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Reading About . . .

Post-Traumatic Stress Disorder

I believe that we are witnessing a cultural change as regards the public perception of stress. In past decades an almost military heroism, or at the very least a reticence in discussing fear, appeared to be the cultural ideal. Memories of our imperial past impelled us to keep a stiff upper lip, and recollections of war-time privation and sacrifice tempered people's willingness to complain too much about the demands and dangers of everyday life.

Currently, a younger and better informed generation have begun to look upon stress as a quality-of-life issue, and have taken a more consumerist attitude to treatment for stress-related disorders. Whereas in years gone by a tragedy was a matter for a local community response, post-disaster counselling by outside experts has now become the norm. People have also become far less willing to accept occupational stresses as being "part of the job you signed up to do". Firefighters have sued their employers for traumas undergone while carrying out their duties, and social workers have been able to claim damages for too heavy workloads with emotionally demanding cases. Health workers are said to have high stress levels, and cases brought by overworked doctors are still pending.

History

Complaints about stress are not new. It has been quite usual since the 1950s for national surveys to show that about a third of respondents reported suffering constantly from "nerves and anxiety". In the 1960s such complaints were dealt with by an enormous increase in general practice prescriptions for anxiolytics. Now, although this trade in calming agents continues, there is a demand for psychological approaches to stress reduction. It is hard to judge whether life is really more demanding now than it was a generation before. It appears so, with sweeping technological and political changes leading to more mobile populations, poorer job security, and more fluid forms of marriage and family organisation. However, there are abundant records of such complaints in previous centuries, and it may be that our present concerns about the pace and direction of modern life are no more than the usual resistance to change.

Where does post-traumatic stress disorder (PTSD) fit into this cultural change? It is no more than a new jargon phrase for an old condition. There are good accounts in Homer's *Iliad*, and Shakespeare described it well in *Henry IV Part I*, Act II, where it would appear that Hotspur suffered from the condition. There are further accounts in Pepys' diary (although on my reading he had a relatively mild reaction to the Great Fire of London, was able to continue functioning very well, and his descriptions are worthy of mention only because he wrote so well, and was recording his personal reactions in a private diary). The condition has been variously described as "soldier's heart", "nostalgia", "railway spine", "shell shock", "battle neurosis", "combat fatigue", and so on (Trimble, 1981). It has always been recognised that troubling memories are an important component of the disorder, and that sufferers respond with anxiety, arousal and avoidance. The current diagnostic lists attempt to gather together the most common psychological reactions to sudden massive stress, although the way in which this is done owes as much to committee processes as to the collection of good epidemiological data.

Background material

A current literature search for PTSD would not come up with what is perhaps the most useful paper to begin with. Rachman (1980) is not about PTSD *per se*, but about emotional processing, and sets out what was then known about the relationship between stimulus intensity, trauma situation and personality, in response to massively stressful events. It is particularly useful because it takes a broad look at a whole range of precipitants of anxiety, and points us towards the fact that most people manage to process the unpleasant things that happen to them,

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and find a way of coping with life's adversities. The paper is also useful because it specifies the characteristics of successful and unsuccessful emotional processing and begins to focus our attention on those natural or habitual techniques which are used by most people. His recently revised book (Rachman, 1990) gives a broader view, and identifies some of the features of fear and courage.

One should add to this approach the cognitive background to psychological problems. Brewin (1988) is a very useful summary that draws together the widespread work in cognitive–behavioural treatment approaches, which are increasingly showing a superiority to other psychological methods. If this may be too far up the nervous system for some, a more neuropsychological perspective can be obtained from Gray (1987), a very rich and detailed collection which provides a view of what the underlying neural mechanisms of fear and stress could be, and gives a theoretical underpinning so often lacking in much of the work in this field.

A good and very large source book on PTSD, although somewhat dated by publication delays, is Wilson & Raphael (1993) which contains 84 chapters, most of the authors being active in this field. It contains useful diversity in one unwieldy volume.

Recent studies

For perpetual updates in the field one should look at the *Journal of Traumatic Stress*. Green (1994) has produced a very good review, although she has excluded reports on treatment. She notes that very many people experience potentially traumatic events, but only about 25% of them go on to develop PTSD. This rate may be lower for accidents, at about 12%, and higher for rape, at about 80%. About half of those who develop the disorder may still have it decades later. Most studies find a dose–response relationship between the severity of the stressor and the degree of consequent psychological distress. The vulnerability factors are low education and social class, pre-existing psychiatric problems, and female gender. Most patients with PTSD will also have major depression, other anxiety disorders, and possibly substance abuse and sexual dysfunction, which suggests that PTSD is too narrow a focus for studying post-trauma reactions. This point has also been made by Turner (1993) and Ramsay *et al* (1993) in the study of torture victims.

McFarlane (1993) has put forward explanatory models, particularly in trying to explain why, after large-scale disasters, it is only a minority who experience the psychological after-effects. Weisaeth (1989) also has a large body of work, most notably in a detailed study of a massive fire in which he was able to collect longitudinal data on the outcome of subjects ranged by different levels of exposure to the original event.

Holen (1990) provides detail of long-term outcome of trauma using time-off-work data, which is probably more reliable than the typical questionnaire material.

Raphael (1986) is a good introductory book to the more clinical approaches to disasters. For a much deeper background to disasters, Drabeck (1986) gives a sociological perspective, and is critical of the methodology used by so many clinicians, who report only on patient samples.

Treatment

Since the condition is difficult to treat, remedies abound. As usual, controlled trials are few. Solomon *et al* (1992) found that out of 255 English language reports up to the end of 1991, only 11 were randomised clinical trials that used DSM–III or DSM–III–R criteria. The drug studies showed modest gains, while behavioural techniques involving direct therapeutic exposure were more powerful, but more apt to cause complications in patients suffering from other psychiatric disorders. Cognitive therapy, psychodynamic therapy and hypnosis showed some promise, but require far more research and longer-term follow-ups. However, more studies had limitations, and there was insufficient concordance in therapy outcome measures for it to be possible to give firm statements about the power of the different therapeutic procedures.

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