



Edited: 18 November 2011

Understanding Post Traumatic Stress Disorder (PTSD)

This document's aim is to provide a basic understanding on some fundamental knowns about PTSD, supporting someone with PTSD, and the impact on family, friends, employment and life due to PTSD.

Introduction

My name is Anthony Parsons, and I am diagnosed with PTSD at a severe level. I am just a person with PTSD who took matters into my own hands due to the mental health system failing to effectively treat what I was suffering. The systems method was a lifetime cocktail of drugs and attending a therapy session weekly. Well, I quickly found this was not the path to getting through PTSD, and I was another caught within an industry of lies, flaws and whilst often good intentioned, failures due to policy and procedures.

I am not a therapist, yet I have studied for the past six years everything therapy related, most types of psychotherapy, psychology and understanding the human psyche. I did this to help myself, and to share with others what I learnt using my experience of having PTSD, to throw all the garbage out the door and keep what can be of use to a PTSD sufferer, their spouse and supportive circle of family and friends.

In simple, I am a hands on, commonsense type person, not one that likes to theorize in academia and use people to test unproven theories or gain nobility within a peer group. The truth is what you'll get. Nothing more, nothing less.

About PTSD

PTSD is a non-curable, yet very treatable and manageable disorder. When you have reached the level for a PTSD diagnosis, you have reached the peak of many individual disorders rolled into one. Don't freak out about non-curable, it just means once your brain has endured this level of distress, you can heal and manage symptoms, though another event could heighten symptoms, or make them worse as time goes on. Some people fully recover and experience little ongoing duress due to lack of future traumatic experience and excellent self management skills. Approximately 6% of PTSD sufferers never fully recover.

Anxiety, sleeplessness, hyper-vigilance, dissociation, hallucinations, anger and paranoia are all associated with a PTSD diagnosis. In addition comorbid disorders (meaning added due to the primary disorder, though would not exist without the primary disorder, being PTSD) such as depression, substance abuse, mood, dissociative and personality based disorders are the most common additions to a PTSD diagnosis for insurance and prescription purposes.

Diagnosis

Introduction To Diagnosis

Diagnosis is not as cut and dry as some think, or make it out to be. There is no online diagnostic tool that can accurately assess PTSD, contrary to some website trying to make you believe. You can meet every symptom cluster of PTSD and not have PTSD. You can have endured a lifetime of trauma and not have PTSD. Trauma and PTSD are not synonymous with one another, meaning they do not automatically go hand in hand. There are many factors involved that a majority do not know or understand within a PTSD diagnosis.

A person can quickly become confused in the belief that a PTSD diagnosis is merely meeting the symptoms, like a tick and flick list. In reality, this couldn't be further from the truth. A PTSD diagnosis requires that an abnormal traumatic life event is present, that a minimum symptom cluster is met, that the symptom severity meets a specific severity, the person meets certain physical attributes that will be displayed due to all the above, and the largest factor is everything combined 'causes significant distress or impairment in social, occupational or other important areas of functioning.'

If you're diagnosed with PTSD, once treated and managed, you no longer meet the diagnosis by eliminating one or more of the above aspects. Usually it is the lowering of symptom severity, even though the symptoms may still be present, the severity no longer causes significant distress or impairment.

Brain Imaging

PTSD cannot currently be diagnosed by neurological imaging. There have been previous validations that it could, looking at specific aspects of the brain, such as hippocampal size. What was discovered is that the hippocampus, along with other areas of the brain, increase and decrease in

both PTSD and non-PTSD subjects, therefore conclusive accuracy cannot be established due to irregularities!

There are current and ongoing studies of the brain using different neuroimaging methods in an attempt to isolate specific markers for neurological diagnostic accuracy. The negative is whether a diagnosis by way of an expensive medical imaging tool is viable for psychological diagnosis. If ever validated, it may be used for legal and insurance purposes only, though I cannot envisage daily diagnosis by such means.

Neuroscience has given us much new information, such as the pharmaceutical companies theory of PTSD being a chemical imbalance is untrue, as neuroimaging shows no chemical balance exists to begin with. The latest buzz word 'neuro-plasticity' is used for brain cell regrowth. Contrary to previous science, the brain can, and does, heal itself.

Sufferer Ignorance

Often the sufferer will downgrade their own symptom severity, as one of the main problems with PTSD is trust. The sufferer does not have an instant rapport with an assessing officer; hence they may not disclose true feelings to the assessor. All perfectly normal from a PTSD sufferer.

Physician Experience

This is quite a controversial area in its own right, as diagnosis is a best guess based on experience and the use of known markers established and recorded over time, applied as commonalities. Psychiatrists and psychologists may believe they're created equal, though patients will tell a vastly different story through experience of using several physicians due to indifference, knowledge, beliefs and experience between them in the area of trauma and PTSD specifically.

Diagnosis

Stress - Grief - Trauma

Acute stress, grieving a loved one and experiencing trauma, can all produce symptoms that meet those within a PTSD diagnosis. This is perfectly normal and expected. Every individual feels differently after a traumatic event. This does not mean that any type of stress, frightening experience, death and even abnormally traumatic event, causes PTSD. It just doesn't work that way, even though some may try to perpetuate such things for their own selfish financial gain.

There are people who claim they have PTSD from airplane turbulence, a bad marijuana trip, relationship breakdown or natural death of a loved one. None of these meet the criteria for a PTSD diagnosis, yet some less than experienced physician may give such a diagnosis for monetary gain. This does not help the patient or the system. The trauma and experience is valid, the diagnosis is not.

By diagnostic application you could diagnose a person with PTSD if they meet the criteria longer than a month, there is great debate on whether such a diagnosis is correct under such circumstance. The reason for this is that studies have proven that 60% (approx) of persons exposed to an abnormally traumatic event will recover fully without any intervention within 3 months of the event. A further 20% (approx) will recover fully after 6 months, also with zero psychological interference. This leaves a minority of people who won't recover without some intervention. These are the people who realistically have PTSD, being an actual disorder outside of 'normal' boundaries for recovery. Of this remaining percentage, approximately 6% will endure what is called 'Lifetime PTSD,' which I happen to have myself, meaning I will endure symptoms ranging into severe my entire life, sporadically, based on self management and stress exposure, aka, day to day living.

Self Diagnosis

The Internet has some real advantages to helping people understand medical issues. It also has many pitfalls with people turning themselves into pretend professionals. There is underlying knowledge and experience in diagnosis that you cannot obtain from the web. If you've studied psychological texts, diagnostic manuals, assessments and so forth, then yes, you will have a decent understanding of diagnostic application without a degree. You won't have the experience, but you will have a dam good understanding. If not, don't convince yourself you have PTSD or any mental disorder based on reading a checklist or taking an online assessment.

