

What is Posttraumatic Stress Disorder (PTSD)?¹

Posttraumatic Stress Disorder (PTSD)² is a diagnosis given to distressed individuals who have been exposed to some event that threatens their life or physical well being. Symptoms include involuntary intrusive thoughts, images or dreams of the traumatic event; symptoms of physiological hyperarousal; and frequent attempts to avoid activities, thoughts, or emotions that remind the person of the traumatic event. These symptoms must last at least one month and cause significant distress and/or disability.

Early theories of PTSD treated it as an extreme type of classically conditioned fear response, which anyone would develop under extremely threatening, and rare, circumstances. There were two faults with early theories. First, not everyone exposed to life-threatening events gets PTSD and people vary widely in how rapidly they recover from traumatic events. Second, many of the life events that are associated with high rates of PTSD are not unusual, and many victims who later have PTSD suffered no *objective* threat to their life. More recent theories of PTSD take into account how the individual mentally evaluates the implications of the traumatic event.³ For example, individuals who perceive themselves as “permanently changed” for the worse are more likely to develop PTSD. Another modern theory views PTSD as the consequence of a sudden loss of resources (e.g., health, social support, money) for which the individual does not have the necessary resource reserve (e.g., social support, money, psychological coping skills) to recover.⁴ This permanently changed status then causes psychological distress accounting for some, but not all, PTSD symptoms.

PTSD is a reliably diagnosed condition in research settings used structured assessment methods. Nonetheless, it is much less reliably assessed in common clinical practice.

More than ten percent of people physically injured in motor vehicle accidents (MVAs) or suffering a physical or sexual assault are diagnosed with PTSD in epidemiological studies. Other traumatic events that apparently precipitate PTSD include natural and man made disasters, combat exposure, and life-threatening illness. PTSD symptoms arising from MVAs appear to be generally similar to PTSD symptoms arising from other traumas.⁵ Individual differences in pre-trauma personality, the individual's initial response to traumatic stressors, and the individual's post-trauma social and medical environment account for a substantial amount of variability in later psychological adjustment. PTSD is often accompanied by other mental health conditions such as depression and panic disorder.

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² American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders: Fourth Edition*. American Psychiatric Association: Washington: D.C. P. 429.

³ Ehlers, A. & Clark, D.M. (2000). A cognitive model of posttraumatic stress disorder. *Behaviour Research and Therapy*, 38, 319-345.

⁴ Hobfoll, S. E. (1991). Traumatic stress: A theory based on rapid loss of resources. *Anxiety Research*, 4, 187-197.

⁵ Taylor, S., Kuch, K., Koch, W.J., Crockett, D.J. & Passey, G., (1998). The structure of posttraumatic stress symptoms. *Journal of Abnormal Psychology*, 107, 154-160

PTSD is one of several anxiety disorders. Anxiety disorders are generally overlooked in general medical practice and in hospital surgical units. Therefore, it is likely that family physicians and hospital medical staff *under-diagnose* PTSD when patients are seen in the context of typical medical practice. However, the other side of this coin is that both physicians and psychologists substantially *over-diagnose PTSD* when they have knowledge that the patient has suffered a trauma. The latter phenomenon is an example of confirmatory bias, a well-known problem in diagnostic assessment.