

PTSD: Case descriptions

These case descriptions are edited excerpts from fuller case histories supplied by Don Stewart of the Department of Sociology at the University of Nevada. The full case histories may be found on the World Wide Web at <http://faculty.unlv.edu/stewart/images/casestudies.htm> and a range of additional materials and resources can be found on Prof Stewart's Project PTSD page at <http://faculty.unlv.edu/stewart/Project%20PTSD.html>

Robert

Robert has worked for 3 summers as a lifeguard at the Desert Shores Community Association Lagoon Pool, and is now lifeguard supervisor.

On Sunday of Memorial Day Weekend, 1998 there were approximately 1,500+ members at the Lagoon, enjoying a picnic and family swimming. As described by Robert, there were so many people in the lagoon you could barely see the water. With 3 lifeguard stands, and several lifeguards on duty and rotating time on the stands, plus those not on the stands working the crowd, Robert felt that even though things were busy they were under control. At the appropriate time Robert approached a stand to relieve another guard, Tyler. Robert climbed up into the stand, sat down, began scanning the water and crowd, and immediately saw a child floating face up about a foot beneath the surface of the water. He jumped from the stand, entered the water, pulled the child out and observed that her skin was white, her lips blue, her eyes rolled back in her head. There was no respiration and no pulse. He immediately began CPR, thinking to himself: "She's dead" and "what if she's dead" and other thoughts about the consequences of a drowning. He worked on the child for what he estimated to be 3 minutes with no response, then the child coughed but failed to breath. He continued working and after about another 30 seconds the child began to cough, cry and breath. Her color began to return as the paramedics arrived and took the child away to be checked at the hospital. The parents had been standing at Robert's side the entire time he was working on resuscitating the child. The hospital reported there was no brain damage and no broken ribs (common as a result of CPR).

I interviewed Robert approximately 7 weeks after the event occurred. At the time of contact he indicated a willingness to discuss the event and an appointment was made for the following day for a interview. Using a standard interview outline, containing questions considered pertinent to the diagnosis of P.T.S.D., an informal, conversational interview of approximately one hour in length was held. In the course of that interview the following occurrences, symptomatic of P.T.S.D., were revealed:

- Nightmares about the event in which the rescue effort was unsuccessful were experienced.
- Numerous spontaneous daytime flashbacks/daydreams with a pattern similar to the nightmares were experienced.
- Some sense of detachment and estrangement occurred, though subject was not consciously aware of it until the interview.
- Some sense of hypervigilance in the workplace and in non-working circumstances.
- In the course of the interview it became clear Robert was to some extent blaming himself for the near drowning.

John

John had known Allan Evans since boyhood, though being 2 years older they were not good friends in public school. John was a leader in High School, president of the student body and an athlete. His younger life was marred by the tragic death of his father in an explosion when he was a toddler, though his mother remarried happily and ultimately relocated to the town where John grew up. During his college years his acquaintance with Allan Evans blossomed into an all encompassing and truly great friendship. The two became true bosom buddies, doing everything together, going everywhere together, and sharing together the burden of John's problems. But, at no time did Allan share his burdens with John; Allan was, and had been since childhood, subject to profound depression and had, at age 10, made his first attempt at suicide. He was, unknown to John, seriously manic-depressive, had over the years been in thus far unproductive psychotherapy and had been prescribed various anti-depressants, the final prescription being for Zoloft which he never took. John and [his partner] Karen settled in Salt Lake City, John working for a landscaping company, Karen for Nordstrom department stores. And, after a summer at home, working as a greenskeeper at a local private golf club, Allan moved to Salt Lake City on Labor Day weekend, joining the same company John was working for and living with John and Karen as their roommate in their 2 bedroom apartment. The good life continued briefly, but it appeared to be a good healthy young adult life; partying but not to excess, evenings on the town having too much to drink sometimes, and working hard at their jobs during the day. But it all came to an end the night of September 15th. There was a bar-b-q at the home of John and Allan's boss. A good, fun time. Following that, there was a visit to a bar -- more drinks and a few games of pool. Everyone was having fun, Allan was playing host, but by about 2:00 a.m. John knew he

needed to go home. He'd had too much to drink. So he and Karen left -- Allan said he'd catch a ride with someone else; and he did. At home, John and Karen went to bed -- they were out like lights. John said he sleeps incredibly soundly. Karen, awaking at some point to go to the bathroom, notices Allan's bedroom light is on; good, he made it home! She goes back to bed. Morning: John and Karen awake, share a few thoughts, and John gets up, followed by Karen. She heads to the kitchen to make coffee. John, seeing Allan's light still on through his cracked door, goes to peek in. He finds Allan lying on the floor beyond the bed, ghostly white, blood pooled around his head; dead. Shock. He turns, goes to the kitchen, Karen is working with the coffee, John says: Allan is dead. Karen, not seeing John, says: Don't joke, this isn't funny. But then she turns and sees him and knows things are bad and John is not joking. The Dance has ended (Arata/Brooks, 1989).

