Chapter 1

The Invisible Epidemic of PTSD

In This Chapter

- Diagnosing PTSD
- Tracing the history of PTSD
- Counting the number of people PTSD affects
- Recognizing the most common causes of PTSD
- Adding up PTSD’s cost to society

You jump out of your skin if you hear a police siren or a car backfiring. You wake up screaming after terrible nightmares. You feel cut off from your life and the people around you, and you’re angry or sad all the time. Worst of all, you experience moments of sheer terror when your mind pulls you out of the present and drags you into a horrifying time in your past.

If you suffer from symptoms like these, you probably feel very much alone — but in reality, you aren’t. Instead, you’re likely one of millions of people around the world who suffer from a disorder called post-traumatic stress disorder (PTSD).

If so, you’re facing a problem as old as humankind. The difference between the past and now, as you discover in this book, is that for today’s PTSD sufferers, effective help for this pain is available. In the chapters that follow, I talk about the many ways to treat PTSD and explain why you can be very optimistic about your future.

As you begin your journey into a better tomorrow, it’s a good idea to gain a little knowledge about the adversary you’re facing. In this chapter, I take a quick look at what PTSD is, as well as why treating this disorder is crucial. I also offer an overview of the history of PTSD as a diagnosis and explain how people’s understanding of this disorder has evolved over time. Next, I talk about the numbers of people (both adults and children) affected by PTSD, as well as the many types of traumatic experiences that can set PTSD in motion. In addition, I look at the toll PTSD takes not just on each individual sufferer but also on society as a whole.
The Diagnosis of PTSD: A Serious Matter That Requires Serious Intervention

PTSD is a major, life-altering disorder that strikes many people who survive traumatic experiences. I use the phrase invisible epidemic to describe this disorder because it affects millions of people of every age and in every walk of life, and many of them suffer alone and in silence. They feel scared, anxious, and isolated from the rest of the world — and they feel like no one can understand what they’re going through.

To a casual observer, these people often seem to be doing just fine. But in reality, they’re battling devastating symptoms that, if left untreated, make it difficult or impossible for them to hold down jobs, have meaningful relationships, or achieve their goals and dreams.

PTSD short-circuits people’s lives by causing disabling symptoms that include a hyper-alert nervous system, numbness and detachment, and intrusive thoughts or flashbacks about the trauma (see Chapter 3 for an in-depth discussion of these problems). Living with these symptoms is a huge challenge, made even bigger by the fact that other problems such as depression or substance abuse often come along for the ride (another topic I cover in Chapter 3). People with complex PTSD, which stems from multiple traumas, may develop an even wider range of severe problems, including dangerous and self-destructive behaviors (see Chapter 2).

Getting treatment if you have PTSD is crucial because this disorder doesn’t simply go away on its own. Unlike the normal, temporary stress symptoms that often occur after a life crisis, PTSD involves profound biochemical and psychological changes that cause the toxic memories of a trauma to remain strong instead of fading. (See Chapter 2 for more on the differences between normal stress responses and PTSD.) As a result, people with PTSD become trapped in their trauma, unable to process what happened and move on with their lives. In addition, untreated PTSD often leads to secondary wounding (a topic I cover in Chapter 8) because the problems caused by PTSD can lead to broken relationships, lost jobs, and other new traumas.

The good news — and it’s very good news indeed — is that PTSD is highly treatable, and the vast majority of people with this disorder gain freedom from the disabling symptoms and get control of their lives again. In Chapters 8 through 10, I describe the wide range of treatments doctors and therapists now have to help adults with this disorder, and in Chapter 13, I look at interventions that can benefit children and teens. In addition, as I explain in Chapter 12, you can combine therapy with self-help steps that boost your healing power. So take heart: If you’re in the depths of PTSD right now, the solutions are within your reach.
A Little Background on PTSD

PTSD is an age-old problem, but in a sense, it’s also a new disorder because professionals are still learning about its causes, symptoms, and treatment.

