

Chapter 4

Posttraumatic Stress Disorder: Children and Psychological Trauma

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ABSTRACT

We all know that the baby's world is a 10-20 square foot field, which grows steadily over the years. The small world plays a leading role in shaping the child's mind at a rate inversely proportional to its size. In fact, not only stressful pieces of life but all kinds of experience takes part in the psychosocial development of the child, good or bad. Herewith, the conditions that cause chronic stress such as neglect, abuse, poverty, domestic or societal violence, war, and dislocation leave unfavorable traces that are difficult to change in the human mind. Today, while we, the mental health workers, are more focused on the apparent wounds that such adverse experiences have left in our souls, the unseen wounds continue to shape the child, society, and us all.

INTRODUCTION

"Everything is related to how the world is presented to the child," says Donald Winnicott, to state the importance of the environment on the mental development of the child. We all know that the baby's world is a 10-20 square foot field, which grows steadily over the years. The small world plays a leading role in shaping the child's mind at a rate inversely proportional to its size.

The infant mind, which does not host almost any content, in the beginning, gets a position that affects every area of his later life by being shaped with the effect of its close environment. A position where he can see the world as it passes through its lenses.

In fact, not only stressful piece of life but all kinds of experiences take part in the psychosocial development of the child, good or bad. Herewith, the conditions that cause chronic stress such as neglect, abuse, poverty, domestic or societal violence, war and dislocation leave unfavourable traces that are difficult to change in the hu-man mind. Today, while we, the mental health workers, are more focused on the apparent wounds that such adverse experiences have left in our souls, the unseen wounds continue to shape the child, society and the universe (Terr,1990).

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Although the neuroimaging technologies in the years that Winnicott pointed out the importance of the environment were far from showing the effects of such experiences on brain development, today, there is growing evidence that shows the structure of the brain is shaped by one's experiences (Teicher, 2016). Today, it is also well known that traumatic experiences such as accidents, sexual or physical abuse, surviving war or maltreatment can lead to structural or functional changes in various brain areas, and may cause suicidal behaviours and PTSD or other psychiatric disorders (Dyregrov, 2006).

It is becoming clearer every day that chronic stress which arises from traumatic exposure lead to changes in the brain circuits related to working memory, attention, emotion regulation, cognition and threat detection systems (Teicher, 2016) which cause significant deterioration in the detection, integration and representation of internal and external stimulus (Van der Kolk, 1996). Although traumatic stress may have negative consequences for everyone, the impact of such incidents in early years which is the most critical time for the brain development is more devastating because of the destructive consequence of the chronic fear response on the development of the central nervous system (Kaufman, 2001).

Since the effect of chronic stress on the function and volume of related structures of the brain is addressed in the relevant parts of this book, it will be discussed the impact of traumatic stress on the development of a unique psychiatric disorder, PTSD, in the light of literature findings in the present chapter. The epidemiology and the effect of PTSD on the psychosocial wellbeing and functionality of the child will also be addressed.

DEFINITIONS

Although it was not believed that the diagnosis of PTSD is relevant for children and adolescents, studies by Leonore Terr, David Kinzie, William Sack, William Yule, Van Der Kolk and many others who researched whether mental wellbeing of children is adversely affected by traumatic events proved otherwise. Thanks to the authors, today it is, undisputedly accepted that PTSD could develop in children following life-threatening traumatic incidents (Dyregrov, 2006).

The traumatic experience is defined as exposing to an incident that threat person's bodily integrity or his life (Karakaya, 2007). Many people are exposed to traumatic incidents such as injuries, violence, natural disasters, fire, traffic accidents or sexual and physical assault during childhood. Besides, witnessing the injuring or killing of someone, and learning death or serious injuring of a close relative or parents after a traumatic event could also be traumatic (Ozgen, 1999; DSM 5, 2013). Besides, some medical interventions, such as various medical procedures and surgery, are similarly traumatic for children (Ari AB et al, 2017).

Psychiatric disorders arise as a result of the complex interaction between social, psychological and biological factors (Cuhadaroglu, 2008). An accumulation of adverse experiences and risk factors cause greater harm to mental health (Sack, 1999). Both the type of event and duration of exposure may increase risk by intensifying personal threat (Hodes, 2008). It has been showed that the number of exposures to traumatic incidents is associated with increased PTSD probability (Laufer, 2009; Thabet, 2000).

It must be known that PTSD mean neither "as a normal response to stressful situations or events" nor the person with PTSD is "emotionally weak" or "mentally ill". But it could be conceptualized as an "information-processing disorder that interferes with the processing and integration of current life experience" (Vander Kolk, 1996).

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