Multiple Diagnoses

There are catches to multiple diagnoses when it comes to PTSD. PTSD is often misdiagnosed with Bipolar disorder. In other words, if you didn't have Bipolar before trauma, then chances are you don't have it now either. You just have PTSD.

Earlier I mentioned comorbid disorders being additions to the primary diagnosis. These exist for several reasons, sometimes good, sometimes selfish of the treating physician. The majority of PTSD sufferers will suffer Atypical depression, being a mood based depression. This depression requires a diagnosis before an antidepressant can be prescribed, it also applies a name for other physicians to quickly understand the full spectrum of symptoms you present and manage. A majority of military with PTSD have substance abuse disorder added as military culture highlights drinking as a coping strategy.

The truth when reading a list of labels applied upon you, is that you have PTSD. Without PTSD, this list would not otherwise exist. All focus should remain on PTSD. Targeting PTSD you systematically target all comorbid disorders by proxy.

Contentious Labels

Labels are everywhere within medicine. Some people like them, some don't. Regardless of your personal beliefs, labels have a purpose to treating physicians as they can quickly say a lot about your situation without having to get immediately specific. The counter to this positive is that physicians create labels for themselves, or perpetuate false labeling as diagnoses to patients.

Trauma vs. Diagnoses

Here is the largest misunderstanding to do with labels, trauma type versus actual diagnoses. The Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD) do not contain, nor will their next release contain any of the following three as a diagnosis. Both manuals contain the globe's legal classifications for diagnosis. If it's not contained within either of these manuals, then it's not legal or treatable through insurance, because it doesn't actually exist.

So, let's look at the primary three offenders for PTSD:

- Complex PTSD,
- Combat PTSD, and
- Secondary PTSD.

Complex PTSD

Contrary to popular belief, there is no diagnostic criteria for Complex PTSD. It was a proposed diagnosis by Judith Herman and some followers, and has been rejected conclusively from the DSM IV, DSM IV-TR and DSM V. It does not exist, there is no diagnostic criteria to be diagnosed with this.

This label outlines a specific trauma type, being the person endured a longevity trauma, typically as a child, that resulted in a personality disorder being present within adulthood. Complex PTSD is a label that defines a diagnosis of PTSD + Axis II personality disorder and/or a dissociative disorder.

Combat PTSD

Again, a trauma classification that is used to quickly categorize a person. It says the person is a veteran, being that they served in combat. It quickly denotes the likely outcome of diagnoses for a clinician, being PTSD + substance abuse disorder + mood disorder and symptoms: heightened anger, startle and hypervigilance.

Secondary PTSD

Again, not a diagnosis but a trauma classification. Secondary PTSD is used as a label to identify spouses and supporters of a PTSD sufferer who themselves now display PTSD symptoms, or have PTSD due to the trauma endured being with someone with uncontrolled PTSD. A person with PTSD can often be emotionally and/or physically abusive to a partner, or children, thus resulting in their own PTSD forming. The diagnosis is PTSD. Purely a label to make that above statement, that someone with PTSD gave you PTSD.

Hope Exists

A PTSD sufferer can live life to its fullest again. Sufferers may be overwhelmed with symptoms they don't understand, though they must find 'up' for themselves again, as they're the only ones who can do it. Every sufferer can live a healthy life with few daily symptoms once they heal trauma and learn to self manage daily stressors. A sufferer must face their past aspects that bring negative emotion to their present. It can be done, I am proof of that.

The Post-Traumatic Stress Disorder Relationship

How to Support Your Partner and Keep Your Relationship Healthy

DIANE ENGLAND, PHD

Supporters Responsibilities

Whether you're a spouse, family member or friend, supporting the healing process of a PTSD sufferer is going to be one of the toughest things you ever do. If you don't have thick skin you will have after this process.

The picture to the left is what I would refer to as the ultimate bible for supporters of someone with PTSD. It will educate you on everything you need to know, from supporting versus enabling and most importantly, caring for yourself, to avoid the risk of being sucked/dragged down into the same depressive hole as the PTSD sufferer.

Regardless your role within the process a supporter must ensure they look after themselves first, the sufferer second. Why? The answer is simple. If you the supporter are not well enough to perform your role in support, then the only thing that will occur is more stress for the sufferer, thus the sufferer gets worse, which often means more backlash directed at the supporter themselves. Often a good idea is for supporters to also have their own counseling. Think airplane oxygen! Put your own on first so you don't pass out, then you can help others.

A supporter must become an assertive person, if not already. There are five types of behavioral character, passive, aggressive, assertive, passive aggressive and what's called an alternator. An alternator switches constantly between passive and aggressive, not to be confused with being passive aggressive. Assertive is the only character that effectively works in support, the same as which a sufferer themselves must achieve. If you're passive, the sufferer will walk all over you. If you're aggressive the sufferer will not respond to you, thus more stress and the revolving argumentative cycle. If your passive aggressive and insult the sufferer with a smile, back to the revolving argumentative cycle. Alternator just messes with your head as much as having PTSD to begin with. You could often say a person with PTSD becomes an alternator, being one minute they are lovely to be around, the next, angry and yelling.

Being assertive means you can give and take without stepping over boundaries either way. You will give support whilst the sufferer is willing to accept it. The moment the sufferer turns on you, you're confident within yourself that their words are just words, not true feelings, and walk away to allow the situation to calm down without further aggravation.



Medical Problems With Uncontrolled PTSD

Sufferers believe they can live without treatment. They reside in alcohol or cigarettes and deny dependence upon them. They're possibly a habitual user of drugs; though deny they have an addiction. Besides the obvious issues associated with PTSD, there are serious health consequences to not healing trauma. Trauma creates a requisite amount of stress to the body without PTSD. PTSD creates a phenomenal amount of stress to the body. Often people who have PTSD have aged faster than they had pre-trauma. The reason is stress. It is nothing to hear of a sufferer having heart attacks, cancer and other life threatening issues under the age of 40. These are not hereditary, but instead caused by the stress PTSD exerts upon the body.