As I explain in Chapter 2, PTSD can stem from any type of traumatic experience. However, much of the current knowledge about PTSD comes from one particular source — the military — for an obvious reason: War causes trauma on a massive scale. Throughout history, each successive war led to new names for the condition and new theories about its causes:

- During the American Civil War, doctors called combat-related trauma soldier’s heart. (The name wasn’t far off the mark because — as I discuss in Chapter 3 — PTSD can affect your heart as well as your thoughts, emotions, and behavior.)
- World War I doctors called it shell shock, thinking that it stemmed from changes in air pressure when artillery shells exploded.
- During World War II, doctors renamed combat trauma battle fatigue and made the terrible error (also made by many earlier generals) of blaming it on weakness or cowardice.
- By the beginning of the Korean War, psychiatrists began to recognize PTSD — then dubbed gross stress reaction — as a real disorder crying out for study.

PTSD made its way into the medical world as a legitimate disorder by finding a place in the Diagnostic and Statistical Manual of Mental Disorders, or DSM (the bible of modern American psychiatry) in 1980, following the Vietnam War. By this point, doctors recognized that civilians as well as soldiers could develop PTSD after a trauma. Even so, people who developed PTSD still found little sympathy, and the cruel myth that PTSD was a sign of weakness persisted. That myth finally died out (although not totally, as I explain in Chapter 17) toward the end of the 1900s, largely because soldiers from the Vietnam era and the first Gulf War fought hard to get the military — and the rest of the world — to take PTSD seriously.

Everyone dealing with PTSD, on either a personal or a professional basis, owes a big debt of gratitude to those wounded warriors who refused to sweep PTSD under the rug. Their persistence gave PTSD research a huge boost, and that research in turn opened doctors’ eyes to the fact that millions of people — not just soldiers but also people who survived sexual assaults, natural disasters, illnesses, and other traumatic events — have a real medical problem and need real medical help.
The story behind PTSD: A problem as old as humanity

As I explain in Chapter 2, PTSD has a lot to do with biochemistry — that is, the chemicals that make your body tick. Because your ancestors had almost exactly the same biochemistry as you, it's no surprise that PTSD made its first appearance around the dawn of human history. In fact, the first person to describe it was an Egyptian doctor in 1900 BCE. But doctors didn't immediately figure out what causes PTSD. In fact, they came up with some pretty bizarre theories about it.

The oddest of these theories arose in the 1800s, when doctors studied people hurt in train wrecks (common events in those days). In addition to their physical injuries, many of these people reported having insomnia, nightmares, memory loss, and extreme fear of train travel — no doubt symptoms of PTSD stemming from the terrifying experiences they survived. The cause of these symptoms, the doctors said, was the incredibly fast speed of the newfangled trains of the era — which went about 30 miles an hour!

By the late 1800s, leading lights in psychiatry, including Sigmund Freud, began spotting the link between trauma and PTSD-like symptoms. Unfortunately, Freud set progress back again by changing his mind and deciding that these symptoms stemmed, at least in women, from sexual fantasies rather than real traumas. (For a genius, he could be pretty dim sometimes.) It took two World Wars, and several smaller ones, for experts to gain a true understanding of how PTSD affects people traumatized by war or other catastrophic events.

As a result, people who suffer from PTSD today are likely to get an accurate diagnosis and effective treatment instead of a cold shoulder and a brusque recommendation to “just get over it.” (To increase your odds of success in diagnosis and treatment, see my advice in Chapters 5 and 6 on finding good professional help.) Better yet, treatments for PTSD grow more effective with each passing year. In fact, current research (see Chapter 4) hints that someday, doctors may be able to stop many cases of PTSD before they start.

Professionals still have far to go in fully understanding PTSD, but they're light years ahead of where they were just a few decades ago — thanks largely to generations of vets who finally won their battle against ignorance and stigma.

