

WHO GETS PTSD?

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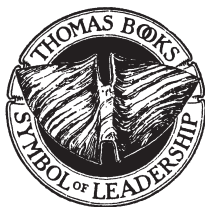
Issues of Posttraumatic Stress Vulnerability

Edited by

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and

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PREFACE

Persons engaged in occupations that require emergency responses must frequently deal with exposure to incidents that are traumatic. Members of these professions have the firsthand experience of encountering victims of natural disasters, technological failure and acts of terrorism designed to damage infrastructures and commit murder, and plant the seeds of fear into the fabric of community life. The situation is similar for those engaged in war or rescue operations throughout the world. Often those who make up the immediate and extended families of these persons also are impacted by such events.

But, why do some of these persons develop posttraumatic stress reactions or full-blown PTSD while others do not? Often, the same event can lead to multiple effects on different persons, and at times, different events can impact persons in the same way or different ways. Traumatic situations thus present a rather complex causal chain that cannot easily be contended with. If all persons reacted or were affected by traumatic events in a similar manner, trauma management intervention would be made simple.

A key issue in the development of traumatic stress is vulnerability. In general terms, vulnerability refers to the individual, group, organizational, and societal factors that increase susceptibility to, or the likelihood of, experiencing loss, distress, or some kind of deficit outcome following exposure to a traumatic event. There are certain factors in the psychological make-up of individuals, their organizational milieu, and their social nexus which may either destroy or enhance the ability of being able to deal with traumatic events without undue symptomatic sequelae. This book draws from research and life experiences on trauma vulnerability to better understand how mental health professionals and those concerned with the psychological well-being of oth-

ers may disentangle the perplexing questions of who gets PTSD, why they do, and how we may prevent or minimize this from happening.

John M. Violanti
Douglas Paton

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WHO GETS PTSD?

Chapter 1

VULNERABILITY TO TRAUMATIC STRESS: PERSONAL, ORGANIZATIONAL, AND CONTEXTUAL INFLUENCES

DOUGLAS PATON AND JOHN M. VIOLANTI

When we were children, we used to think that when we were grown-up we would no longer be vulnerable. But to grow up is to accept vulnerability . . . To be alive is to be vulnerable.

Madeleine L'Engle

Protective services professionals (e.g., law enforcement, fire and emergency services, health professions) face an occupational reality in which repeated exposure to critical incidents is a dominant characteristic. This provides members of these professions with firsthand experience of human misfortune from natural disaster, technological failure, and deliberate acts of terrorism designed to manufacture loss and to sow the seeds of fear into the fabric of contemporary community life. By electing to enter their chosen profession, protective service officers and organizations accept their pivotal role in helping to mitigate vulnerability in the communities they serve. In so doing, they provide a foundation for communities and their members to recover and bounce back from their experience of adverse circumstances.

In the process of fulfilling this important role, members of these professions can experience both salutary and deficit reactions and outcomes. The experience of the latter is commonly linked to notions of vulnerability. However, as the above quotation alludes, being alive and experiencing a sense of challenge from exposure to the vicissitudes of life is inextricably intertwined in what it means to be human. These experiences constitute a stimulus for change. Given the fundamentally humanistic orientation of protective service professions, the

goal is not to become inured from human suffering or the agents, animate or inanimate, that cause it. Rather, it is beholden upon them to use the uncertainty, anger, and fear and to turn it into forces for positive change at individual, professional, and societal levels. That a capacity to do so cannot always be assumed implies a need to understand the relationship being vulnerable to these consequences and energizing self and organization in ways that allow the use of this knowledge to minimize the experience of deficit outcomes and facilitate the salutary consequences associated with fulfilling a role in society that implicitly and inevitably exposes members of protective service professions to more than their fair share of disasters and emergencies.

Recognition of this reality, and its implications for officers' mental health, laid the foundation upon which several approaches to the management of the psychological consequences of this exposure have been built. However, the quality of these management strategies so developed, that is, their effectiveness in preventing or mitigating adverse psychological reactions, is a function of the extent to which they are derived from a sound understanding of the traumatic stress response.

If traumatic stress reactions were uniform in nature, the process of developing stress management interventions would be a relatively straightforward task. However, reactions to critical incidents rarely reveal this level of homogeneity. Rather, the psychological response to the experience of a critical incident, even when examined in officers who have experienced the same incident, typically shows considerable variability (Paton & Violanti, 1996; Violanti, Paton, & Dunning, 2000). The reasons for this variability must be understood and accommodated if interventions designed to mitigate traumatic stress are to be effective.

