

Posttraumatic Stress Disorder (PTSD)

**CC 7 - Psychopathology
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Department of Psychology
Patna University**

**Dr. M H Jafri
Assistant Professor**

Posttraumatic Stress Disorder (PTSD)

- A mental disorder develops after the experience of traumatic events in life such as rape, abuse, war disaster, major accidents, tsunami etc.
- People who experience interpersonal trauma (rape, child abuse) are more likely to develop PTSD as compared to people who experience other trauma (natural)

Symptoms - PTSD

Grouped into three major categories

- 1. *Re-experiencing*** the traumatic event – e.g darkness that reminds a woman of a rape
- 2. *Avoidance*** of stimuli associated with the event, can include
 - efforts to avoid thoughts, feelings, or conversations about the event;
 - efforts to avoid activities, places or people associated with the trauma;
 - an inability to recall important details of the trauma; etc.
- 3. *Increased arousal*** - falling asleep or staying asleep, irritability, difficulty concentrating, hyper- vigilance

PTSD – diagnosis - DSM-IV-TR

- Exposure to a traumatic event that involved threat of death or injury to self or others
- The event caused extreme fear, helplessness, or horror
- The event is re-experienced in dreams, memories
- The person avoids stimuli associated with the trauma or has a numbing of responsiveness
- Increased arousal
- Duration of symptoms is more than 1 month

Etiology- PTSD

1. Biological and Genetic Factors

- Abnormal activity of the hormone *cortisol* , *norepinephrine* in the urine, blood, and saliva of combat soldiers, rape victims etc (e.g.Burijon, 2007).
- Identical twin is more likely than a fraternal twin to develop the same problem (Koenen et al., 2003)
- Damage in key brain areas -the *hippocampus* and the *amygdala*.
 - A dysfunctional *hippocampus* may help produce the intrusive memories and arousal that characterize PTSD(Bremner et al., 2004)
 - A dysfunctional *amygdala* may help produce the repeated emotional symptoms by persons with PTSD (Shin et al., 2005).

Etiology- PTSD

2. Cognitive Factors

1. Information processing theory - information associated with traumatic experiences is encoded and recalled

During periods of extreme distress, information processing is interrupted, and traumatic memories are consequently fragmented and disorganized, which result in PTSD symptoms

Etiology- PTSD

Cognitive Factors

2. Social Support – Weak social and family support systems are more likely to develop (Charuvastra & Cloitre, 2008)

Rape victims who feel loved, cared for, valued, and accepted by their friends and relatives recover more successfully

Etiology - PTSD

3. Behavioral Factor:

- **The Two-Factor Model:** In this model, the initial fear in PTSD is assumed to arise from classical conditioning.
 - For example, a woman may come to fear walking in the neighborhood (the CS) where she was raped (the UCS). This classically conditioned fear is so intense that the woman avoids the neighborhood as much as possible.
- This avoidance behavior (the CR) is operantly conditioned;
 - the avoidance is reinforced by the reduction of fear that comes from not being in the presence of the CS.

Treating PTSD

1. **Cognitive-Behavioral Therapy** - treating PTSD include (Friedman, 2000)

- Exposure therapy,
- Cognitive therapy, cognitive restructuring therapy,
- Stress inoculation training,
- Systematic desensitization,
- Assertiveness training,
- Relaxation training

❖ Exposure & Cognitive Restructuring therapy are the most rigorously used

Treating PTSD

1. **Exposure therapy** : Methods involve confronting fearful stimuli associated with the traumatic memories within the context of a stable therapeutic relationship
 - Could be –
 - In-vivo exposure of the event place
 - Covert exposure of the event place
 - ❖ Worked well for PTSD symptoms associated with combat, sexual assault, and vehicle accidents

PTSD_Treatment

- **Cognitive restructuring:**
 - This therapy helps people make sense of the bad memories.
 - Sometimes people remember the event differently than how it happened.
 - They may feel guilt or shame about what is not their fault.
 - The therapist helps people with PTSD look at what happened in a realistic way.

Treatment - PTSD

2. Pharmacological Approaches

- Antidepressants, such as
 - selective serotonin re-uptake inhibitors (SSRIs),
 - tricyclic antidepressants (TCAs), and
 - monoamine oxidase inhibitors (MAOIs).
 - antimanic drugs, including carbamazepine and lithium carbonate