Stats on PTSD: The Numbers Game

It’s easy to tell whether the man next to you in the checkout line has a head cold (all too easy, in fact!) or whether the neighbor you pass on the street has a broken leg. But PTSD is a silent problem whose sufferers usually hide in plain sight. Millions of people with PTSD don’t even know that they have the disorder, and millions more keep their pain to themselves because they’re afraid (for reasons I explain in Chapter 5) to seek help.
As a result, knowing the true scope of this tragedy is impossible. However, even the numbers that experts do know reveal a huge cost in human pain. According to the U.S. government’s National Technical Information Service (www.ntis.gov), PTSD is “one of the most prevalent of all mental disorders, surpassed only by substance use disorders and depression as major public and mental health issues.” Here’s a quick look at the numbers of adults and children this disorder affects.

**PTSD in adults**

Once upon a time, experts thought that PTSD affected only soldiers. Now, however, it’s clear that anyone — librarians, cab drivers, teachers, dentists — can fall prey to this life-altering disorder. All it takes to trigger PTSD is a trauma, and unfortunately, there are plenty of those to go around.

In fact, more than 70 percent of Americans suffer a traumatic event at some time in their lives. Of these trauma survivors, up to 20 percent develop PTSD. Put another way, approximately 13 million Americans — 5 percent of the population — suffers from PTSD at any given time.

Women develop PTSD at twice the rate of men, for reasons I talk about in Chapter 2. Studies suggest that rates of PTSD also are higher for people who are Hispanic or African American, possibly because people in these groups have a higher exposure to violence. For similar reasons, rates of PTSD are sky-high in refugees from countries torn by violence. For example, according to a 2005 study by Grant Marshall and colleagues in the *Journal of the American Medical Association*, more than 60 percent of a group of Cambodian refugees who resettled in the United States two decades ago exhibited PTSD symptoms.

**PTSD in children and teens**

No matter how hard they try, parents can’t always shield their kids from trauma. Fires and earthquakes shatter the worlds of children as well as grownups, and so do car accidents, disease, and acts of terrorism. As a result, millions of kids and teens have a PTSD diagnosis, and millions more have undiagnosed PTSD symptoms. (See Chapter 3 for more on kids and PTSD.) Here are some statistics on the toll PTSD takes on youngsters:

- Of all children, 14 to 43 percent experience at least one traumatic event.
- Of these children, 3 to 15 percent of girls and 1 to 6 percent of boys exhibit PTSD.
- Of children who witness a school shooting, 75 percent develop PTSD.
- Among sexually abused kids, 60 percent develop PTSD, and so do more than 40 percent of physically abused kids.
Those numbers are hefty but don’t tell the whole story because many children show few or no signs of PTSD after a trauma until years later, when they reach adulthood and grownup pressures cause symptoms to kick in. (For more on this condition, called delayed PTSD, see Chapter 2.)

**Trauma Triggers: The Most Common Causes of PTSD**

PTSD, as I explain in Chapter 2, stems from an experience that horrifies and overwhelms you. That experience can be anything from a hurricane to a terrorist attack to the very private moment of hearing a doctor say that you have a life-threatening disease. PTSD can begin after a tour of duty in a war zone, or it can strike after a freeway accident or sexual assault. What’s more, the same event can cause PTSD in one person and leave another unscathed, for reasons I talk about in Chapter 2.

Although many types of catastrophes can cause PTSD, some life crises are far riskier than others. Figure 1-1 shows statistics on the events most likely to trigger PTSD. Several of these events score high on the PTSD scale in part because of their sheer magnitude. Others, although smaller in scale, make the list because of the depth of the pain they cause.

In this section, I look at several types of these trauma-provoking events and how they differ in their power to cause harm.
The ill winds (and fires, floods, tremors, and disease) that can lead to PTSD

For most of your life, Mother Nature is a kind friend. The sun smiles on you, the grass grows underfoot, and the river flows gently through your town. But Mother Nature has teeth and claws, and she can turn quickly from a kindly friend to a vicious foe. When that happens, your life can turn upside down in an instant.

