UNIVERSITY OF SOUTH CAROLINA BEAUFORT

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The Lengthy Trajectory of Recovery from Posttraumatic Stress Disorder and Characteristics Signifying Recovery

Objectives

1. To review prevalence of and common etiologies of posttraumatic stress disorder (PTSD).
2. To examine recovery trajectories commonly reported by individuals who consider themselves recovered from PTSD.
3. To consider symptoms of PTSD and their effects on personal lives.
4. To report characteristics and milestones signifying PTSD recovery.

Prevalence of PTSD

- Despite the high prevalence of trauma exposure around the world, the lifetime prevalence of PTSD is no more than 7%.
- At any given point in time, 1 to 3% of the civilian population and higher proportions of veteran populations will have currently active cases.
  - Much larger proportions develop symptoms but do not meet full criterion for a diagnosis.
- Keep in mind that rates that seem fairly low can produce overwhelmingly large numbers when applied to populations.
  - A 2% prevalence of current PTSD in the U.S. with a total population of 315,000,000 yields 6.3 million active cases presumably in need of treatment[1].

Common Etiologies of PTSD

- Exposure to physical and psychological trauma produces PTSD, a debilitating anxiety disorder that occurs after exposure to an extreme stressor or prolonged victimization.
  - For example, war and genocide have been significant stressors in sub-Saharan Africa, with up to 25% of the population reporting symptoms that meet the criteria for PTSD[2].

Common Etiologies of PTSD (cont.)

- Natural and manmade disasters have changed the world's psychological landscape.
  - Catastrophes such as the World Trade Center attack in 2001, Hurricane Katrina in 2005[3], and the 2004 Indian Ocean and 2011 Japanese earthquakes and tsunamis have also produced long lasting psychological turmoil in their victims.
  - Survivors of these mass trauma and casualty events have frequently experienced unresolved PTSD from exposure to unimaginable trauma.
- Less newsworthy, individual trauma also has caused chronic PTSD.
  - Victimization, especially intimate partner violence (IPV) against women, is pervasive, with nearly 25% of all women in the United States reporting that they have been raped and/or physically assaulted in their lifetime[4].
  - Of these women, almost 8% will report development of PTSD.
- Aside from sexual assault and exposure to combat and natural disasters, other categories of victimization, including homicide, violence, and child abuse, have resulted in persistent PTSD.

Symptoms of PTSD

- Victimization and exposure to physical and psychological trauma result in PTSD.
  - Symptoms cause human beings to be sidelined from their lives and unable to fulfill their potential.
  - PTSD symptoms include persistent frightening thoughts and memories of the ordeal, emotional numbing, disassociation, nightmares, sleep problems, flashbacks, agitated or disorganized behavior, hopelessness, shame, or despair, and hyperarousal[5] .
- Physical and emotional injuries and associated have isolated victims and prevented them from working, engaging in productive personal relationships, and performing daily activities[5, 6, 7, 8].

The Effect of PTSD on Lives

Unfulfilled Life Roles

- PTSD evokes feelings of intense fear, helplessness, and horror in victims and prohibits them from assuming usual life role[5].
  - For adults, life roles missed by many victims of PTSD have included developing satisfying relationships with family and friends and rearing children; engaging in lifelong learning, career development, and work; pursuing hobbies and leisure activities; and preparing for and taking pleasure in retirement[9, 10, 11].
  - Victims of PTSD often have had their work roles delineated by the illness and do not develop satisfying work lives, which has tremendous impact on them personally and financially.

Unfulfilled Life Roles (cont.)

- Moreover, missed life roles such as being a child, student, citizen, worker, spouse, homemaker, parent, and retiree can prevent the individual from developing several important subjective frames of reference such as his or her basic place in the world and society[12, 13].
- A victim of PTSD may not develop social skills such as relating to others and becoming intimate with partners and friends, making a contribution to society, being happy with one's life, and developing satisfying spiritual connections[14].
  - These absent adult life dimensions in the respective life roles of relationships, work, family, self, and spirituality can be directly related to significant symptoms of chronic PTSD[13].

Developmental Issues Caused by PTSD

- Victims may also miss developmental milestones across the life span because of chronic PTSD.
- Erikson[15] and Havighurst[16] both described developmental stages crossing the entire life span from infancy to late adulthood.
  - Each stage featured essential tasks that had to be mastered for the individual to progress to the next stage.
  - Child and adult victims of PTSD may experience symptoms emanating from PTSD that prevent them not only from assuming expected life roles but also from meeting expected developmental milestones.