Here are a few off the problems a PTSD sufferer should be expecting when ignorant of treating stress:

- Acne
- Allergies, hives, hay fever
- Asthma
- Backaches
- Cancer
- Crohn's disease
- Depression
- Dermatitis
- Diabetes
- Diarrhoea
- Digestion slows
- Dry mouth
- Eczema
- Fast beating, racing heart, often palpable
- Fast racing breath
- Frigidity
- Glucose and fats pour into the blood
- Headaches
- Heart attack
- Heart disease
- Herpes simplex (cold sores)
- High blood pressure
- Impotence
- Infertility
- Insomnia
- Irrational fears and anxiety
- Irritable bowel syndrome
- Loss of self confidence
- Lowered libido
- Migraines
- Muscle tension
- Obesity
- Oesophageal spasm
- Physical and mental fatigue "burn-out"
- Premature ejaculation
- Premenstrual tension
- Psoriasis
- Rushing thoughts
- Spastic colon
- Stroke
- Suppressed immune function
- Sweaty palms
- Thickening of the arteries (atherosclerosis or plaque formation)
- Thrombosis (formation of blood clots)
- Ulcerative colitis

Uncontrolled PTSD is a killer. If suicide doesn't get them first through depression, stress will definitely get them sooner rather than later. PTSD is not something that can be ignored due to PTSDs' serious health consequences.

PTSD Reaction

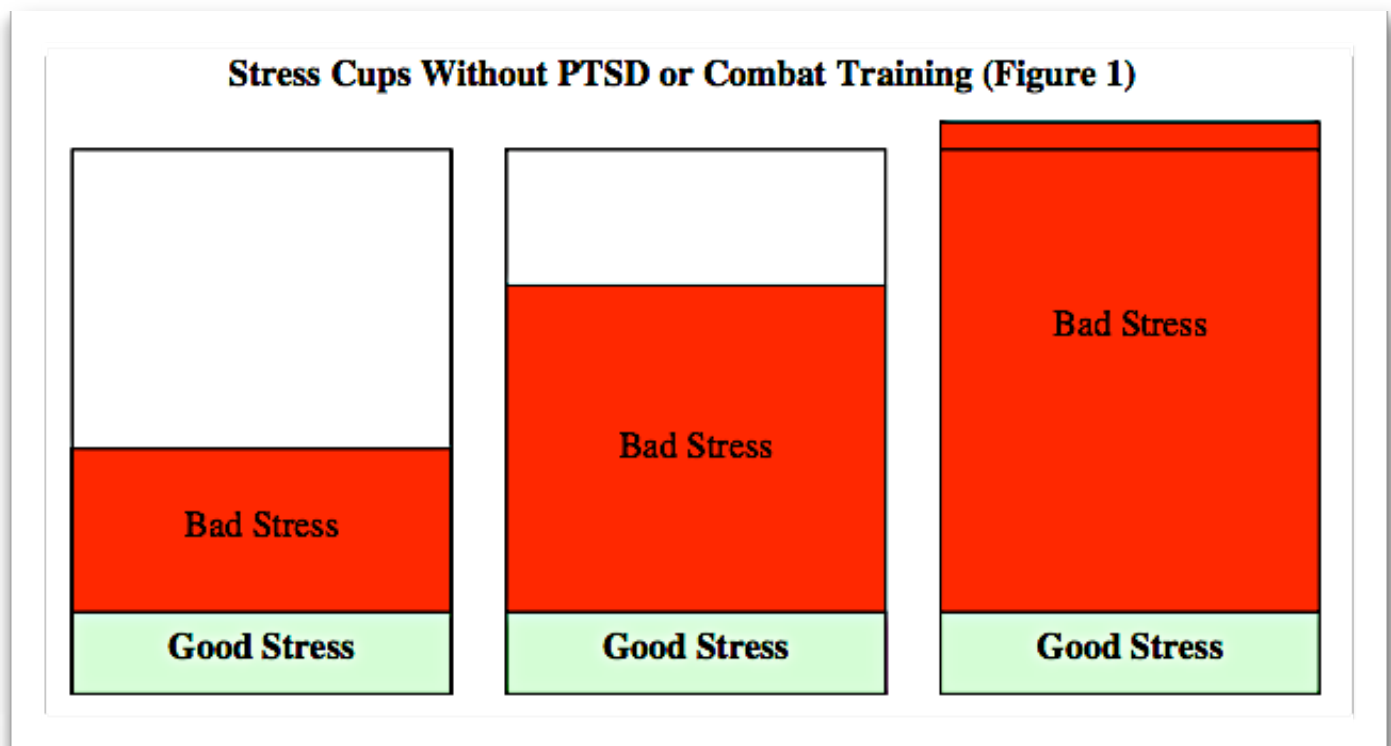
The following information is aimed to help you understand why sufferers do certain characteristic things, making decisions you cannot understand, and why a sufferer can go from nice to angry in a split second.

The Stress Cup

Think of our internal coping mechanism for stress as a cup. Within that cup we can only fit so much stress (emotion) before it overflows. This is the basic principle that occurs within every person, PTSD or not.

In a stress cup there are certain knowns. A civilian's stress cup without PTSD contains two types of stress (keeping it simple), good (good emotion) and bad (bad emotion). I say civilian, because as you will later learn, a soldier's stress cup contains more than a civilian's due to military factors.

Notice the use of (emotion) in brackets? Stress is an overall name for lots of good and bad emotion. This is why you focus on emotion identification, understanding and resolution to heal PTSD.



(Images left to right)

- > **Image #1** – Normal stress cup for all people
- > **Image #2** – Daily bad stress increase
- > **Image #3** – Emotional system overflow



Good Stress Consists

- Getting out of bed
- Feeding oneself
- Having a shower
- Motivation in the morning
- Relaxation events
- Relationships and sex
- Hobbies

Anything that takes us to function, or is enjoyable, is often good stress. Our body requires good stress in order to maintain a healthy mind. Good stress makes up only a small portion of our daily stress intake as we're constantly dealing with the stress because we need it or enjoy it, thus our mind processes it quickly. It even counters bad stress.

Bad Stress Consists

- Finances
- Relationships
- Employment
- Family
- Sickness
- Driving in peak hour traffic

Events we often cannot control contribute to bad stress. The reason for this is that one of the body's mental mechanisms is control. With lack of control, stress is created. Bad stress consists variable portions within our daily stress intake. I say variable because depending on what events take place daily, future events too, depends how much bad stress goes into one's daily cup.

