Stressed to death?

Post-traumatic stress disorder (PTSD) is highly prevalent in our stressful and violent society, including at the workplace. Don’t allow yourself to become a victim.

Currently ranked the third most common anxiety disorder in our country, according to a South African Stress and Health study, PTSD is often misdiagnosed as other mental health conditions, says David Rosenstein, a clinical psychologist in private practice in Cape Town. He maintains that what was once associated exclusively with shell-shocked war veterans is currently under revision in psychiatry’s new diagnostic framework, as life-threatening situations (such as hijacking, rape, assault and road accidents) are no longer considered to be the condition’s only causes.

“Working women are continually faced with many common workplace traumas these days that may well precipitate PTSD,” he explains. “The circumstances may be insidious, long-term and discrete – such as either overt or covert bullying, sexual harassment and continual undermining of confidence, as well as the sabotaging of relationships and work performance – or the trauma may involve an event that occurred outside the work environment, such as a robbery, accident or fire. It’s important to differentiate between an acute stress disorder, which starts abruptly after a trauma and dissipates within a month, and PTSD, which can continue to impact you for months or even years after the event.”

What are the symptoms?

The Diagnostic and Statistical Manual of Mental Disorders identifies specific criteria for PTSD, explains Justine Hunt, a Johannesburg-based clinical psychologist, including symptoms that last for longer than four weeks and cause significant impairment in social, occupational or other important areas of functioning. These include:

- Reliving the original trauma through flashbacks or nightmares.
- Avoidance of stimuli associated with the trauma.
- Difficulty falling or staying asleep, hypervigilance (being jumpy and constantly on the lookout for threats) and irrational fits of anger and depression.

Common work-related PTSD symptoms, says Rosenstein, include withdrawal, irritability, paranoia, avoidance of activities/places/events where the trauma occurred and difficulty concentrating.

“Your relationships with others often deteriorate as you’re completely unpredictable,” adds Hunt. “You’re also
constantly exhausted as you’re haunted by nightmares and battling to repress disturbing thoughts and images related to the trauma."

Why you can’t ignore it
Since workplaces are so cut-throat these days, with high levels of competitiveness and a pervasive fear of showing any form of “weakness”, many women suffering from PTSD may ignore their symptoms, says Rosenstein. “They’re far less likely to seek treatment than someone whose initial traumatic event is more explicit in nature (hijacking, assault, etc). However, if the symptoms aren’t treated, other associated or co-morbid psychological problems may develop. These include clinical depression, chronic anxiety and substance abuse. In fact, PTSD sufferers are two to three times more likely to abuse alcohol and drugs (including over-the-counter medication) than others in an attempt to self-medicate, deaden their emotions and mask their symptoms.”

What’s the best way to treat it?
If you suspect you’re suffering from PTSD or you’ve been experiencing ongoing stress in the workplace, it’s important to get an objective assessment of your functional and psychological well-being by a qualified health practitioner, advises Rosenstein. Start off with your GP, who may refer you to a psychologist, psychiatrist or clinical social worker. He recommends cognitive behaviour therapy (CBT), an evidence-based intervention, rather than medication such as anti-depressants.

Another highly successful treatment for PTSD is eye movement desensitisation and reprocessing (EMDR), which was originally used to treat returning Vietnam war combatants, but ensure the practitioner you choose is qualified in this form of therapy.

“Remember that trauma in the workplace can remain ongoing,” cautions Rosenstein, “Clinicians often call this ‘complex PTSD’. In these cases, it may be worth talking to your company’s human resources department or finding an external consultant who can provide an objective evaluation of your condition, in case it begins to seriously impact your work performance.”

A REAL-LIFE CASE
“T was undermined at work and constantly questioned about my decisions, which resulted in me second-guessing and doubting myself. It was actually a form of bullying that took place in the boardroom, behind my back and in meetings. My colleagues tried to manipulate me to conform to the way they did things, which made it really difficult for me to cope. They also ostracised me during work breaks and at company events. Everything was a struggle. I had nightmares, felt burnt out and was finally diagnosed with PTSD. Anti-depressants and CBT helped me cope, as did changing departments – I no longer work directly with the same people.

“Sometimes the situation won’t change unless you leave. This doesn’t equate to giving up or being a failure, but to simply doing what’s best for your own mental well-being. I’ve learnt that there are things you can and can’t control – and being continually emotionally abused in the workplace can result in too much misery to try to deal with.” – Gladys*, a Marketing Strategy Consultant

* Not her real name.

USEFUL CONTACT
• South African Depression and Anxiety Group – tel: 0800 212 223 (toll-free helpline), SMS: 31393 or visit: www.sadag.org
• Lynne Gidish holds the Pfizer Mental Health Journalism Award for 2012/2013.