat experience. Often, this perceived deficiency is translated as a “weakness of character.”

Furthermore, this ideology ignores the mounting evidence concerning the physiologic effects of the stress response on the normal human nervous system. Currently, there are enough scientific findings to define PTSD as a physiologic disorder caused by a change in the nuts and bolts of the physiologic stress response system, and not a disorder created by psychodynamic or other psychological mechanisms. Even now in the VA,

however, emphasis on psychological concepts can be quite prominent, along with the continued belief that pure psychological interventions will restore a veteran’s precombat nature.

There can be no doubt that training for and involvement in combat have profound psychological effects. These effects, however, do not represent a disorder but rather the natural outcome of living through combat. The expectation that individuals who participate in combat should be able to go on with their lives afterward as if their wartime experiences never happened and to manage the memories of these experiences psychologically in such a way that transcends their intrinsic existential intensity represents a cultural fallacy that is quite destructive to the individual—especially those who have had the most exposure to the death and devastation of warfare.

PTSD, then, arises out of two variables: the powerful memories of combat zone events and a stress response system now in a state of hyperarousal as a result of the stress of combat itself. The ongoing interaction between these two variables perpetuates the cycle of overstimulation and adds to the individual’s potential difficulty in managing the internalized war experiences and any psychological

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complications, either alone or in a therapy situation.

### WHAT IT MEANS TO BE BRAVE

During the Persian Gulf War, two reservist chaplain assistants were sent to our PTSD unit to learn more about the condition before being deployed. I asked them how the knowledge they gained affected their thoughts about going to war. Both of them said that they expected to develop PTSD after their

experiences, but the risk of carrying such a burden did not change their minds about volunteering to go.

PTSD is not created “ex nihilo.” For those who have the psychological wherewithal—commonly called bravery, courage, and strength—to defend their nation by engaging in combat, it can arise when combat stress causes a persistent change in the physiologic stress response system and a continual negative interaction between this system, the

internalized war experiences, and any attempts made to deal with these experiences. This is not weakness. This is something stronger and deeper than words themselves convey. ●

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