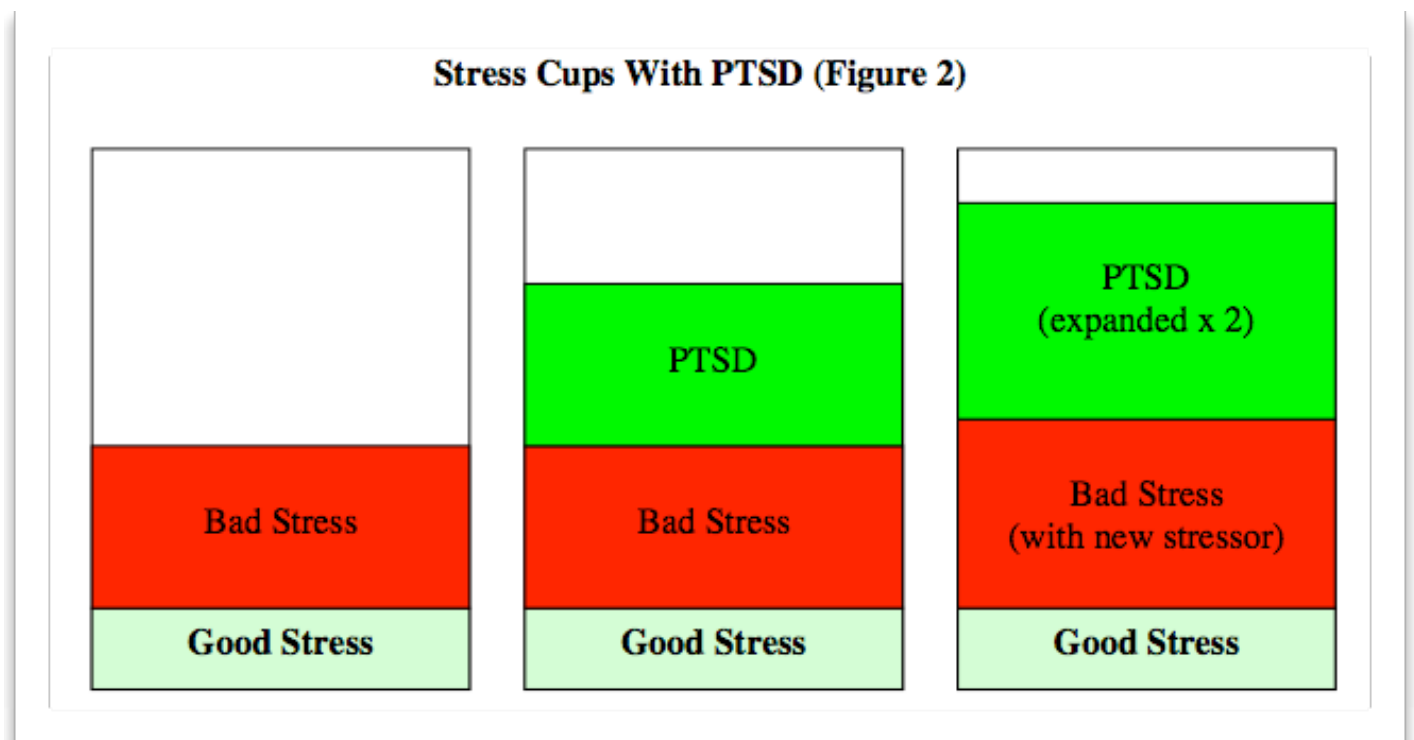
Variables

Events can create both good and bad stress, or only good or bad. For example; relationships contain both good and bad stress. Children contain both good and bad stress, etc. Good stress is fairly constant within daily life for most people. Bad stress is the significant factor that changes. As stress goes into our daily cup, we deal with each stressor uniquely, and as each are dealt with, our stress level decreases proportionally. As more stress goes in, our level increases once again.

Sleep is the body's method to decrease stress intake. If sleep is deprived or foreshortened, our body cannot remove our daily stress as part of its normal routine. Our stress levels constantly work on this rise and fall cycle.

Stress Cup Overflow

When our cup fills up with too much bad stress (Figure 1 - image #3 - page 7), it overflows from the cup. This means we have more stress than we can cope with. When our stress overflows, this is the body's natural pathway in which release is through tears, crying, a short-term anger burst, and so forth. Once we release the emotional overflow our stress levels decrease so we may continue resolving and absorbing more stress.



(Images left to right)

- > **Image #1** – Normal stress cup for all people
- > **Image #2** – A PTSD sufferer
- > **Image #3** – PTSD sufferer with one new bad stressor increase

The PTSD Sufferer

If we all have this good and bad stress (normal), then more often than not we function without overflow. The problem with PTSD is that to have PTSD one has suffered abnormal life trauma. This means that a sufferer now has this extra entity within their daily stress cup called PTSD (trauma / symptoms). (Figure 2, page 9)

As you can see for yourself a sufferer's daily stress cup now has less room to expand with life's normal daily bad stressors. To make it worse, this PTSD (trauma / symptoms) also expands and retracts with bad stress. So now a sufferer has double the trouble within their daily cup of stress. One of PTSD's sources to feed is stress. One bad stress equates two PTSD portions within their cup. The reason for that is because PTSD consists an array of symptoms, often one stressor does not only affect one symptom and it has residual effects into multiple symptoms at once.

This is why a PTSD sufferer becomes unstable so many times a day, because their cup is constantly full. To make matters worse as bad stress is dealt with PTSD does not dissipate in conjunction with bad stress as there is constantly residual bad stress within the cup feeding PTSD, thus slowing the proportionate dissipation rate compared to bad stress alone.

To put this as easy as I can, if someone knocks into you, which annoys you, annoyance is a negative emotion (stressor). This gets added into your cup. Because you have PTSD, this one stressor (being annoyed) multiplies within the PTSD block as symptoms (hypervigilance, startle response, anxiety, etc). So in other words, add one negative emotion, you fill your cup with multiple negative stressors because one negative emotion allows PTSD to create symptoms, and even may send you into your past to gather up some more negative emotions due to a traumatic event that involved lots of being knocked around, ie. bullying, abuse, etc. You started with one little event, being accidentally knocked, which filled your cup with the event + symptoms + possible past memories (past emotion). See how fast your cup can fill from one small event?

The Explosion

How many times have you seen a sufferer have an outburst because of some insignificant little thing? Lots! The reason is because their stress cup is constantly bordering full, with little to no room for movement with new stressors when introduced.