Anyone who’s watched a natural disaster unfold on TV — or worse, had to live through one of these calamities — can understand why these events leave a swath of PTSD in their wake. The biggest offenders, which can affect thousands of lives in a single day, include:

- Hurricanes, tornadoes, and tsunamis
- Fires
- Earthquakes
- Floods

Natural disasters often trigger PTSD because they rain so many blows on their victims — lost homes, lost jobs, lost lives. Hurricane Katrina is a good example. Even after the winds and floodwaters subsided, many people remained without shelter, food, water, money, or medical aid for days. Thousands lost their jobs, and many lost loved ones. As a result, a single event turned into a series of traumas, and survivors suffered sky-high rates of PTSD. (One study by Lisa Mills, reported at the 2007 annual meeting of the Society for Academic Emergency Medicine, found that more than a third of Katrina survivors seen at a New Orleans emergency department had PTSD — a far higher toll than for most disasters.) Natural disasters also leave their scars on the rescue teams who lend a helping hand after catastrophe strikes, and many of these people experience secondary trauma (see Chapter 2) as a result of witnessing the suffering around them.

Mother Nature doesn’t always strike with wind, water, fire, or earthquakes, however; often, she terrorizes people in quieter ways. One powerful risk for PTSD, often overlooked by doctors until recent years, is a serious illness such as cancer or AIDS.

People battling life-threatening illnesses (or watching a family member go through this experience) have very high rates of PTSD. In the Journal of
Clinical Oncology, a 2005 study by Anne Kazak and colleagues found that nearly 100 percent of parents of children being treated for cancer develop some degree of PTSD and that more than half of the fathers and three-quarters of the mothers of these children develop moderate-to-severe PTSD. PTSD often affects people for years or decades after a serious illness, even if the initial threat to the person’s health passes.

The human acts that can cause PTSD

On September 11, 2001, the United States witnessed an act of human cruelty on a scale that shook the entire world. Other countries, too, have been rocked by episodes of genocide caused by wars or terrorism. Such dark moments in history are mercifully rare, but every single day, individual acts of violence — armed robberies, sexual assaults, and other violent attacks — derail the lives of thousands of people around the globe.

These acts, whether they affect thousands of people or a single life, put people at extreme risk for PTSD. As I explain in Chapter 2, intentional acts of violence or betrayal cut much deeper than traumas caused by the random acts of nature — especially when these acts happen in childhood or occur over and over.

The horrific scale of abuse in America

How big of a toll do domestic violence and other acts of partner abuse take on society? Here are some shocking numbers offered by the National Center for Posttraumatic Stress Disorder (www.ncptsd.va.gov):

- At least once in their lifetimes, 20 to 30 percent of American women are physically abused by a partner.
- Each year, 1.3 million women and more than 800,000 men are physically assaulted by an intimate partner.
- More than 200,000 women are raped by an intimate partner each year.
- Of those in same-sex relationships, 11 percent of women and 23 percent of men are raped, otherwise physically assaulted, and/or stalked by an intimate partner.
- More than 500,000 women and 185,000 men are stalked by an intimate partner each year.
- Of all women’s emergency-room visits, 30 to 40 percent are for injuries due to domestic violence.
- Fifty percent of men who assault their female partners also assault their children.
- Each year, 3.3 million children witness acts of domestic violence.
The human-caused traumas that carry the highest risk for PTSD include:

- Childhood sexual or physical abuse
- Rape and other forms of sexual assault
- Domestic violence
- Armed robberies and other nonsexual physical attacks
- Violent acts resulting in deaths that cause trauma in surviving relatives and loved ones
- Torture or acts of terror committed during war

Overall, according to the National Center for Posttraumatic Stress Disorder, the traumatic events most often associated with PTSD include the following:

- For women: Rape, sexual molestation, physical attack, being threatened with a weapon, or being abused as a child
- For men: Rape, combat experiences, or neglect or physical abuse in childhood

Violence also takes a huge toll on the courageous folks who put their lives on the line every day in the course of their jobs. As we count on police officers and soldiers to protect us from harm, we put these heroes directly in PTSD’s line of fire. Police officers, for example, have rates of PTSD that may be four to six times higher than those of people in the general population, and for soldiers, the numbers are astronomical (see Chapter 2).

