

Stress Network - Book review Need – 2 – Know series

Post Traumatic Stress Disorder – the essential guide, Glenys O’Connell

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“.. you don’t have to have been on the battlefield to suffer from PTSD, in fact anyone who’s been in a very stressful situation can develop it. [Such] conditions can range from a terrorist attack to a serious car accident to sexual abuse, or even to bullying at school or at work.”

The fairly typical picture is one of a serviceman [and more recently a servicewoman] who has been subject to significant battlefield trauma, reacting in a way that has largely in the past remained unrecognised. In WW1 the solution was often court martial and the death penalty. Sufferers were considered weak and cowardly, and became outcasts within their own families. The stiff upper lip reaction gave little credence to negative reactions to battlefield trauma.

Back in history, even during the Greek-Trojan wars of 1200BC, incidents of post-trauma reactions were recorded, and Homer in his Odyssey referred to ‘flashback’ and ‘survivor guilt’ symptoms which we would readily acknowledge today. That said it is still common for patients presenting with symptoms are frequently treated for other mental disorders. WW2 saw its own reactions from personnel facing horrific situations and more latterly post the Vietnam conflict a greater understanding has developed amongst the military medical teams, continuing into present conflict situations.

UK MoD statistics reveal that in the period 2003-2006 some 2,123 personnel were treated for ‘mental health conditions’ of whom a mere 328 were diagnosed with PTSD. It would seem that a great deal of misunderstanding still exists. It has been estimated that some 7-10% of UK population suffers PTSD at some time. Similar figures apply across the globe, varying in quantity from nation to nation.

This helpful slim booklet delves into a range of depressive and anxiety based disorders, and discusses causes, symptoms and effects as well as strategies for coping and ultimately for cure. Helpfully each chapter has a short summary section, which enables the reader to review what has been discussed and to absorb the key principles.

The author emphasises that, as with lower levels of stress-related reactions to situation, PTSD is quite a normal response, often delayed in its onset, and can exhibit in a range of ways. Post trigger-point relief of remaining safe despite the seriousness of incidents such as earthquakes and major terrorist events, may continue for some time to come, and only when normality returns are the symptoms likely to emerge.

Brief case studies help the reader to understand the impact of different events, and would allow for wider discussion in some group study of the problem. The various forms of PTSD are discussed, including those which emanate from serious physical trauma as well as those caused by for example repeated sexual abuse and violence such as occurs within some families during childhood and carried out by close relatives. Perhaps the greater detail reflects current day knowledge of the disorders affecting the military, and of course much of this impact is also reflected in the work of emergency service personnel.

Treatments, self-help strategies and the search for the right therapies, including in children and the families of direct sufferers are examined in short, easy to read chapters. Information on recent research is followed by a list of a range of national and international support agencies together with their contact details, including this Stress Network.

Retailing at £9.99 in all this booklet is a useful simple guide to Post Trauma Stress Disorder, and is a valuable resource for those suffering the symptoms, those living with them and those supporting them in the workplace.

The Need2Know series of booklets covers a range of topics, and information about them is easily available via www.need2knowbooks.co.uk

Ian Draper, UK National Network Co-ordinator, December 2011