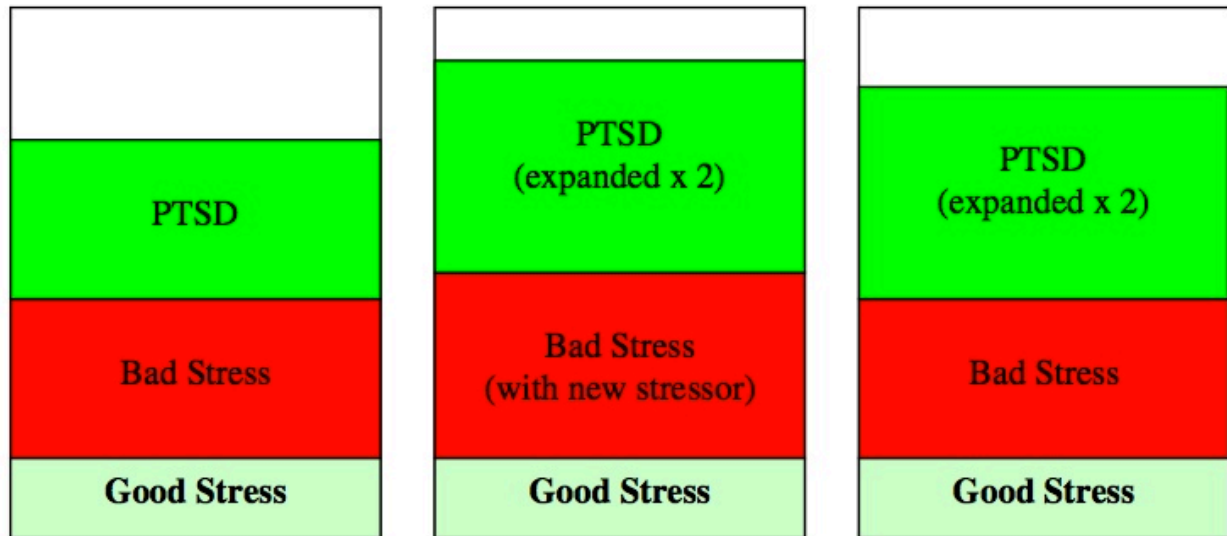
This is all when PTSD is completely running wild, or referred to as uncontrolled PTSD.

The Prolonged Calming Process

As discussed previously, as bad stress is dealt with it is removed from the cup, however; as PTSD increases with bad stress it doesn't decrease proportionately as bad stress is dealt with and removed. The reason for that is because PTSD is made up of many symptoms, the major one being anxiety.

Once anxiety is provoked it takes time in order to reduce in severity because the anxiety is a consequence of the bad stress and not something that can be directly dealt with and removed. It can only decrease with time, not so much an action itself. This is why you would see a sufferer take days to calm when their cup is full and they have exploded, because whilst the bad stressor has been removed the anxiety takes days in order to reduce thus allowing them to be exposed to more normal bad daily stress.

Prolonged Calming Effect (Figure 3)



(Images left to right)

> **Image #1** – Normal PTSD stress cup

> **Image #2** – New bad stressor introduced, thus with every one bad stressor introduced, PTSD symptoms expand two fold across the range of symptoms.

> **Image #3** – Bad stressor dealt with, thus removed and bad stress returns to normal levels, though the PTSD symptoms are still provoked by the prior bad stressor, even though removed / dealt with; bad stress still feeds the PTSD, thus only time will now allow that symptom spike to decrease to its previous level.

Prolonged Calming Effect Through Sleep

You wakeup in the morning feeling refreshed, lets use this as a starting point.

As your day continues you have good and bad stressors going into your cup. Depending on the amount of stress you have going into your cup, depends whether you explode during that particular day. So, you go to sleep at night.

During your sleep your body naturally releases stressors within your cup when you went to sleep. This means by morning you wakeup with an empty cup again ready to begin your next day. So what happens if you don't sleep well? What happens if you sleep very little? The recommended amount of sleep per night is eight (8) hours, uninterrupted sleep.

This means it takes that amount of time for your body to dissipate the prior day's stressors. Now add this anxiety issue into the equation. You go to sleep with high anxiety; this means this anxiety is a huge negative stressor sitting in your cup. During your sleep you have nightmares, dreams and terrors, all of which are creating more anxiety and stressors for you. Now a sufferer just woke up in the morning with more in their cup than when they went to sleep. Before starting the day they have overloaded.

Regardless of PTSD this model applies to all human beings. If you go to sleep and sleep only 4 hours a night your body isn't given the time required in order to remove all the prior days' stressors. So you begin your next day with a little of yesterdays stressors in your cup.

The next day you have a more stressful day, sleep less again, wake up the following day starting with two days of residual stressors left in your cup, plus an extra amount due to an unusually stressful day.

Your body copes like this until the weekend in which most people fall over Friday, party to relax and/or rest more during the weekend. What happens if you work on the weekends? More stressors! What happens if you still don't sleep much or have nightmares? More stressors! Put the pieces together yourself, the cycle can get very untidy, very quickly.

For the sufferer who is not dealing with their prior trauma they awake daily with a full cup. This is why just getting out of bed is too much stress for them and spouses, doctors and therapists believe it comes from depression, where in fact it is more the body instinctively taking care of itself and the brain says, "*stay in bed, stress cup is full already.*" It only gets worse!

This is the primary depression for all PTSD sufferers, being mood based depression, caused directly due to anxiety and not actual biological or psychological depression. Welcome to the cause of PTSD's depression.

Combat Training

A soldier, some police, or anyone with combat training is categorized differently with their stress cup because of the training they have endured. This training creates a known factor within their stress cup. Let's call it alertness.

Don't confuse some basic combat skills training with complete combat training, they're not the same thing.

Alertness is formed during the basic training process (hypervigilance and exaggerated startle response). A trained stress response is changed from the civilian normal freeze response to what's called the fight & flight stress response.

This response is changed to make a combat trained person instinctive in action. This means that when they are faced with danger a civilian's response would be to run the other way, but a combat trained person's response has been changed to send them toward the danger, not away from it.

This is done during all forms of basic training so humans fight, so they kill the enemy instead of freezing or running away. Combat trained persons are trained intentionally to hate and be aggressive in response when their stress cup is full. The real problem with this training is when its confirmed within an operational environment, which confirms in the soldiers brain that this training has relevance in their life, period.

Police are not trained to kill first, yet are trained to be hypervigilant and aware. So Police will endure heightened symptoms in these areas, though not typically the heightened anger, which is the dangerous component. Tactical Police are trained further, so they may experience similar anger symptoms.

To put it simply, anyone with combat training is programmed with a standby button (denoted at the top of the cup by a blue circle). You know a standby button, the same as your TV and DVD player. The system is on and ready to fire-up at the push of a button, last memory intact from standby power, which is faster than if you had to turn a switch on then press a button, then find the last channel or position of your movie. See the point?

These buttons are placed at the top of a combat trained person's cup so that when stress builds up it is harnessed, not released through the natural human overflow system.

The reason for this is because organizations do not want a combat trained person breaking down into tears when stressed, they want them to use that built-up stress and release it at the enemy with hatred, rage and anger in order to kill the enemy and not be killed.

The only problem to the near perfect technique is that it serves no purpose in society, only in military environments and on the battlefield. Hence why Police are trained differently, because they interact with the public, not an enemy.

