THE TRUE YOU

Recovering from Post-Traumatic Stress Disorder

PSYCHOTHERAPIST ARYEH SAMPSON CONTINUES HIS SERIES DISCUSSING ANXIETY, DEPRESSION AND RELATED ISSUES FROM A TORAH AND PSYCHOLOGICAL STANDPOINT

POST-TRAUMATIC stress disorder (PTSD) is a term originally coined to describe the mental health disorder experienced by Vietnam War veterans. However, it occurs after experiencing, or witnessing, a wide variety of threatening and distressful events including abuse, violence, a serious car crash, or a terrorist attack.

It is usual to feel shaken and anxious after a traumatic experience. But most people gradually come to terms with what has happened, and after a month or so stress symptoms will start to disappear.

PTSD occurs in about one in three people, who find that their symptoms carry on and that they can't come to terms with what has happened. They often report symptoms alternating between being unable to feel and being overwhelmed by feelings such as fear and panic.

As the trauma is so painful, a person automatically avoids and interrupts re-experiencing it; this leads to avoidance of similar situations, isolation and emotional numbing. At other times, however, a person may have flashbacks or nightmares where he experiences memories of the event as if they were happening in the present. He may also remain in a state of 'hyperviligance' - being alert all the time, as if he is looking out for danger.

There is no proven explanation for why PTSD occurs. It has been proposed that the traumatic experience is so overwhelming that it renders a person helpless, disempowered and disconnected from others. It is thought that this causes a loss of capacity to integrate memories of the experience. An unprocessed memory of a traumatic event retains high levels of emotional intensity, even after many years have passed. The goal of treatment is to help integrate these memories.

A number of forms of treatment have been used successfully for PTSD.

1) Talk Therapies

People typically have a strong need to retell a trauma. The first stage of therapy is therefore forming a trusting and safe relationship in which a person feels able to share their personal experiences. The second stage is to actually share the experience. In relating a story important features become clear, and this provides an opportunity to express painful feelings that may have been repressed. By remembering the event and going over it, the client gradually emerges with a new perspective, for instance with less self-blame. The retelling therefore helps reprocess the emotional reactions so that he no longer needs to be overwhelmed by these feelings, and gains much relief from the symptoms.

The final step is to reintegrate the client back into society and life. A person may develop, from their experience, a deeper understanding of the *hashgochoh* of this event in their life. He may also gain a desire to help others who have had the same experiences.

2) Exposure therapy

This is a type of cognitive behavioural therapy that involves assisting trauma survivors to re-experience distressing trauma-related memories and reminders, in order to facilitate emotional processing of the trauma memory. Most exposure therapy programmes include both imaginary confrontation with the traumatic memories and real-life exposure to trauma reminders.

In the last twenty years, two less conventional methods have been used to assist recovery:

3) Eye movement desensitization and reprocessing (EMDR)

This is was developed by Dr Francine Shapiro, who discovered that rapid eye movements from side to side, similar to those that occur when we sleep, can assist in the processing of memories.

During EMDR a person is asked to focus on a traumatic memory and a negative emotion or thought associated with it, while paying attention to something else. This is often the therapist's fingers moving from side to side in front of the eyes. After each of the eye movements a client is encouraged to let go of their negative feelings. Once a client is feeling less distressed he is encouraged to focus on more positive thoughts relating to the event. There is much evidence that supports this method, and it is used widely in the NHS.

4) Emotional Freedom Technique (EFT)

This is based on traditional acupuncture, but instead of needles, simple tapping with the fingertips is used onto specific acupuncture points. This is combined with the saying of positive affirmations.

In my next article I hope to examine another type of traumatic event – bereavement and loss.

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A false impression, but close to the tooth

Steven Franks

IT IS A true testimony to the wisdom of the Creator that something as apparently simple as a tooth is in fact a work of technical design genius, able to withstand biting forces of over 70kg, the weight of an adult. Teeth are the original composite material, combining the best features of enamel and dentin to create a grinding tool hard enough to pierce the toughest meat whilst also being flexible enough to avoid shattering in the process. Each tooth is supported in its own shock-absorbing ligament. The ligament also has its own nerve supply, so that the brain is able to detect exactly the level of forces on each tooth and to disengage the chewing muscles before the teeth come into contact when chewing. When the system is short-circuited by a piece of grit in the food then the muscles bring the teeth into contact with full force, a force strong enough to snap the tooth and often resulting in a visit to the dentist! It is no wonder therefore that medical science's attempts to provide us with an artificial replacement have been so challenging.

Removable dentures have been the tooth replacement of choice for centuries. Human teeth would be used, and secured onto a base made of wood, metal or ivory. It is said that the dead from the Battle of Waterloo kept the dentists of England stocked with teeth for fifty years! Nowadays the teeth are made of tough plastic and are placed on an acrylic base, but the basic design hasn't really changed at all. As anyone who is a denture wearer will testify, false teeth are no fun. They move about, trap food, need to be removed at night to be cleaned, and have a nasty habit of dropping at embarrassing moments. Although traditional bridges don't have any of these drawbacks, they nevertheless involve substantial modification of the teeth next to the gap so that they can support the bridge. Even the most skilled dentist, with the best materials, would be doing very well to provide a bridge that lasts more than twenty years. It's no wonder, therefore, that dentures and bridges have been superseded so dramatically by the advent of dental implants.

The arrival of the dental implant has revolutionised dentistry. Although implants have been around for decades, it is only since the development of the 'osseointegrated' implant that we can predictably and effectively replace missing teeth without resorting to dentures or to traditional bridges.

The term 'dental implant' technically refers to the part of the false tooth which acts as an artificial root. This is the foundation for the new false tooth. It is placed in a simple procedure and usually left to settle for a few months. During this time the jaw bone actually grows onto the implant surface, a process known as osseointegration. Once the osseointegration is complete the implant can be used to support a single artificial tooth, or a few implants can be used to support multiple artificial teeth. The new teeth are secured permanently to the implant with a screw, and they look, feel and function like normal teeth.

The breakthrough which made implants possible was discovered quite unintentionally. Swedish Professor Per-Ingvar Brånemark found that the titanium metal discs he had fitted to examine the circulation of animals had physically fused to their bones. He had the insight to realise that this could have a medical application, and the dental implant was born. Professor Brånemark's system has now been used for many decades, and there are millions of successful implants in use.

There are currently hundreds of implant brands on the market and there is not a large amount of difference between them. The main issue to consider is the likelihood of being able to source parts should there be a problem in the future. Each implant has a screw hole at the top, and this is where the false tooth is attached. No two systems have the same shaped interface. It is sensible to stick with a mainstream implant brand so that there is a high likelihood of being able to obtain a replacement part should this be necessary, perhaps even decades in the future.

Despite being a huge improvement over other types of false teeth, the dental implant is still an artificial replacement. The best tooth is always your own. And the best way to keep your own teeth is still good brushing with a fluoride toothpaste, avoiding sugar in your diet and seeing a dentist for regular check-ups to catch any problems early on. However, should you be unfortunate enough to need a replacement tooth it's good to know that there is something more sophisticated than just an unfortunate soldier's tooth fixed to a metal plate to allow you to smile again.

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