This subject matter of this book is a construct that can play a prominent role in illuminating the reasons for the variability in the psychological response to traumatic events, vulnerability. In general terms, vulnerability refers to the individual, group, organizational, and societal factors that increase susceptibility to, or the likelihood of, experiencing loss, distress, or some kind of deficit outcome following exposure to a traumatic event.

At this point, given the growing theoretical and empirical support for the existence of positive outcomes, such as posttraumatic growth,

in those experiencing traumatic events, it is pertinent to ask whether vulnerability remains pertinent. The answer is yes! The concept of vulnerability remains a legitimate and essential focus for research in the light of the recognition that, even though positive outcomes are endorsed more frequently than negative outcomes, not everyone triumphs over trauma. The resolution of discordant traumatic experience may be accompanied by distress and result in the experience of negative consequences (Linley & Joseph, 2004; Tedeschi & Calhoun, 2003). For this reason, conceptual models that argue for greater consideration of salutogenic outcomes do not deny the potential for adverse outcomes to accompany traumatic experience (Tedeschi & Calhoun, 2003). Consequently, defining vulnerability and articulating its constituent components and the mechanism of its action remains essential to the development of the comprehensive understanding of the traumatic stress process in protective services officers. It is also crucial to acknowledge that the pursuit of this construct neither negates nor replaces resilience (Paton, Violanti, & Smith, 2003) as a pivotal construct within the traumatic stress process. Rather, vulnerability fulfills a complimentary role in the process of constructing comprehensive understanding of this process.

The importance of understanding vulnerability as a factor capable of providing unique insights into the traumatic stress process is reinforced by a growing body of empirical evidence that attests to the fact that vulnerability and resilience should be conceptualized as co-existing, discrete processes rather than as lying at opposite ends of a continuum (Aldwin, Levenson, & Spiro, 1994; Armeli, Gunthert, & Cohen, 2001; Burke & Paton, in prep; Frazier, Conlon, & Glaser, 2001; Hart, Wearing, & Heady, 1995; Linley, Joseph, Cooper, Harris, & Myer, 2003; Linley & Joseph, 2004; Tedeschi & Calhoun, 2003).

Frazier et al.'s (2001) study of sexual assault victims described how positive changes (e.g., sense of personal strength) coexisted with a new set of negative beliefs (e.g., regarding their safety and the goodness of people). Janoff-Bulman (1992) concluded that, following traumatic experience, people can reestablish a positive view of the world and themselves while simultaneously recognizing the limitations of their beliefs. Linley et al. (2003) reported that coexisting positive and negative outcomes could result from vicarious exposure to traumatic events. In a qualitative analysis of the experience of disaster relief workers, Paton et al. (1989) found that positive (e.g., enhanced sense

of personal and professional competency, stronger family bonds) and negative (e.g., unfairness and oppression in the treatment of the citizens in third world countries) beliefs were present simultaneously. In a military population, Aldwin et al. (1994) concluded that positive (e.g., increased independence, self-esteem, or coping skills) and negative (e.g., combat anxieties, loss of friends, death and destruction) outcomes resulted from the same stressor. This body of literature provides strong support for the view that traumatic stress risk emanates from the complex interaction between incident characteristics and vulnerability and resilience processes that they should be conceptualized as discrete dimensions (Burke & Paton, in prep; Hart & Wearing, 1995; Linley & Joseph, 2004) and managed accordingly.

In this context, resilience describes the operation of a set of factors that increase the likelihood of the discordant aspects of traumatic experiences being resolved as adaptive or growth outcomes. In contrast, vulnerability factors and processes represent those that increase the likelihood of the discordant aspects of traumatic experience being resolved as deficit or loss outcomes (e.g., traumatic psychopathology). While the existence of resilience and vulnerability as discrete processes, and their respective influence on adaptive growth and deficit outcomes, is a subject that requires further debate and empirical exploration, the available evidence warrants their being considered as separate.

Conceptualising them as discrete also provides a more robust framework within which to examine the traumatic stress process. Doing so provides a framework within which hypotheses regarding their discrete nature and influence can be developed and tested. If their discrete existence is supported, the ensuing models of the traumatic stress process will serve to reduce the conceptual confusion that can result from the conflation of resilience and vulnerability constructs, and offer more opportunities for intervention designed to facilitate and sustain the well-being of protective services officers.

Because they are exposed to potentially traumatic situations repeatedly over the course of their professional careers, the dichotomous nature of traumatic stress processes becomes an issue of particular importance to protective services officers. Their discrete nature means that managing deficit outcomes will not enhance growth and vice versa (Hart & Wearing, 1995). Traumatic stress risk management will have to incorporate two strategies, one to facilitate positive outcomes and another to minimize negative outcomes.