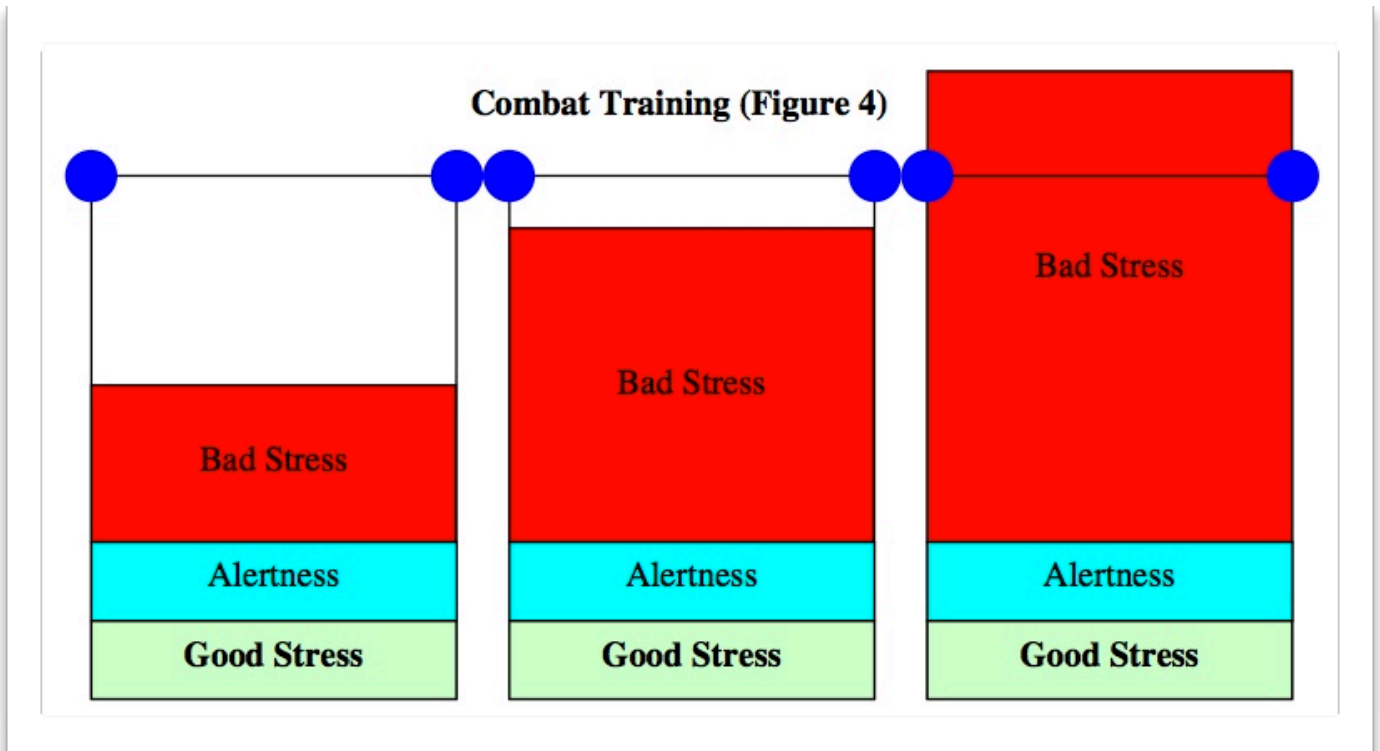
Now the military are not silly by any means, so what do they do in order to keep a soldier under control within a barracks environment?

They introduce alcohol, nicotine, forced sport, workaholicism and so forth. Alcohol is a depressant; nicotine a stimulant and sport lowers stress. Being a workaholic or constantly busy removes the thought of stress, as the idea is to cap stress with mind diversion. Whether a soldier, partner or family member, you would be aware that soldiers are forced to "boozer" parades, compulsory functions, rewarded with alcohol from winning a sporting event and so forth, all in order to help control the soldier within the barracks environment. Police and other trained personnel would have something similar.

If you compare older soldiers to the newer generation, older soldiers smoke and drink quite heavy because they took to the control methods enforced. Do older soldiers have fewer problems? Debatable to say the least! New generation soldiers drink less, don't smoke, thus they are breaking down sooner because the control measures needed are no longer being encouraged or used. Simply, these control methods are ineffective in today's society by current society standards. Just turn on the TV, you will find a commercial to quit smoking, how bad alcohol is for you, the effects of drugs and the list goes on. It just isn't as socially tolerable nowadays to be drunk or chain smoke.

From what you know thus far let's now look at the soldier, or anyone who has endured combat training and see what their cup looks like. Using the first examples of what every person's stress cup looks like, without changing the stress amounts, see what happens when you add combat training to the cup. Less room available across all cups, one exploded, not just overflowing.

(Combat training is a known, like good stress, though does not change or fluctuate)



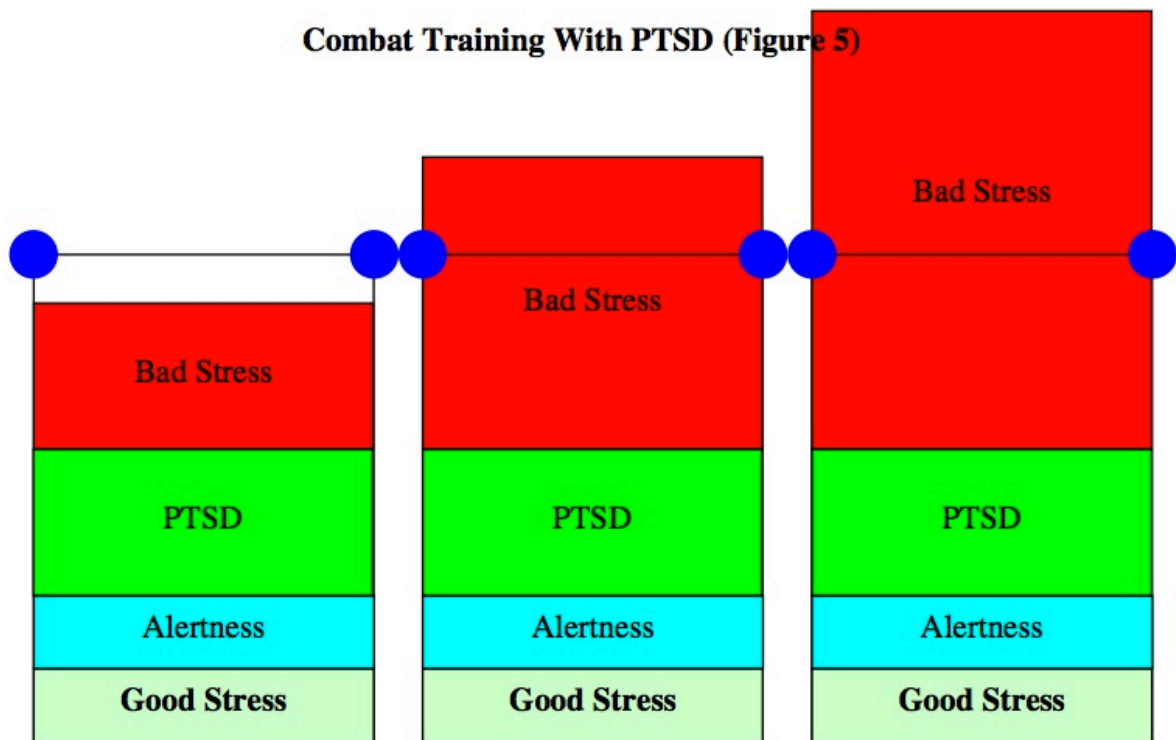
(Images left to right)