But although exposure to violence or abuse is a key cause of trauma, not all human-caused traumas involve violence, and not all of them are intentional. In fact, motor-vehicle accidents are the leading cause of PTSD in the general population. More than 6 million road accidents occur in the U.S. each year, causing around 3 million injuries and 40,000 deaths. Nearly one in ten people involved in a serious accident develops PTSD, and for kids, the rate of PTSD may be even higher. A 2000 study by Herb Schreier and colleagues, reported at the International Conference on Pediatric Trauma, evaluated kids injured in car crashes and other types of accidents; they found that 60 percent of the children reported PTSD symptoms a month after their traumas, and 40 percent still had symptoms six months afterward.

Other stressful events that occasionally cause PTSD

In the preceding two sections, I describe the catastrophes that frequently cause trauma. But as professionals discover more about PTSD, they’re finding
that many of life’s events that people simply think of as tough breaks — the too-bad-but-you’ll-get-over-it kinds of events — may lead to PTSD as well. Here are some recent findings:

- **People who live through events most experts consider to be upsetting but not traumatic have a high risk of PTSD.** In 2005, Saskia Mol and colleagues surveyed nearly 3,000 people to find out what stressful events they’d experienced and how many PTSD symptoms they had. The results surprised these scientists. They expected people who’d survived floods, hurricanes, wars, and near-death experiences to have an elevated rate of PTSD, which is just what they found; but they also reported in their article, which appeared in the *British Journal of Psychiatry*, that people who lived through events most experts consider as upsetting but not traumatic — for instance, a job loss or divorce — also had a high risk of PTSD.

- **A study of people chronically bullied on the job by bosses or co-workers found that many had PTSD symptoms.** Stig Berge Matthisensen and Ståle Einarsen, reporting in 2004 in the *British Journal of Guidance & Counselling*, said this finding isn’t really surprising because “a traumatized person experiencing bullying at work may have a strong shattered experience of the world as not being a just place, with a strong anticipation of future misfortune to come.” The same may be true for bullied children, a topic researchers are now studying.

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**Tolls of war**

As professionals learn more about PTSD, trauma-scarred soldiers are finally starting to get the help and the respect they need. This change is a welcome one from past generations, when veterans often suffered in silence.

Because of that silence, many people think of war-related PTSD as a disease that appeared out of the blue during the Vietnam War. The truth, of course, is that combat-related PTSD occurs in every war. Here are some facts and figures about the toll of PTSD in past conflicts:

- A 2005 study of Korean War veterans in Australia reported that up to 33 percent of those soldiers met criteria for PTSD.
- During World War II, half a million soldiers developed battle fatigue (another name for PTSD). In 2004, as many as 25,000 World War II veterans still received disability compensation for symptoms related to PTSD.
- Britain recently issued pardons (a little late in the game) for about 300 soldiers executed during World War I on charges of cowardice. A review of these soldiers’ records indicated that many of them actually had PTSD.
One lesson of these studies is that it doesn’t take a hurricane, a war, or a near-death experience to trigger PTSD. The other lesson is that you shouldn’t hesitate to seek help for PTSD symptoms, even if you don’t think your life crises were major enough to affect you. Trauma is in the eye of the beholder, and a life problem that may look like no big deal to an outsider may actually be very damaging, depending on your life circumstances.

