

Post Traumatic Stress Disorder

Post-traumatic stress disorder (PTSD) is a mental health condition that can develop after an individual experiences or witnesses a traumatic event. From a medical and psychiatric perspective, PTSD is characterized by a range of symptoms that can have a significant impact on an individual's daily life and overall well-being.

Symptoms of PTSD can be divided into four main categories:

1. **re-experiencing the traumatic event.**
2. **avoidance of reminders of the event.**
3. **negative changes in mood and cognition.**
4. **increased arousal and reactivity.**

Re-experiencing symptoms include nightmares, flashbacks, and intense feelings of distress when reminded of the traumatic event. Avoidance symptoms include avoiding people, places, or activities that remind the individual of the traumatic event. Negative changes in mood and cognition include feeling detached, feeling guilty, or ashamed, having negative thoughts about oneself or others, and feeling hopeless about the future. Increased arousal and reactivity symptoms include being easily startled, feeling irritable or angry, and having difficulty sleeping.

From a psychiatric perspective, PTSD is considered to be an anxiety disorder. It is thought that the traumatic event disrupts the normal processes of fear extinction and memory consolidation, leading to the persistence of fear and traumatic memories. Research suggests that changes in the structure and function of certain brain regions, including the amygdala and the hippocampus, may contribute to the development of PTSD.

Shell Shock

"Shell shock" is a term that was first used during World War I to describe the psychological symptoms experienced by soldiers as a result of exposure to combat. The term referred to the idea that the symptoms were caused by the physical effects of explosions, or "shells," on the brain.

The symptoms of shell shock were varied and included things like anxiety, depression, nightmares, flashbacks, irritability, and physical symptoms such as tremors or fatigue. Soldiers experiencing shell shock were often withdrawn, confused and unable to perform basic functions. They were also often seen as "cowards" by their comrades and military authorities.

At the time, there was little understanding of the psychological effects of combat and many soldiers with shell shock were treated harshly, including being court-martialed, imprisoned or sent back to the front lines.

As more and more soldiers began to experience shell shock, the British Army began to establish specialized hospitals to treat these soldiers. Medical professionals at these hospitals began to understand that shell shock was not a physical injury, but a psychological one, caused by the trauma of warfare.

During World War I, the treatment of shell shock varied widely and was often ineffective. Many

soldiers with shell shock were treated harshly and were seen as malingerers or cowards. Some soldiers were court-martialed, imprisoned, or sent back to the front lines.

As the war progressed, the British Army began to establish specialized hospitals to treat soldiers with shell shock. Medical professionals at these hospitals began to understand that shell shock was not a physical injury, but a psychological one caused by the trauma of warfare.

In these hospitals, a variety of treatment methods were used, including:

- Rest and recuperation: soldiers were removed from the front lines and given time to recover in a peaceful environment
- Occupational therapy: soldiers were given tasks to complete such as woodworking or farming to keep them occupied and to aid in their recovery
- Psychotherapy: soldiers were encouraged to talk about their experiences and feelings related to the trauma.
- Electroconvulsive therapy (ECT) and Insulin shock therapy: Both were used as a last resort to treat soldiers who were unresponsive to other treatments.
- Morphine and other sedatives: these drugs were used to help soldiers sleep and reduce their symptoms of anxiety and depression.

It is important to note that these treatments were not always effective, and many soldiers with shell shock did not fully recover. Additionally, the treatments were often harsh and invasive and did not take into account the psychological and emotional needs of the soldiers.

After the war, the term “shell shock” fell out of use and was replaced with the term “war neurosis” and later “combat stress reaction” and “post-traumatic stress disorder (PTSD)”. The understanding of PTSD has greatly developed since the first world war, and the treatments for it have improved significantly as well.

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