> **Image #1** – Normal stress cup of someone who has endured combat training. You can now identify the normal daily stressors, giving less room for new stressors.

> **Image #2** – Add normal daily stressor increases, and the individual now has less room again to cope.

> **Image #3** – Too much stress and not only has the cup overflowed, but don't forget about that standby button that is now present. The stress overflow you see in the third cup is tolerated by that pause button, and has now built-up to not overflow, but the slightest little stressor will now push that button causing an explosion (anger, rage outburst). Combat training (alertness) can be deprogrammed to a certain point, but there will always be an amount of alertness that is now instinctive within the person.

Combat Training With PTSD (Figure 5)



I don't believe by this stage much explanation is required. You can see for yourself that any person who has endured combat training and has PTSD, it's just a very ugly emotional cup of stress (**a time bomb if you like**).

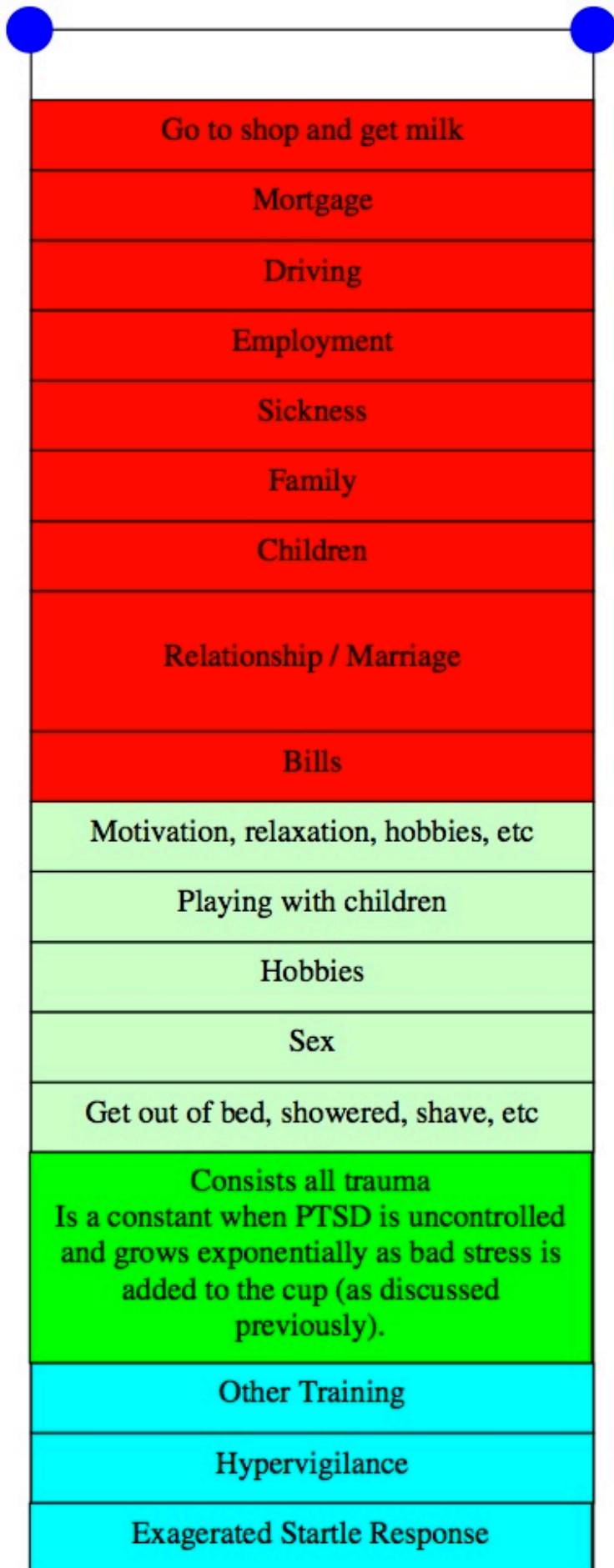
Compare this to the original cups and you can see why a veteran is within so much internal turmoil, so much rage, hatred and anger. It's got nothing to do with you the person standing there, it is merely a consequence that you happen to be within the firing line when the smallest thing is added to an already full cup of internal stressors.

For those who understand the concept "walking on eggshells" around your sufferer, this is why you feel that way, because you are merely awaiting that small stressor to push that stand-by button programmed from training, and boom, explosion. It could be a look, touch, you just try and talk to them about dinner or ask a question!

There are no limits when an internal stress cup is that packed down and waiting a reason to explode.

Breaking Down The Cup Further

The following pages now break the cup into specific examples that I have come across, and most likely you as the supporter / sufferer are / have experienced.



PTSD Cup Broken Down

Now you can be as creative as possible with this cup and the parts that make it up within your daily, unique lifestyle.

You can see from the example that there is enough room for one more stressor. This means that the sufferer is constantly bordering a full cup of stress, constantly on edge.

Remember we're talking about PTSD that is uncontrolled, no healing of trauma, no deprogramming of previous learnt skills, just more stress. I haven't even included nightmares or the like to this one.

Let's also not forget that the PTSD component increases twice for every stressor. If you added one more stressor to that basic cup, PTSD would expand in conjunction, thus the cup would be over-full, overflow or explode as such.

Now begin the thinking process supporters and partners.

If the PTSD and training components are knowns and not going to decrease because the sufferer doesn't understand the problem nor comprehend the reason for such emotional instability, then that only leaves the good and bad stressors for them to remove from their daily cup in order to give themselves some breathing room as such.

What's the largest stressor? Relationships / marriage, so they leave and remove that from their cup. As a consequence, they also remove sex from their good stressors. The sufferer likes sex though, so what do they do? They go into a relationship that doesn't require commitment, doesn't require them to take on so much stress, find someone who will do many things for them to reduce more stressors.