The Economic Burden of PTSD

- Aside from personal difficulties suffered by the individual, PTSD has inflicted an enormous economic burden on society.
- The annual cost to society of all anxiety disorders is estimated to be approximately $42.3 billion (in 1990 dollars), often due to misdiagnosis and undertreatment[17, 18].
  - This includes psychiatric and nonpsychiatric medical treatment costs, indirect workplace costs, mortality costs, and prescription drug costs[19,20].
  - More than half of these costs are attributed to repeat use of healthcare services to relieve anxiety-related symptoms that mimic those of other physical conditions[21,22].
- People with PTSD have among the highest rates of healthcare service use. People with PTSD present with a range of symptoms, the cause of which may be overlooked or undiagnosed as having resulted from past trauma[23, 24, 25]
  - Nonpsychiatric direct medical costs, e.g., doctor and hospital visits, is $23 billion a year—the largest component of the societal costs of anxiety disorders, including PTSD[26, 27, 28].

Frequency Distribution of Traumatic Exposure (N=41)

Category of Trauma	n	%[a]
Exposure to childhood abuse or sexual trauma with delayed onset of PTSD[b]	16	39.0
Sexual assault or rape from a stranger[c]	3	7.3
Sexual assault, rape, or violence experienced in a relationship with a spouse or intimate partner	18	43.9
Exposure to crime or violent personal assault on self[d]	3	7.3
Exposure to combat, war, or being stationed in a war zone while in military service	**5**	**12.2**
Exposure to combat, war, or living in a war zone as a civilian[e]	1	2.4
Exposure to a manmade disaster such as an automobile or airplane accident, hostage event, kidnapping, terrorist attack, mass shooting, etc.	**1**	**2.4**
Other		
Chronic life triggers and events	1	2.4
Witnessing suicides/suicide attempts	2	4.8
Medical trauma	3	7.3

[a] Percentages do not add up to 100% because of the occurrence of multiple traumas. There were 21 reported multiple traumas, primarily a combination of childhood and adult physical/sexual abuse (or both) occurring with another trauma category.
[b] Category was expanded to include childhood-onset PTSD.
[c] Category also included known persons with whom the participant did not have an intimate relationship.
[d] Category included cyberstalking and workplace violence.
[e] Category included one respondent who identified himself as a Lost Boy of Sudan.

Frequency/Length of Trauma Exposure (N=41)

Frequency of exposure to traumatic events[a]	n	%
Once	4	10.0
2-4	1	2.5
6-10	2	5.0
11-25	1	2.5
Repeatedly or daily for less than a year	7	17.5
Daily or repeated trauma occurring for greater than one year	18	45.0
Other[a]	7	17.5

[a] Some respondents elected not to answer these questions.

Persistence of PTSD Symptoms (N=41)

Length of time PTSD symptoms experienced[a]	n	%
3 months – 1 year	2	6.7
2 years	2	6.7
3 years	4	13.3
4 years	1	3.3
5 years	5	16.7
Greater than 5 years[b]	16	53.3

[a] Some respondents did not answer these questions.

[b] Abuse time frames specifically cited by participants included 3, 7, 8, and 22 years.

PTSD Symptoms Experienced (N=41)

Type of PTSD symptoms experienced	n	%
Emotional numbness, especially with people with which you were once close	36	87.8
Sleep problems	34	82.9
Feeling detached or dissociated from reality	33	80.5
Anger	33	80.5
Prolonged depression or apathy	33	80.5
Was easily startled	31	75.6
Exhibited agitated or disorganized behavior	31	75.6
Confusion	28	68.3

Consequences of PTSD Symptoms (N=41)

Damage to self-image	36	90.0
Loss of former friends	29	72.5
Loss of hobbies and leisure pursuits	25	62.5
Family discord or strife	23	57.5
Job loss or inability to hold down permanent work	19	47.5
Self-injurious behavior or damage to physical health	18	45.0
Other[b]	14	35.0
Financial problems, including bankruptcy	14	35.0

[a] Some respondents did not answer these questions.
[b] Other responses included damage to family life, decreased quality of life, financial difficulties, chronic health issues, difficulty fulfilling work and family roles, trust issues, and guilt for actions.

Consequences of PTSD Symptoms (N=41) cont.

Alcohol abuse	14	35.0
Marital discord including separation and divorce	14	35.0
Impaired relationship with children	11	27.5
Disruption of education	11	27.5
Drug abuse, including marijuana use	9	22.5
Legal issues and/or arrests	6	15.0

[a] Some respondents did not answer these questions.
[b] Other responses included damage to family life, decreased quality of life, financial difficulties, chronic health issues, difficulty fulfilling work and family roles, trust issues, and guilt for actions.

