The War Within

Christopher Myrda

English Discipline, El Paso Community College

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Why Post-Traumatic Stress Disorder (PTSD) is such a debilitating disease is a hard question to answer, and that answer is different for each person who struggles with it. Nobody will have the same experience with side effects, medication, treatment, or recovery that is associated with their traumatic experience. It affects day to day life through the symptoms that are brought on by similar experiences, recollections, memories, sights, smells, sounds, and even nightmares. There are a wide variety of therapy options currently available through professional medical facilities and clinics across the world. Psychiatrists and therapists who assist those individuals are very skilled and fully able to present and implement the treatment plan to the patient. The most commonly practiced methods of treatment currently available are Cognitive Processing Therapy, Prolonged Exposure Therapy, and Eye Movement Desensitization and Reprocessing Therapy. There are other techniques available, but those are some of the most commonly practiced methods. These sessions are usually followed up with anti-depressants, anxiety medication, and mood stabilizers. These treatments have proved to work very well, but what happens if that person isn't adapting to the scheduled therapy or medication as they hoped? We all know exercise is good for an overall healthy body, but the brain is just as important. Some research has shown, especially with veterans as the control, that exercise has helped minimize physical and mental symptoms of Post-Traumatic Stress Disorder (Fetzner & Asmundson, 2015, p. 302). Exercise is dramatically cheaper than a typical therapy session, and it helps certain parts of the brain cope with some of the symptoms of PTSD. Exercise has shown to reduce stress, anxiety, and depression to enhance one's overall quality of life (Fetzner & Asmundson, 2015, p. 309-310).

Post-Traumatic Stress Disorder is defined as a condition of persistent mental and emotional stress occurring as a result of injury or severe psychological shock, typically involving disturbance of sleep and constant vivid recall of the experience, with dulled responses to others and the outside world (Post-Traumatic Stress Disorder, 2002). PTSD can be accompanied by one or more of the following symptoms: depression, anxiety, sleep deprivation, nightmares, and suicidal ideation or attempt. These are just a few of the main symptoms associated with this disorder, but there can be more that present themselves based on the person and the traumatic event. Having one or more of these symptoms can make it very difficult to have and maintain self-confidence, hold relationships steady, and even concentrate on essential things such as driving or work. The brain is a very elaborate and complex organ so when an individual experiences or witnesses a traumatic event, the neurons in the brain make new connections that can associate that event with other things such as emotions, memories, and senses. These associations can cause responses like increased heart rate, anxiety or panic attacks, hyper-alert activity, withdrawal from social interactions, sadness or depression, guilt or shame, and even suicidal thoughts.

According to Hendriks and Kleine (2018), some therapy methods that have proved successful are Cognitive Processing Therapy, Exposure Therapy, and Eye Movement Desensitization and Reprocessing Therapy. Cognitive Processing Therapy uses the individual's negative thoughts or beliefs and tries to shift them into a more positive self-image, by processing what happened from a different point of view. This type of therapy is typically completed in roughly 12-16 sessions with 60-90 minutes each. A different kind of treatment that is being used more frequently is Exposure Therapy. Exposure Therapy allows the patient to face their fears or experiences in a "safe" environment to help break the pattern of fear or avoidance. It may

include talking about the experience out load, seeing pictures of the incident, or even retelling the story repeatedly (Hendriks, Kleine, 2018).

With combat veterans, using this type of therapy is very debatable. Combat veterans already face the stigma of being mentally tough, and whether it is in their best interest to attend therapy or not, so prolonged Exposure Therapy may not be the ideal method to present to that individual at the beginning (Whitworth and Ciccollo, 2016). According to Shapiro (2014), Eye Movement Desensitization and Reprocessing Therapy (EMDR). EMDR uses eye movement and the memory of the event to attempt to reprocess the event. If the event can be reprocessed, it can minimize or even completely get rid of the symptoms that hold individuals hostage. This treatment is usually conducted in 6-12 sessions at 60 minutes each. The reported success rate for this type of therapy is 80% among patients. This is a very good statistic; however, the study also reported that roughly 17% experienced the return of symptoms after finishing the therapy. (Shapiro, 2014, p. 74). Some of these treatments prove to be considerably successful, but typically when that individual starts a treatment plan, they are also prescribed medicine to help alleviate some of their symptoms in conjunction with therapy.

Some may agree or disagree that medication assists in the healing process of PTSD, but we do know that many things happen to the body if medications are taken for a prolonged period, when doctors can't find the right dose or medicine, or patients simply can't or don't want to take them. Individuals who struggle with PTSD may be prescribed anti-depressants, anti-anxiety medication, a sleep aid, or a combination of all three. It is crucial to understand that there is always a chance for enhanced symptoms or side effects depending on what brand of medication it is. Some common brands of antidepressants include Zoloft, Prozac, Sarafem, Celexa, and Lexapro. According to Harvard Health Publishing (2104) there is a long list of side effects for

antidepressants, but some common side effects include nausea, increased appetite and weight gain, loss of sexual desire and other sexual problems, such as erectile dysfunction and decreased orgasm, fatigue and drowsiness, and even insomnia. It is overwhelming to deal with depression from PTSD, now think about adding some of these side effects on top of what that person already struggles with. It is almost the same story with anxiety medication. Not every psychiatrist or therapist prescribes medication during treatment, but we have to ask whether it's a viable treatment plan to pump medication into people to alter the chemical reactions in their body and risk becoming dependent on it for the rest of their lives. We also have to factor in whether the patient has an underlying medical problem such as liver or kidney disease. If this is the case, then they won't be able to take a majority of these medications anyway.

