

Trauma or Mental Illness?

Looking at PTSD in a Different Light

By Jan Boyer, M.A.

JOSEPH HAD BEEN SUFFERING some difficult symptoms since having heart surgery. He was a strong man and was not given to asking for help, but his problems had become incapacitating. He reported debilitating anxiety and depression; he had constant pain in his neck and arms; and he told me that, ever since the surgery, he would become dizzy upon encountering fluorescent lights. Joseph wondered if he hadn't contracted a mental illness.

I wondered if he didn't have post-traumatic stress disorder (PTSD).

In today's world, people who cannot manage normal functioning are often labeled as mentally ill, and yet a diagnosis of traumatic stress may be more accurate—and more hopeful.

WHAT IS IMPORTANT ABOUT THIS DISTINCTION?

According to the U.S. Department of Health, 26% of the population has a serious mental health disorder. If one does indeed suffer from mental illness, genetics, chemistry, or dysfunctional family dynamics may be the source. But if one has traumatic stress, the implications and possibilities can be quite different.

A person who suffers from trauma is not categorically or irreversibly ill. According to the psychiatric diagnostic manual, the *DSM-IV*, PTSD signals that one has “witnessed or experienced actual or threatened death or injury, or a threat to the physical integrity of self or others. Fear, helplessness, or horror was involved.”

Like a car accident. Or a childhood asthma attack. Or combat. Or rape. Or violence in the street. Or losing one's home. Or even more subtle, “acceptable” events like being left alone as an infant or watching violence on TV.

A SENSE OF BEING IN MORTAL DANGER

When a perception of “life threat” occurs, the brain signals the release of adrenaline and cortisol to fuel the responses that may be helpful: fight, flight, or freeze. Some of these stress hormones make people jumpy and reactive, while others catalyze shutting down and numbness. After the untoward event, one might wish to return to normal, but the presence of these hormones forces the body to



© iStockphoto.com/TatyanaCi

Chamomile Calms Anxiety

TRADITIONAL HERBALISTS have long associated chamomile, used in teas and tinctures, with calmativ effects on the nervous system and the suprarenals, or adrenal glands. A recent study shows chamomile is effective in the treatment of generalized anxiety disorder (GAD). People with mild to moderate GAD in the study received either a placebo or chamomile. Those who received the chamomile had a significant decrease in the severity of GAD.

The authors of this groundbreaking study, which was published in a recent issue of the *Journal of Clinical Psychopharmacology*, commented that the results of the study “suggest that chamomile may have modest [anti-panic] activity in patients with mild-moderate GAD and may potentially be used in those who are averse to traditional pharmacotherapy.” They also said, “A big strength of this paper is that the authors took a herbal remedy and subjected it to scientific rigor unlike many ‘natural’ remedies which have associated claims of efficacy with no supportive data.”

Source: “The Calming Power Of Chamomile,” 10 Feb. 2010, www.medicalnewstoday.com/articles/178685.php.

stay on high alert. If the event goes unprocessed, they remain in the body. The sense of being in “mortal danger” continues, often creating hypervigilance, agitation, preoccupation, or depression.

The body is physically hardwired to rebalance itself. Traumatic experience may go unresolved, though, because in modern society, a person may not have the time, peace, or encouragement to achieve rebalancing.

Like Joseph, such people may complain of being immobilized and withdrawn. Some have an exaggerated startle response that feels like non-stop agitation; others have a suppressed response that makes for ongoing depression. Many try to live normal lives, but the chemistry of trauma provokes constant stress. Everyday functioning requires effort; life becomes exhausting.

This is traumatic stress.

And, in time, symptoms can get worse. The nervous system that is perpetually aroused loses resiliency. Clear thinking and decision making can deteriorate. The immune system may be compromised.

Traumatic experience may go unresolved, because in modern society, a person may not have the time, peace, or encouragement to achieve rebalancing

In such a state, the circuits that are active are those of fight, flight, or freeze. A person’s ability to muster cooperation or enjoyment may deteriorate, and the neural pathways for social relations disengage. Without them, one cannot achieve a sense of safety, meaning, or connection.

In the wake of such physiological changes, a person with traumatic stress may become easily triggered, domineering, overachieving, panicked, depressed, addicted, or even murderous.

MISDIAGNOSIS

Many people with such symptoms are advised to take prescription medications like Prozac, Paxil, or Zoloft. But do they actually have a chemical imbalance or genetic disease that may require chemical medication for life?

Increasing numbers of children, many as young as 18 months, are diagnosed with bipolar disorder or attention deficit disorder—and yet the behaviors that elicit such diagnoses are similar to those of children traumatized in infancy. Interviewed for a November 11, 2006, *New York Times* article on misdiagnosis of children, Gregory Fritz, M.D., medical director of Bradley Hospital, in Providence, RI, said, “The question with these kids is whether we’re seeing mania, or whether it’s extreme anger due to something else.”