Substance Abuse and Risky Behaviors Related to PTSD Symptoms

Symptom[b]	n	%
Food, including excess eating, deprivation, and bingeing/purging	20	50.0
Alcohol	20	50.0
Risk-taking behaviors ,such as driving your car or motorcycle at excessive speed, going into dangerous sections of town alone, etc.	14	35.0
Working excessively long hours by choice	13	32.5
Did not abuse alcohol or drugs or exhibit risky behaviors	**10**	**25.0**
Out-of-control sexual behavior, including risky behaviors and multiple affairs	10	25.0
Nicotine, including cigarettes and smokeless tobacco	**9**	**22.5**
Marijuana	6	15.0
Prescription drugs, including pain pills and antianxiety drugs (please specify)[c]	**5**	**12.5**
Cocaine	2	5.0
Methamphetamine	**2**	**5.0**

[b] Some respondents did not answer these questions.
[c] Drugs specifically mentioned included Soma, trazodone, Ambien, Lorcet, Xanax, and Lunesta; herbs misused included ephedrine; and one respondent reported huffing compressed air.

Timeline of Recovery from PTSD

Symptom Persistence of PTSD (N=41)

Length of time before feeling better post-trauma[a]	n	%
Greater than 3 months to six months	1	2.5
Greater than 6 months to 1 year	3	7.5
Greater than 1 year - 2 years	5	12.5
Greater than 2 years - 3 years	3	7.5
Greater than 3 years - 4 years	4	10.0
Greater than 4 years -5 years	5	12.5
Greater than 5 years[b]	19	47.5

[a] Some respondents did not answer these questions.
[b] Participants detailed a lengthy period before feeling better post-trauma, with the longest reported period being 32 years.

Symptom Persistence of PTSD (N=41)

When did you feel the worst?[a]	n	%
A few days to 3 months	6	15.0
Greater than 3 months to six months	1	2.5
Greater than 6 months to 1 year	7	17.5
Greater than 1 year - 2 years	7	17.5
Greater than 2 years - 3 years	4	10.0
Greater than 3 years - 4 years	1	2.5
Greater than 4 years -5 years	3	7.5
Greater than 5 years[c]	11	27.5

[a] Some respondents did not answer these questions.
[c] Participants detailed a lengthy period of experiencing symptoms with the longest reported interval being 42 years.

Trajectory of PTSD Recovery (N=41)

Length of time required to feel recovered from PTSD[a]	n	%
Greater than 6 months to 1 year	1	2.6
Greater than 1 year - 2 years	3	7.7
Greater than 2 years - 3 years	1	2.6
Greater than 3 years - 4 years	6	15.4
Greater than 4 years -5 years	3	7.7
Greater than 5 years[d]	25	64.1

[a] Some respondents did not answer these questions.
[d] Participants detailed a lengthy period of time before recovery, with the longest reported interval being 25 years. Several responses dealt philosophically as to whether recovery is a valid objective.

Agents of PTSD Recovery (N=41)

Person, group, or event most helpful in recovery journey[a]	n	%
Professional counselors such as psychiatrist, psychiatric nurse, psychologist, or social worker	14	35.0
Other[e]	11	27.5
The passage of time	4	10.0
No one; I recovered through my own efforts	4	10.0
Friends	3	7.5
Peer groups of other people who had undergone the same trauma	3	7.5
Clergy, prayer groups, or other faith-based counselors or groups[f]	1	2.5

[a] Some respondents did not answer these questions.
[e] Eleven respondents wrote narrative answers to this question. Of these, eight combined professional clinicians with other treatments.
[f] The categories "spouse or significant other," "your children," and "kin, including parents, siblings, cousins, etc." received no responses.

Seeking Recovery

- Study participants:
  - Actively searched for support and treatments.
  - Doggedly followed suggested therapies.
  - Sought healing alliances.
  - Looking for therapies that had the power to give them solace.
- Many tried a number of therapies and cobbled together a combination of therapies to overcome symptoms and find peace.
  - Respondents also criticized healers and therapies they did not find helpful.
- During analysis of the narratives, the following was discovered:
  - Healing was an individualized process.
  - Therapies that worked for some did not perform as well for others.