If we can implement an exercise program instead of a formally structured therapy session to make it more interactive for the patient, the overall success rate for out-patient therapy sessions would increase dramatically. Regular exercise can release hormones such as endorphins to help improve our mood. (Motta, 2018, p. 1-2). If we have a better mood, we tend to look at ourselves more positively. Another benefit of exercise over a sit-down therapy session is clients work one on one with a trainer if they choose so, and it will assist in the reintegration of social interaction. Exercise is a crucial part of life that many people don't take advantage of.

Over half of the American population suffers from obesity, which can lead to other health difficulties such as diabetes, joint and back pain, and heart problems. We only have one body for the rest of our lives; we need to start taking care of it. Davidson, Babson, Bonn-Miller, Marcel, Souter, and Vannoy (2013) conducted a study to show the impact of exercise on suicide risk, depression, PTSD, and sleep quality through various pathways amongst veterans. Veterans were suggested because they tend to have higher rates of suicide, depression, and sleep disturbances

than those of a general population. There were 346 subjects used for this specific study, the majority (81%) being males, with an average age of 45 years old. The veterans participating were in-patients at a Veterans Administration rehabilitation facility. Depression among the group was recorded at intake using the BDI-II, which consists of eight questions to rate the severity, frequency, and family history of depression leading to suicidal ideation and attempt (Davidson, Babson, Bonn-Miller, Marcel, Souter, & Vannoy, 2013, p. 3). The subjects participated in the study for the entire duration of their 90-day rehabilitation process. The subjects participated in various exercise methodologies such as walking, jogging, and cycling. The specific duration and intensity of each subject were not recorded; however, the overall results of the subjects showed that consistent exercise relates to a significant decrease in suicide risk through the reduction in the symptoms of depression (Davidson et al., 2013, p. 7-8). Using what we know about the human body and further studies with a broader or more diverse group, we can soon implement exercise regularly through a variety of therapy methods to enhance the overall recovery process and quality of life.

Another study by Craft and Perna (2004) compared the effects of running with those of weight lifting to see which exercise method was more fit to reduce the impact of depression. The program involved 156 moderately depressed men and women. Each were assigned to a group which utilized exercise, medication, or exercise and medication group. The subjects in the exercise group walked or jogged on a treadmill at 70% to 85% of their heart rate reserve for 30 minutes at least three times per week for 16 weeks. Those in the exercise and medication group followed the same program as the exercise-only group along with their daily intake of medications. At the end of the 16-week program, there were no significant differences among treatment groups. In this study, exercise was as effective as medication for reducing symptoms of

depression in that sample (Craft & Perna, 2004, p. 106). Additionally, according to Doyne et al. (1987), in a comparison between weight training and aerobic exercise, both resulted in a significant reduction of depression symptoms. The subjects were 40 women who had moderate to severe depression. Their age ranged from 18-35 years of age, and each was randomly assigned to either weight lifting or aerobic exercise. Each woman worked out individually under the supervision of trained undergraduate exercise monitors at the University of Rochester. The individuals participated in an 8-week program, attending a minimum of 4 exercise sessions each week. The sessions included a 5-10 minute warm-up, followed by the assigned exercise program, and a 5-10 minute cooldown. The aerobic group walked or ran on an indoor track for 7-minute intervals while the trainer monitored heart rate and instructed the subject to increase or decrease intensity. The weight training group conducted a 10-station program with various body and weighted exercises not to exceed 50-60% of their maximum heart beat. Both groups, aerobic and weight training, clearly reduced depression symptoms within this population (Doyne et al., 1987, p. 749). In each of these studies, exercise has show itself to be an effective part of treating moderate to severe depression.

PTSD is a horrible disease to suffer from. It can take over an individual's thought process, emotions, character, self-confidence, social interactions, and even physical well-being. The brain is one of the most important organs in our body, and while some patients may benefit from traditional therapies and medications, if psychiatrists and therapists can implement an interactive treatment such as exercise to help aide the recovery process for their patients, it will not only help with their physical health but also their mental health and social interactions as well. Sitting in a room for 60-120 minutes to talk about one's feelings and memories may work for some, but it doesn't work for everybody. The mental health care system has a few methods to

help people suffering from PTSD, but we need to research other methods as well. Not one person in the world will have the same experience with side effects, medication, treatment, or recovery, so it is imperative we seek out other treatment methods. Our experiences in life will not always be happy or pleasant. We will experience moments where we are afraid, weak, sad, depressed, or even feel like dying. In these moments, we need to take a step back and understand that there is help out there for all of us, and expanding the view of what that help looks like will reach more people and have a bigger impact on helping those with PTSD.

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