Likewise, the question of schizophrenia has been of interest in the field of traumatic studies since the 1990s. In 2006, Paul Hammersley, M.Sc., of the University of Manchester/U.K., and John Read, Ph.D., of the University of Auckland/New Zealand, sent what they described as “an earthquake” through conventional thinking when they revealed that 51% to 97% of schizophrenics have a history of violence, accidents, or physical/sexual abuse.

NEW HORIZONS FOR HEALING

After World War I, traumatic stress was recognized in returning soldiers and called “shell shock.” Awareness did not become widespread until the 1960s, though, when the conjunction of suffering Vietnam veterans and people speak-



Revolutionize your monthly cycle!

The DivaCup® is a modern menstrual cup. Reliable, convenient, clean, easy-to-use. Reusable: economical and environmentally responsible. Perfect for on-the-go, an active lifestyle and traveling!

divacup.com

ing out about the pervasiveness of violence against women occurred. As a result, in the ensuing decades, much creative focus has been directed toward the problem, while understanding of its pervasiveness has grown.

And good news: compared to many mental illnesses, traumatic stress is more likely to be resolved—and resolved without drugs.

Some of the modalities mustered to aid healing teach the nervous system how to balance and calm down, including meditation, yoga, tai chi, massage, and relaxation bodywork approaches.

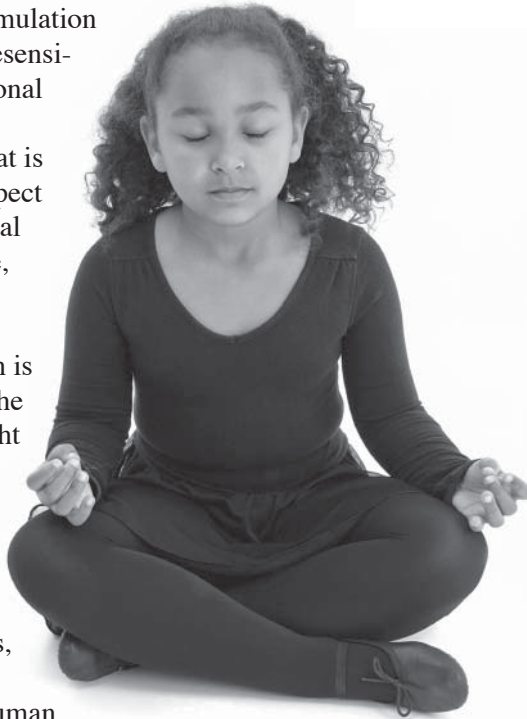
Others coax the trauma out of denial and integrate untoward experiences into memory and bodily strength. Such “exposure techniques” include psychotherapy, rap groups, art therapy, Reichian or expressive dance, and bilateral stimulation techniques like Eye Movement Desensitization Reprocessing® and Emotional Freedom Techniques®.

Another approach addresses what is perhaps the most unrecognized aspect of traumatic stress: its physiological and chemical effects. Peter Levine, Ph.D.’s groundbreaking trauma-recovery work is called Somatic Experiencing® (SE). This approach is a non-exposure technique in that the traumatic event need not be brought to mind. Neurologist Robert Scaer, M.D., hails the work as “a vital contribution to the exciting emerging science of mind/body interaction,” and it is sought by survivors of war, nature’s disasters, physical violence, and childhood abuse. Levine’s Foundation for Human Enrichment now boasts a total of 937 certified practitioners working in the United States, Europe, Africa, and South America—with more than 2000 students in training. The foundation also sends therapists to disaster hot spots like post-earthquake China, and New Orleans after Hurricane Katrina.

With SE, trauma survivors learn to shift from obsessive and fearful thinking patterns to feeling the actual experience of the body at the nervous-system level. They are encouraged to perceive the subtle sensations of their bodies, to consciously explore and allow these sensations, and sometimes, through mindful movement, to let the nervous system guide them to complete that which was not possible during the actual traumatic event: fight or flight.

Also focused on trauma’s impact to the nervous system and brain, Sharon Stanley, Ph.D.’s Somatic Transformation® (ST) draws upon a relational model, attachment theory, to restore the lost capacity for social engagement. Based in state-of-the-art neurobiological research and somatic therapies, Stanley invites unnoticed or denied sensory input back into consciousness to express the frozen areas of the body and allow for a rejuvenated nervous system to emerge.

She has trained 100 therapists and worked with survivors around the world,



© iStockphoto.com/PhotoEuphoria

Stress Can Trigger Cancers, According to New Research

RESEARCHERS are continuing to find links between stress and disease. According to findings published in *Nature* magazine, emotional stress can trigger the growth of tumors. Any kind of unresolved trauma, emotional or physical, can compound a potential mix of cancerous mutations in the body. The researchers, including Tian Xu, a Yale University geneticist who led the study, indicated that we would do well to be aware of the many different conditions in our environments: physical (infections, inflammation) and emotional (family life, work). Not all mutations lead to cancer formation; in fact, scientists had believed that more than one cancer-causing mutation had to occur in a cell to promote tumor growth. However, Xu and his colleagues found that mutations can cause cancer even when they are in different cells. Stress affects the whole system at once and therefore opens doorways compounding the potential of mutated cells to form tumors. Furthermore, it’s “easier for a tissue to accumulate mutations in different cells than in the same cell,” according to Xu. Full story at www.telegraph.co.uk, 1-14-2010.