Looking for Informed Allies

- Participants overwhelmingly cited clinicians such as psychiatrists, psychiatric nurses, psychologists, and social workers—or "the pros" as one participant termed them—as the most beneficial persons to help them.
  - In addition to professional counselors, counseling techniques such as cognitive-behavior therapy and holistic providers who also treated somatic problems were also listed as being helpful.
  - Many participants considered clinicians best used as part of a broad-based effort to achieve recovery.
  - Many participants relied said most on themselves for healing or recovered as time passed.

Trying and Discarding Ineffective Remedies

- When asked if there were any treatments that were not helpful, participants frequently mentioned poorly trained or inept clinicians.
  - *"I found that many professional counselors were not qualified or prepared to help me. They didn't seem to understand the effects of trauma, and tried to force me to focus my energy more narrowly than was helpful."*
- Several participants objected to a basic issue often cited about exposure therapy: lack of enthusiasm for discussing prior trauma.
  - *"I felt that talking anymore in therapy was setting me back and making me move backwards instead of forward. I felt that I was retraumatizing myself."*

Trying and Discarding Remedies (cont.)

- Moreover, spouses, significant others, and family members were not frequently cited as being helpful in recovery.
  - These omissions were likely because the long life of PTSD has a tendency to wear out family members and lessen emotional support as they withdraw.
- Despite some participants' positive experiences with support groups, peer groups and clergy and faith-based groups were considered relatively unhelpful in this survey.
  - *"I received suggestions from people in AA (Alcoholics Anonymous) who had never experienced such trauma. I was told often by many, many people, 'Just forget about it, forgive and let it go.' That didn't work. It made it worse because I was then dealing with all of the memories and feelings on my own for awhile."*

Medication: Pros and Cons

- Were PTSD symptoms such as anxiety, disturbed sleep, nightmares, etc. treated with medications?
  - 16 participants (69.6%) said that they did receive medications; 7 participants (30.4%) did not receive medications.
  - Of those who received medications for the distressing symptoms of PTSD, 12 participants (71%) rated the drugs as somewhat helpful.
  - Five participants (29%) did not feel medications were effective in treating PTSD symptoms.

Medication: Pros and Cons (cont.)

- Would recovery have occurred more quickly if the distressing signs and symptoms of PTSD had been better controlled with medications?
  - 6/18 participants (30%) said they believed recovery would have been faster with effective medication
  - 8 (45%) disagreed;
  - 4/18 (22%) were not sure whether or not the medications helped to speed up recovery.

Medication: Pros and Cons (cont.)

- Overmedication and ineffective prescribed medications were also cited as unhelpful.
  - *"Antipsychotics didn't work for me because they just made me numb inside and out."*
  - *"They (antidepressants) made it harder to figure out what was going on with myself and figure out how to fix it."*
  - *"The hallucinations are far less intrusive than the antipsychotic medications."*
- Self-medication was a concern.
  - *"I would overmedicate to numb the feelings; only to have them erupt later when I was unmedicated."*

Effective Consumer-Selected Combination Treatments

- Many were active seekers and devised a combination of therapies that helped.
  - Foremost was finding a clinician specializing in PTSD.
  - Traditional mental health therapies found useful were desensitization, cognitive-behavior therapy (CBT), cognitive processing therapy (CPT), eye movement desensitization and reprocessing (EMDR), and dialectical behavioral therapy (DBT).

Combination Treatments (cont.)

- In addition to traditional therapies:
  - Nutritional/dietary changes such as eating healthy/avoiding sugar and caffeine or becoming vegan.
  - Consuming vitamins and herbal teas.
  - Physical activity such as exercise, martial arts, boxing/kickboxing, biking, walking, and weight training.
  - Alternative therapies: yoga, Tai Chi, breathing exercises, music, creativity, poetry writing, playing instruments, kinesiology, reiki, biofeedback, dream analysis, massage, somatic awareness, meditation, and medical Qi Gong (energy medicine).

Combination Therapies (cont.)

- Online sources of assistance, including support groups.
  - Michele Rosenthal's Heal My PTSD website (http://healmyptsd.com/)
    - *"The groups were very goal oriented, and other members of the group were insightful and had the same goal of becoming PTSD-free."*
  - FaceBook: A combat vet said that he found the social networking site Facebook more useful for social support than the Veterans of Foreign Wars (VFW) post.
    - *"I don't like sitting around telling war stories."*
  - AA/Incest Survivors Anonymous group meetings were useful.
- Books/literature, meditation, and religious faith/spirituality.
- Writing and journaling.

Combination Therapies (cont.)

