

Healing the Wounds Within: A Journey through Post-Traumatic Stress

Maria is a 35-year-old elementary school teacher who lives in a coastal town in the Visayas region. She lived contentedly in her town teaching her Grade Four pupils until one day, their town was unexpectedly hit by a devastating typhoon followed by a flood and mudslide coming from the deforested mountain nearby. The aftermath of the wrath of nature left widespread destruction. It caused hundreds of lives lost, wrecked homes beyond repair and livelihoods that could not be salvaged. Maria, who had lived in this once simple and idyllic community her entire life, found herself caught in the midst of a place beyond recognition and repair.

In the middle of nature's wrath, Maria and her family were forced to evacuate their home as the flood waters came rushing and rapidly rose. Without anything saved, they sought refuge in the town's church, which itself was destroyed the roof with howling and strong winds. She found herself in the midst of a crowded and dilapidated evacuation center where supplies were limited and people crying for help begging God to stop its wrath. Even while in the temporary shelter, Maria could not help but worry about the house they left with the fear of losing it. At the same time, the constant sound of pouring rain, howling winds added further apprehension. This scenario left a significant trauma to Maria.

In the aftermath of the typhoon and floods, Maria began experienced the following symptoms. She had intrusive memories of the calamity. She was haunted by vivid flashbacks of the strong winds and rushing flood waters. She could still hear the deafening sounds of thunder and blinding lightning. She felt helpless. As days and weeks passed and people started checking whatever was left of their properties, Maria actively avoided any discussion about the wreck that the typhoon and floods havocked. She refused to listen to the news on radio about reports related to natural disasters and was hesitant to go back to her house. Her relatives noted that Maria became hyperalert. She was easily startled by loud noise. She could hardly sleep as her worries of an unexpected calamity might occur while they are asleep. She became irritable and always felt on the edge at the site of heavy rains or storm warnings. The once jolly and bubbly Maria became recluse, with optimism lost. She worried about her family's safety and could hardly concentrate at work.

What happened to Maria is a case of Post-Traumatic Stress Disorder or what is commonly called PTSD. Anybody could develop a condition called Post Traumatic Stress Disorder or PTSD. But what is PTSD? According to the Kaplan and Sadock's 11th edition of Synopsis of Psychiatry, PTSD is a mental health condition that can develop after experiencing or witnessing a traumatic event. The traumatic event may either be in the form of exposure to military combat, natural calamities like floods, typhoons, earthquakes; it may also be due to exposure to catastrophic events like fire, accidents, crime, diagnosed with a life-threatening illness, physical or emotional abuse. It affects individuals across various walks of life, and its impact extends beyond the initial event, influencing daily functioning and overall well-being.

The symptoms may be divided into 4 main clusters: .

I. Intrusive Thoughts and Memories:

- Flashbacks: These are vivid and distressing recollections of the traumatic event, feeling as if they are reliving it in the present moment.
- Nightmares: Sleep disturbances are common, with recurring nightmares related to the traumatic experience.
- Intrusive thoughts: Persistent, involuntary, and distressing thoughts about the trauma may intrude into the individual's daily life.

II. Avoidance Behaviors:

- **Avoidance of Triggers:** Individuals often go to great lengths to avoid reminders or situations associated with the traumatic event, which can severely limit their daily activities.
- **Emotional Numbing:** Some individuals may experience a numbing of emotions, finding it challenging to experience pleasure, love, or joy.
- **Avoidance of Talking:** People with PTSD might avoid discussing the traumatic event or their emotions related to it

III. Negative Changes in Mood and Cognition:

- **Negative Thoughts:** Individuals may develop a negative outlook on themselves, others, and the world. This can manifest as persistent feelings of guilt, shame, or a distorted sense of blame.
- **Memory Issues:** Some individuals may have difficulty recalling specific aspects of the traumatic event or may struggle with memory in general.
- **Difficulty Concentrating:** Problems with concentration and attention are common, affecting daily tasks and work performance.

IV. Hyperarousal and Reactivity:

- **Increased Alertness:** Individuals with PTSD may be easily startled, hyperalert, and have an exaggerated startle response.
- **Irritability:** Feelings of irritability and anger may be heightened, leading to strained interpersonal relationships.
- **Difficulty Sleeping:** Insomnia or other sleep disturbances are common, contributing to overall physical and mental fatigue.

Maria tried to ignore what she was going through. She thought it was just a passing phase for people who experienced a calamity. However, Maria's condition turned for the worse. She started missing her classes especially when it was raining. Her family and friends noticed the changes in Maria's behavior. They convinced her to seek professional help.

People with PTSD may go through various treatment regimen. The following are but some of the options:

1. Psychotherapy or sometimes called "**talk therapy**" in layman's term. There are various forms of psychotherapy. In psychotherapy, the mental health counselor and the patient discuss the trauma. The intrusive thoughts and negative cognition that goes with it are addressed. This may either be short-term or long-term depending on the patient's need.

a. **Cognitive Behavioral Therapy (CBT)** is one of the most effective form of psychotherapy used in the treatment of PTSD. It helps the affected individual identify and change negative thought patterns and behavior associated with the traumatic event.

b. **Exposure Therapy** is a form of CBT that involves gradual exposure to the traumatic event and safely confronting the traumatic-related pain and memories that goes with it. The aim is to lessen the distressing impact of the memories.

c. **Group Therapy:** Sharing experiences with others who have gone through similar traumas can provide a sense of understanding, support, and community. Group therapy can also help individuals build coping strategies and reduce feelings of isolation.

2. Medications: Your doctor will determine which is the most appropriate medicine for you. It is best to consult a medical doctor who can prescribe it.

3. Mindfulness and Relaxation Techniques: Practices such as meditation, deep breathing exercises, and yoga can help individuals manage stress and promote relaxation.

4. Supportive Interventions:

a. **Education:** Learning about PTSD, its symptoms, and available treatments can empower individuals and their support networks to better understand and manage the condition.

b. **Social Support:** Establishing and maintaining strong social connections with friends, family, and community can be vital in the recovery process. A robust support system can provide emotional understanding and assistance.

It's important to note that the effectiveness of treatment can vary from person to person. Tailoring the approach to individual needs, preferences, and the specific nature of the trauma is crucial. Seeking professional help from mental health professionals, such as psychologists, psychiatrists, or licensed therapists, is essential for an accurate diagnosis and the development of an appropriate treatment plan. In severe cases, a combination of therapeutic interventions and medication may be recommended.

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Reference:

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