

Since 2014, June has been designated by the federal government as Post-Traumatic Stress Disorder (PTSD) Awareness Month, bringing attention to the serious mental health condition some individuals develop after experiencing or witnessing a life-threatening or traumatic event.

While PTSD is often discussed as it relates to the veteran population, data from the National Center for PTSD show that veterans are only slightly more likely to experience PTSD than the general population. Around 7% of veterans and 6% of all adults will have PTSD at some point in their lives and approximately 12 million adults suffer from it in any given year.

To shed further light on this important topic, SU News interviewed Xiafei Wang, assistant professor of social work in Syracuse University's Falk College of Sport and Human Dynamics. Wang studies the transmission of intergenerational [trauma](#), how trauma-affected individuals and families can develop resiliency and how such factors as race, gender, disability and military service impact trauma and resilience. Wang shares her insights and research on these topics and more in the following Q&A.

How is PTSD defined?

The term [post-traumatic stress disorder](#) is actually pretty narrowly defined by the DSM-5 ["Diagnostic and Statistical Manual of Mental Disorders," 5th Edition], published by the American Psychiatry Association. Based on DSM-5, only several events could be qualified as traumatic events—exposure to actual or threatened death, serious injury or sexual violence.

For people with those experiences, such symptoms as intrusive thoughts, flashbacks, nightmares, avoidance of stimuli associated with the traumatic event, negative changes in cognition and mood associated with

the trauma and/or alterations in arousal (i.e., hyperarousal, hypervigilance) would define them as having PTSD.

Who is at risk for developing post-traumatic stress disorder?

Based on the criteria above, you may think that only people who experience really severe trauma would develop PTSD. Those who experience military combat, gun violence, sexual assault, etc. are certainly at risk. But based on my research and that of my collaborators, other populations may also have the risk of developing PTSD.

I would say any event that exhausts a human being's psychological resources to cope with it would be defined as trauma, or any event that deprives a person's sense of safety, autonomy and dignity would be absolutely defined as trauma.

If children experience maltreatment, they definitely have a higher risk of PTSD symptoms compared to children without these experiences. Also, racial and ethnic minorities are more likely to experience PTSD compared to dominant groups because they're living in a society with systematic racism and discrimination, which chronically influences their well-being and mental health.

In general, the concept of PTSD as defined by DSM-5 may downplay the risks of developing PTSD symptoms among a lot of populations. We need a broader context to understand the cause and consequence of PTSD.

In colloquial terms, the concept of "Big T" (major) and "little t" (minor) trauma is sometimes used. When it comes to PTSD, is there a distinction between

major crises/catastrophes versus chronic, ongoing trauma that may appear to be less acute?

Experiencing a life-threatening catastrophe definitely requires seeking professional help. But we should not underestimate the enormously toxic consequences of chronic everyday trauma, particularly if that chronic trauma happens in childhood when individuals are undergoing critical and rapid development mentally and physically.

This is one reason I focus on [adverse childhood experiences](#) (ACEs). Although those experiences—things like having parents facing [mental health problems](#), substance use or incarceration—look less severe, less life-threatening, they can have a profound influence on child development. We need to pay attention to ACEs prevention and intervention.

Another important focus should be on how people from marginalized backgrounds bear the consequences of trauma. Especially for [racial minorities](#), their daily life of experiencing institutional injustice—like mass incarceration for African Americans—and [racial discrimination](#) or microaggressions result in daily stress. It could result in PTSD symptoms and other conditions that cripple their physical and mental health and further exacerbate the existing social inequalities caused by historical oppression.

Is there an intergenerational component to PTSD?

There definitely is. Parents who experience PTSD may be too preoccupied with their symptoms and they may not be responsive to their children's needs. Most parents won't intentionally do that, but because of their symptoms, they may show aggressive behaviors to their children or even maltreat their children. Harsh parenting or maltreatment

thus result in the child developing PTSD symptoms. Children's minds cannot handle the sense of betrayal caused by being mistreated by their caregivers who are supposed to be their secure base.

If someone thinks they might need professional help for PTSD, what steps do you recommend?

I would say that seeking professional help is important, especially if you are a parent since we see very clear evidence showing the generational transmission of trauma. It takes time to figure out which treatment model or therapist works for you.

Some may focus on using more expressive routes like talk therapy or expressive writing, but it may not be your style. If so, you could also consider another model that focuses on the body, such as eye movement desensitizing and reprocessing therapy, or using more of a behaviorism approach.

An area your research has focused on is 'post-traumatic growth.' Can you explain that a bit more?

Post-traumatic growth (PTG) is a psychological change that occurs in some individuals who endure mental/emotional struggles following adversity. People with PTG show positive growth in terms of spiritual changes, personal strengths, new possibilities, appreciation of life and new ways of relating to others. Those with PTG do not just make their trauma symptoms disappear, but also transcend the difficult experiences and make them meaningful.

I wrote [a paper](#) titled "From past trauma to post-traumatic growth: The role of self in participants with serious mental illnesses" based on recovery stories of people who had serious mental illness. Most of them

experienced severe trauma and what impressed me was that even though they had to endure horrible mental health symptoms, a lot of them showed post-traumatic growth and chose to become [mental health](#) providers later in their life. Although they struggled with a lot of things in their lives, it gave them the capacity to show empathy to others, and they're able to understand other people better.

Simply making the trauma symptoms disappear probably won't achieve post-traumatic growth. People may need professional help or to participate in self-help groups with others who share the same [experiences](#). At the same time, they need to be courageous, to do self-exploration and to specifically reconstruct the meaning of life and the meaning of their trauma.

Provided by Syracuse University

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