- Other therapies:
  - Challenging themselves to get better and stretching personal previous boundaries.
    - *"I forced myself to enter situations which I knew were safe, but still upset me."*
  - Obtaining knowledge about PTSD became a quest for many.
    - *"I wanted to know what was wrong with me. I had taken a concentration of psychopathology courses in my Masters, which is in Criminal Justice, so I decided to work on a PhD in general psychology."*
  - Seeking out sympathetic/compatible significant others and friends.

Defining Recovery

- Some felt that the term "recovery" was a misnomer.
  - Argued that a more precise criterion would have been whether they felt better now than they did immediately post-trauma.
  - *"I still don't feel recovered"*
  - *"I am not there yet…."*
- Retrauma/New Trauma
  - *"I am not recovered due to recent re-trauma."*

The Turning Point

- 91.7% (33 respondents) wrote about when they knew they were going to recover or were getting better.
  - Rather than a snap moment or epiphany, most reported a dawning realization that life was improving.
    - *"It wasn't a single point in time, but a gradual realization that I was growing stronger, feeling better, and had significantly fewer symptoms."*
    - *"Here was a day where I felt a sense of hope that I MIGHT just have 45+ years of life AHEAD OF ME; where previously I had always just felt like I was hanging on the edge of 'the end'."*

Characteristics Signifying Recovery

- Self-determination:
  - *"I know I will recover. I'm not there yet. I feel better than I did a couple years in so I know it will either get better with time or the therapy."*
  - *"I don't think there was a turning point so much as a fierce determination to get better. Failure has never been an option for me, in any area of my life, so it's not an option with regard to recovery, either. I'm not sure I've fully arrived at recovery yet, but I won't quit until I get there.*
  - *"I will recover because, very simply, I am determined to."*

Recovery Characteristics (cont.)

- Recovery as an outcome of treatment
  - *"After my third session I had tremendous progress and most of my symptoms disappeared, only to re-appear two weeks later. But then I knew what freedom felt like. I knew then it will be possible to get my life back."*
  - *"(I knew) once I'd had eye movement desensitization and reprocessing (EMDR) and my flashbacks had not returned for over 12 months. I'd gotten to the point where I was sick to death of feeling so terrible, and I think that was important in being able to recover."*
  - *"I had a snap moment when I began being able to cry and feel feelings. I realized EMDR was working."*
  - *"I felt that I wanted to heal, but very few practitioners have this outlook. Once I heard that it (PTSD) could be healed, I started to look for others who believed this, too."*

Recovery Characteristics (cont.)

- Insight into how PTSD has affected their lives.
  - *"Once you understand (PTSD) … you can begin to understand why you are the way you are; why you were vulnerable to subsequent traumas; and how to protect yourself in the future from traumatic events and some can't be prevented or understood."*
  - Renewed appreciation for nature.
    - *"I actually started to notice and truly appreciate the joy I feel from nature."*
  - Relief from somatic symptoms.
    - *"(I knew I was recovering), when I was able to fall asleep at night without sleeping pills or being physically exhausted."*

Recovery Characteristics (cont.)

- Geographic relocation.
  - *"I knew I would recover after I moved to a new state and started over. I landed a full time job and have been successful at it so far. Knowing that I could be employed and away from that location with all the bad memories helped a lot."*
  - *"I feel the turning point was leaving the area/state. It took a while to adjust to the new environment but not seeing the same places and faces everyday really made a change."*
- Imposing emotional distance from abusers:
  - *"I have decided to just move on with my life by starting a new family of friends, church members, and my boyfriend's family."*

Recovery Characteristics (cont.)

- Deliberately moving forward emotionally by letting go of anger, forgiving abusers, and finding spiritual comfort.
  - *"My turning point was when I realized I no longer woke up feeling angry and was automatically able to think of things other than my years of abuse."*
  - *"I firmly believe that my Christian beliefs, faith, and grace have been the primary source of healing from the inside out."*
- Self-advocacy and peer support.
  - *"(I developed) a self-driven determination to be an active participant in overall health and recovery by speaking up, asking questions, and focusing on the positive things, thoughts, and actions to change my perceptions or reactions."*
  - *"The more (PTSD) success stories I heard, the more determined I became."*

Recovery Characteristics (cont.)

- Regaining hope:
  - *"I felt things really turning around maybe 2-3 years ago: two steps forward, one step back—but always moving forward."*
  - *"My attitude is better and I have a more optimistic perspective on life—good things are in store for the future."*
  - *"My life as it is today began when I chose a different life, when I chose to believe a better life was possible."*

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