John experiences constant reminders on a daily basis, even now 3 years later. Triggered by sounds, songs, situations of familiarity they are strongly emotional and result in feelings of detachment as well as emotional response through crying. Never a day passes without an incident of some sort. There were strong nightmares at first, now occasional nightmares, but Allan's presence in dreams that are not unpleasant also occurs with some regularity. Initially there were intense sleep disturbances, but they are lesser now, though still exist. Mental images are incredibly strong and fear of disaster lurks behind every event. Cues easily set traumatic memories in motion. While there was some temporary loss of appetite, normalcy returned. But today John feels strongly he has a significant stomach ulcer as a result of the ongoing traumatic stress. There is a strong sense of wanting to be done with this, and a fear of consequences, including thoughts of suicide, if he doesn't get over this, but he welcomed opportunity to talk with me. While there is no desire to return to the location of the event, his memories are vivid and include exceptional detail.

Among the residual emotions are a strong sense of feelings of estrangement from people who won't recognize the severity of his emotions or the magnitude of the event. But he feels stronger than ever feelings of love and closeness to his wife, Karen, who shared the actual event and shared for a time some of the friendship. Included in his feelings is a real, and repeatedly vocalized, fear of taking his own life in response to being unable to get past this. Persistent sleep problems aggravate his emotions, and his temperament which is by nature solid and easy going could drift to volatility without great self control.

Lisa

Lisa's first pregnancy was uneventful and the baby boy arrived without incident. Lisa and her husband were delighted. Life was good, Aaron's job was a good one, and they had no financial or other worries. More children would be in order soon. Before Aaron junior's first birthday there was good news: Lisa was pregnant again, the baby would come in the fall. The pregnancy proceeded without notable incident. There was one scare: A little blood spotting on Lisa's underwear. But, upon examination the doctor declared everything ok and the pregnancy continued. Due in December, by November Lisa was ready. She was heavy set already, and the burden of the pregnancy was wearing on her. That plus chasing around a toddler.

Then, unexpectedly, there were early and unexpected contractions. But, the contractions didn't feel normal. There was, Lisa sensed, something not quite right. She was hospitalized and examination revealed a fetus in distress. Something was definitely wrong. After 24 hours delay a decision to induce and force the delivery. The delivery was not good, and the results of the delivery devastating: A baby boy, with Down's Syndrome, brain dead but with, at birth, a heartbeat. Life support was begun. But, within 24 hours reality prevailed: Lisa and Aaron sadly agreed to disconnect life support and the baby died within minutes. There is a great sense of loss, a mourning for this child that was given a name. A full funeral is conducted at a funeral parlor with the family and close friends attending. Lisa and Aaron decide that this child will not be slighted: They take the body back to the mid-west for burial in a family plot. Now life can continue.

Several months pass. Lisa's physician declares her healthy and fully recovered and Lisa and Aaron decide to once again let nature take its course. Perhaps she'll become pregnant again. Another pregnancy is confirmed. But, within 3 weeks there are problems: Spotting of blood again. Absolute emotional panic ensues. A rush to the doctor who confirms her worst fears: The fetus has died. Within 48 hours Lisa's body spontaneously expels the dead fetus.

Then the most devastating revelation: Lisa and Aaron have an Rh incompatibility problem. At some point, subsequent to Aaron junior's birth, probably during the pregnancy with the full term Downs' Syndrome child, there was a rupture, however small, that allowed mixing of fetal and maternal blood, and resulted in her sensitization. It may be impossible for Lisa to bear additional children.

Anger, grief, disbelief and the search for a medical procedure to assist in the successful delivery of another child. Intra-uterine blood transfusions can be done, and have been successful. But there is uncertainty and there are absolutely no guarantees of success. The pregnancy might be aborted through the transfusion process, or the transfusion might produce a damaged baby. Sleeplessness, dreams, hallucinations of death of her other child, edginess, overprotectiveness, and a myriad of P.T.S.D. symptoms begin to emerge. And this event occurred only 3 weeks ago, in late July 1998.