**Adding It Up: The Costs of Untreated PTSD**

Turn on the TV, and you hear public-service announcements about the perils of untreated diabetes, heart disease, or high blood pressure. You never see a commercial about the dangers of untreated PTSD, but you should. PTSD is a major public health crisis, affecting more people than diabetes or asthma. What’s more, the cost of PTSD in dollars is staggering.

As experts begin to understand just how widespread PTSD is, they’re also starting to realize the high price of this disorder — not just for each individual sufferer but also for society as a whole. Here are just a few of the ways that PTSD affects us all:

- **Lost lives:** Every year, society loses many of its best and brightest to the pain of untreated PTSD because the disorder significantly increases the risk of suicidal thoughts or behavior. The risk of suicide is especially high for people who develop both PTSD and depression, unless they receive effective treatment. (See Chapter 3 for info on the link between these two conditions.)

- **High medical costs:** People who don’t get treatment for the fallout from trauma have higher rates of disability, more physical symptoms, more mental disorders, more medical diagnoses from doctors, and more risky health behaviors than other people. (See Chapter 3 for info on the health problems that PTSD causes.) The costs of untreated trauma-related alcohol and drug abuse alone are estimated to be $160 billion per year in the U.S. (Chapter 7 explains the substance abuse/PTSD link.)

- **Legal woes:** The out-of-control veteran on a shooting spree is a destructive Hollywood stereotype (see Chapter 17), but PTSD frequently does play a role in criminal behavior. PTSD can impair judgment, self-esteem, the ability to plan for the future, and the ability to control anger, putting people at increased risk for impulsive or destructive behavior. More than 60 percent of Vietnam combat vets with PTSD, for example, have a history of at least one arrest after returning from the war. Studies show that PTSD is a strong risk factor for both adult crime and juvenile delinquency and that it plays a powerful role in steering people into prostitution, drug dealing, and pathological gambling.
Poor work performance and, in turn, lost jobs: PTSD can impair a person’s concentration and productivity, create problems in getting along with co-workers, and trigger emotional outbursts on the job. All these factors, as well as the health problems associated with PTSD (see Chapter 3), can make it hard for people with PTSD to get and keep jobs, resulting in higher-than-normal rates of unemployment. In addition, people with PTSD often have difficulty making upward career moves and frequently stay stuck in a low-salary rut because of their symptoms. Experts estimate that the United States loses $3 billion each year due to work problems caused by PTSD.

Family troubles: PTSD makes it hard to control emotions, empathize with other people, cope with financial matters, and handle the day-to-day pressures of relationships. It also ups the risk for substance abuse and other self-destructive behaviors. Because of this, the divorce rate for people with untreated PTSD is sky-high. In addition, children in families dealing with untreated PTSD have more learning and emotional problems than their peers. Rates of physical and verbal abuse are also high in families with a member suffering from PTSD. (For ways to cope if you’re a family member of someone battling PTSD, see Chapter 13.)

That list is scary, but as you read it, don’t be discouraged. Instead, focus on the word untreated, because that’s the key. If you have PTSD and you get effective treatment, your risk for all these problems drops like a rock. (See Part III for info on medical treatments and Chapter 12 for self-help steps.)

Untreated PTSD almost always gets worse, putting you at ever-increasing risk for medical problems, broken relationships, and loss of quality of life. Conversely, treated PTSD almost always gets better (see Chapters 14 and 18 for some of the big and little changes you can expect). Recovery takes time and a lot of hard work (Chapter 11 details the therapy process), but it’s well worth the effort. Just ask the millions of happy, healthy, creative, productive, joy-filled people who’ve left PTSD in their past.

If you’re the friend or loved one of a person with PTSD, you can also take hope from another fact: Along with treatment, strong social support can play a powerful role in reducing the risks of the problems I outline in this section. (For details, see Chapters 13 and 16.) You can’t shoulder the burden of aiding a person with PTSD all on your own — in fact, calling in the pros is essential — but your love and support can help give a trauma survivor the courage to break free from the chains of PTSD.