

Factors Contributing to the Chronicity of PTSD in Combat Veterans

by Aphrodite Matsakis, Ph.D.

1. Psychological Factors

- a. Prior trauma
- b. Prior or resulting personality disorder, anxiety disorder, or other major psychiatric disorder.
- c. Meaning(s) attached to the traumatic event(s)
- d. Inadequate emotional, cognitive, and moral processing of traumatic event(s) — incomplete or partial therapy; i.e., little or no processing of core traumas
- e. Continuation of aggressor and/or victim role in current relationships

2. Societal Factors

- a. Emotional control as a cultural ideal
- b. Blame the victim attitudes in the environment
- c. Secondary wounding experiences
- d. Difficulty letting go of the hero or warrior image
- e. Sharpening of violent crime in U.S. society; re-creation of combat environment for veterans living in areas of drug-related violence or areas evidencing the breakdown of civilization
- f. The “hype” of combat vs. the routine of daily life
- g. Changes in sex roles: coping with changes in women’s status
- h. Increasingly mobile nature of US society: breakdown of family, community, church, and other groups

3. Physiological Factors

- a. Difficulty modulating and tolerating strong feelings
- b. Fight-flight-freeze reactions
- c. Regression: inability to differentiate emotions
- d. Learned helplessness
- e. Increased responsiveness to subsequent stress and anxiety

f. Difficulties modulating dependency and intimacy

4. Cognitive Factors

- a. Intolerance of mistakes in others and self
- b. Denial of personal difficulties
- c. Anger as a problem solving technique

5. Mid-Life and Aging

Possible attendant medical problems, loss of youthful appearance, diminution of sexual abilities, and interpersonal losses (death of parents and other relatives, teenage children leaving home), etc. can serve as reminders of the original trauma.

6. The long term effects of substance abuse and/or other negative forms of escape

7. Letting go of PTSD and vet identity as a form of “betrayal” of dead buddies; fear of and guilt about being happy

8. Survivor guilt

9. “Combat addiction” — neurophysiologic and behavioral aspects, as described in “Combat Addiction: Overview of Implications in Symptom Maintenance and Treatment Planning,” by Lionel P. Solursh, *Journal of Traumatic Stress*, Vol. 2, No. 4, 1989, pp. 451-462.