Water that’s Beyond Pure!

Radiant Life 14-Stage Biocompatible Water System

As recommended in
Nourishing Traditions

“This is not just pure water, it’s healing water”

- Dr. Louisa Williams, ND, DC

www.RadiantLifeCatalog.com

888.593.9595

ref code WBJ to save \$50 on # 7101

“LOVE. You are forbidden to do anything other than that.”

—Bill Tomes in *Bridge Between Worlds: Extraordinary Experiences that Changed Lives*, by Dan Millman and Doug Childers, Novato, CA: New World Library, 2009

From Enmeshment to Freedom

WHEN WE ARE OVERLY ATTACHED to the feelings, the opinions, and the actions of others, we have no life of our own; we are not emotionally separate and healthy, but enmeshed and unfocused. When we are willingly, obsessively encumbered by the emotional presence of the other person, we cannot have clarity about our own lives, and we cannot hear the messages that are trying to reach us about the right path to take or the right decision to make.

Offering attention to others is not a bad thing, but there is a significant difference between offering loving attention to someone in need and totally giving up attention to one's own needs in the process. Nobody is helped by our obsessions with others. While it is neither right nor helpful to isolate ourselves from the people who happen upon our path, learning from them comes as the result of healthy interaction, not obsessive, compulsive attention.

The value of detachment is that it frees both persons who are caught in the web of obsessive attention and attachment. Detachment doesn't mean a sudden decision to ignore a loved one. Rather, it means lovingly moving our attention away from them. It means looking about our life fully and appreciatively, not narrowly, as we wont to do when we have captured a hostage by means of attachment.

—Karen Casey in *Codependence and the Power of Detachment*, Conari Press, 2008, redwheelweiser.com

significantly with indigenous peoples, to develop cross-cultural practices for healing.

JOSEPH'S ARMS

When I first saw Joseph, he continually rubbed, pressed, and scratched his arms. Wondering if the origin of his difficulties might be his surgery, I asked him what his arms felt like. With some coaxing, he tried to take stock, not just of the obvious pain, but of every subtle sensation. I then asked him to figure out how his arms might want to express themselves. After a few moments of slow exploratory movement, Joseph's arms suddenly leapt up over his head and began pressing against the wall behind him. He reported that, although he thought such an action strange, all he really wanted to do was press as hard as he could. He maintained the pushing, and then relaxed. Joseph then told me about the straps pinning his arms down to the bed in the operating room and about the fluorescent lamps overhead.

He called two days later to report that his depression had lifted and the panic attacks under fluorescent lights were gone; Joseph felt like himself again.

I wondered if his experience was not a blocked urge to save his chest from the knife. If so, as he focused on his arms and was able to complete the defensive response, his nervous system rebalanced.

HOPE

Recent post-disaster research is equally hopeful. In three separate studies—of social service workers at Hurricanes Katrina and Rita, plus tsunami survivors in southern India and Thailand—results show that post-traumatic stress can be improved or resolved by SE therapy.¹ What these, the case

of Joseph, and the work of SE and ST practitioners around the world suggest is worth paying attention to: While PTSD is sadly becoming a commonplace condition in today's world, the human body/psyche, given supportive facilitation, tends toward healing. Δ

JAN BOYER, M.A., L.P.C.C., S.E.P., is a certified practitioner of Somatic Experiencing and is training in Somatic Transformation. Boyer teaches at Southwestern College of Counseling in Santa Fe, New Mexico. She can be reached at janboyer@q.com.

Compared to many mental illnesses, traumatic stress is more likely to be resolved—and resolved without drugs

REFERENCE

1. L. Leitch, J. Vanslyke, M. Allen, "Somatic Experiencing Treatment with Social Service Workers Following Hurricanes Katrina and Rita," *Social Work Journal* (January 2009), Vol. 54, No. 1, pp. 9-18(10); C. Parker, R. Doctor, R. Selvam, "Somatic Therapy Treatment Effects with Tsunami Survivors," *Traumatology* (September 1, 2008), Vol. 14, No. 3, pp. 103-109; and L. Leitch, "Somatic Experiencing Treatment with Tsunami Survivors in Thailand: Broadening the Scope of Early Intervention," *Traumatology* (September 2007), Vol. 13, No. 3, pp. 11-30.

"OTHER BEES, like soldiers, armed in their stings,
Make boot upon the summer's velvet buds,
Which pillage they with merry march bring home."

—Edward de Vere (Wm. Shakespeare) in *King Henry V*

PORTABLE COLON THERAPY SYSTEM

Professional Performance
Compact For Easy Travel
Less Than \$2.00 Per Session

BIO ELECTRO MAGNETIC
ENERGY REGULATION

Deep Intra Cellular Micro Circulation Reaching
Inside The Whole Body Within Minutes

ILONA'S HEALING CENTER
www.dancingcells.com 1-877-712-2121