Basically, its not uncommon for a sufferer to skip from relationship to relationship using the honeymoon period to keep themselves balanced. The moment relationship commitments are felt, they leave that relationship looking for the next honeymoon period. The honeymoon period can be weeks, months or a year or two.

What else is synonymous with sufferers? They lose interest in hobbies, interests and activities? So they remove those stressors, good or bad, to make more room. They may remove them before giving up a relationship, attempting to make more room for the relationship stressors.

It all depends on the sufferer's current thoughts, how each stressor is progressing within their life. If they know they need their spouse and children (love overwhelms thoughts), they will remove other stressors first, before concluding such a large decision that affects more than them.

Employment by itself can be a small stressor depending on job and environment, though when you combine driving to work, then home, peak hour traffic, dealing with people at work and so forth, it's generally a much larger stressor than depicted, thus the sufferer removes it and is incapable of such daily stress with everything else already within their cup. If they work, then they may not have the capacity to be within a relationship as well.

What happens if we remove getting out of bed, prolonging it, showering, shaving, motivating ourselves? Some people like to think these actions are all about depression, when in actual fact there not.

It has to do with trying to remove stressors the sufferer can control (anxiety), thus laying in bed, sleeping lots and so forth are all a form of stress reduction. The depression endured by a PTSD sufferer is a mood based depression caused by anxiety, not biological or psychological depression which requires anti-depressant medication.

This is why anti-depressants often make a PTSD sufferer more depressed, suicidal even, because the depression is caused by nothing other than heightened anxiety. Treat the anxiety with purely anxiety based medication, you remove the mood based depression, medically referred to as Atypical type.

What would happen if a sufferer instead try chipping away at their trauma? They make more room to handle good and bad stressors, thus allowing them to move back into a healthy lifestyle once again. Sure, other stressors can be removed quickly, though not all without a certain amount of further pain and suffering, such as leaving a relationship.

Are you seeing the hidden code to PTSD?

Trauma

Now you have the idea of the internal stressor cup, the last thing to go in is the sufferer's individual traumatic events. These must be listed and included as for each traumatic event is actually a bad stressor. Lots of trauma, lots of bad stressors! These bad stressors that remain un-dealt with are taken to bed each night and still ever present the following morning when they wake up.

Do not try and remove trauma first when things are all bad, try to remove quick and easy stressors. When the sufferer deals with their trauma, it's not a quick process to be removed. In fact, dealing with their trauma will increase their trauma stressors more, so its not the best to begin with. As a supporter with a sufferer that is ready to heal, help them remove easy stressors then face trauma therapy. As they remove past trauma you can introduce typical daily stressors to them once again.

Trauma therapy will make a sufferer much worse initially, during the process, though the longevity result is the aim. As more trauma is removed over time, then the person will change and function better, constantly improving overall, with small hiccups during, slowly decreasing in intensity.



Secondary Trauma

Something that supporters should be aware of is what's called "secondary PTSD." Secondary PTSD is when a supporter, typically one who lives with the sufferer full-time, begins obtaining symptoms of PTSD themselves, if not actual PTSD. This occurs because living with a sufferer of uncontrolled PTSD is nothing short of a complete emotionally abusive relationship. They most certainly can be physically abusive also. The majority are emotionally abusive, the verbal abuse that degrades the

supporters self esteem to little or nothing.

Secondary PTSD is not PTSD itself, it is a label used to those supporters who begin showing signs and symptoms of PTSD, though in fact can become PTSD if not treated. How does this happen exactly? Well, if you think of those who where kids and grew up in emotionally, verbal and physically abusive homes, it is exactly the same except now you're an adult living the very same abuse. If not treated through therapy you most certainly could obtain full PTSD over-time.

It is nothing to begin hearing spouses / supporters of a sufferer talking about having a drink before bed every night, or two even, or to hear their attitudes change and begin being verbally abusive themselves. Anxiety kicks in, depressive bouts and even suicidal thoughts and tendencies. They begin cheating, going out to parties and clubs, strange out of the ordinary behaviors. These are the signs and symptoms of secondary PTSD from living within an abusive relationship due to PTSD.

Therapy is essential for all supporters of someone with uncontrolled PTSD. Uncontrolled PTSD is defined simply by someone who fails to heal their trauma, fails to manage their PTSD, and fails to take responsibility for their actions, words and life as it stands.

The Fallout

After reading this far I have no doubt as a supporter, sufferer even, you're likely thinking about what you know and applying it. Be careful what you apply here. Some things you will know for sure, some you will not. If your partner has left you and your children, it is not about what is more or less important to them at this time, it is merely they have no idea which way is up, they do not understand what is going on within them, they do not understand this stress model.

All the sufferer knows is that they must remove themselves for some reason because it gives them internal relief and allows them a little breathing and coping room. They don't understand why, they just know it does. Does this mean your relationship will survive if the person is given time? Well, no, that is an unknown quantity.

There are things you can do to help them understand. Sit down with them and work through this document, read it to them if need be, just giving the important facts and leaving out anything that will bore them or send them into an anger outburst.

Sit down and ensure they understand the internal stressor model. Help them understand, but ensure you understand first. Work through their personal internal stress model naming off as many possible aspects that are causing him/her stress. Try and categorize them into good and bad stressors, remembering that some aspects of life have both, not just one or the other.

Trauma is not PTSD, they are two different things so please don't confuse that aspect of their internal stress model. Past trauma can be dealt with and completely removed from their stress cup; PTSD cannot.

Don't forget to include any training they have had, if military / police. Include their trauma stressors if you know them. This means listing each one of their traumas into the cup model, as they carry them all in a negative way. This means each un-dealt trauma is a bad stressor within their daily cup. They go to sleep with them, they have nightmares from them, they wake up in the morning with them and even sometimes more trauma caused by PTSD creating memories for them. Yes, you read that correctly. PTSD creates new traumatic events that never even happened for the sufferer, so not only do they have to work out what is real, they often must work through what is not.

Conclusion

Living with a sufferer of uncontrolled PTSD can be a nightmare on its own. This document hopefully aids the supporter in understanding a few facts regarding what is occurring within the sufferer.

This document is not exhaustive, far from it.

Hopefully you are now a little wiser to the understanding of the PTSD sufferer and why they do certain behavioral aspects. Believe me; these behavioral aspects don't change between sufferers.

This is not a solution to your problems or relationship, though it is an understanding of what actually occurs within a PTSD sufferer. Again, I suffer PTSD and have now been actively studying and researching it for years for my own benefit and the benefit of others around the world. What you have here is the bare basic outline as simple as I could think. I like simple, hopefully you do also for the purpose and intent of this document.