The Survival Mind, Posttraumatic Stress Disorder, and Living Life

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This issue of *Psychiatric Annals*, guest edited by Anand Pandya, MD, presents several aspects of this condition in a variety of situations, including the combination of Cluster B personality disorder with posttraumatic stress disorder.

According to the *DSM-IV*, the boundaries of posttraumatic stress disorder (PTSD) require that the patient, “experienced, witnessed or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.”

These criteria are essential for landing firmly on a PTSD diagnosis; however, the negative affects of stress on our brain function may extend well beyond a struggle with PTSD. Our “survival brain,” which is always anticipating disaster, has evolved to react not only to life-threatening events, but also to a wide range of lesser threats. While this, along with our evolving frontal lobe executive functions, have helped us survive as a species, it also means that for some, much time is spent focused on negative events. People who are too afflicted by negative anticipation are often unhappy; between worrying and multitasking for success and security, there is little time for mindful enjoyment of life.

A couple of years ago, I was making my last ski run for the day with my son, who is a much stronger skier than I am. He led me down a steep mogul-filled trail, where I fell several times. What I didn’t know until 3 weeks later was that I had a 99% occlusion of my left carotid vessel. I was told I was “a stroke waiting to happen” in need of immediate surgery. The surgery went well and I recovered. However, the next time I tried to ski, I was overwhelmed with anxiety and fell frequently. It has been a chore to ski since, despite several attempts. I don’t believe it was PTSD — but it was a lesson for me in the function of my brain’s fear circuitry. How often do these troubling events happen in our lives, imprinting fear on our amygdalae that is difficult to modulate?

Initially, I had been an asymptomatic stroke-victim-in-waiting, but now, I was physically fine. Yet that is not how my amygdalae, which were concentrated on my worst fear — having a stroke — viewed it. Whether your patients are struggling with the symptoms of PTSD or are caught in the repetitive patterns of “survival brain,” it is no small task to live in the present, to appreciate our consciousness, and the beauty around us. Living a full life, without fear, is indeed a challenge.

REFERENCE


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