

## **Posttraumatic Stress Disorder Versus Simple Anger: Did the Plaintiff Experience a Trauma or a Merely a Grievance?**

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A wrongful termination lawsuit is filed. Among the many claims is a claim for emotional damages. Plaintiff states that the unfair firing led to nightmares, anxiety, insomnia, mood swings, disintegrating relationships with friends and family, and a loss of interest in sexual intimacy and in other activities that formerly brought pleasure. In short, the plaintiff claims damages caused by Posttraumatic Stress Disorder (PTSD). Is the plaintiff suffering from this serious psychiatric condition, or is the plaintiff merely angry at what happened? Did the plaintiff experience a trauma, or did the plaintiff merely experience a grievance.

Litigious plaintiffs, or their attorneys, often “diagnose” PTSD even prior to a psychological evaluation. They assume that PTSD occurred in reaction to the stress-inducing events that are the subject of litigation. Attorneys and many members of the general public have learned the term “PTSD” and have come to believe, mistakenly, that it can follow any event that causes, or might cause, a psychological trauma. One patient of mine recently proposed that her three year old daughter suffered from PTSD because the little girl witnessed a fire in a vacant lot in the neighborhood. The girl, in fact, suffered from no psychological problems at all, but the mother assumed that proximity to the stressful event *must* have caused this disorder—whether symptoms of the disorder were apparent or not.

Bona fide PTSD can serve as the basis for large damage awards, so one can easily understand plaintiff’s inclination to claim this condition. In actuality, though, many plaintiffs who claim PTSD may be suffering nothing more than anger and outrage at the events over which they are filing suit.

Plaintiff attorneys who fail to understand the true nature of PTSD may find their case falling apart when exposed to effective defense rebuttals. I have worked for the defense in cases where PTSD was alleged to have occurred in reaction to the following precipitating events:

- Consenting sex with a former psychotherapist
- Sexual harassment at a video store
- Being fired
- A mean look from a coworker
- Plaintiff’s wife forming a lesbian relationship with their marriage counselor

These events may be stressful or reprehensible, but, by definition, they are not the basis for PTSD. Further, to make a claim of PTSD in reaction to such stressors invites

the defense to consider the unfavorable and insulting diagnosis of malingering—the intentional exaggeration or simulation of illness for the purpose of yielding some benefit to the person claiming to be ill.

#### PTSD—Criterion A

Looking at the DSM-IV-TR, the Diagnostic and Statistical Manual of the American Psychiatric Association, Revision Four, Text Revision (2000), one finds the following description of the event (Criterion A) to which the PTSD sufferer must have been exposed for the diagnosis to be made :

- 1) the person 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, and
- 2) the person’s response involved intense fear, helplessness, or horror.  
Note: In children, this may be expressed instead by disorganized or agitated behavior

What is most important to note here is that the nature of the event needed to meet Criterion A is not a subjective matter for the victim to decide. The event must be objectively dangerous, even life threatening. Thus, for example, someone with fear of flying who believes that he or she will die because the airplane encounters moderate turbulence has not met Criterion A. Instead, that person is experiencing the emotional consequences of what is called a “simple phobia.” Just because someone says, or even believes, that he or she will die from the situation in question does not mean that Criterion A has been met. To take another example, sufferers from Panic Disorder often believe that they are about to die or experience a heart attack. Because no life-threatening circumstances had been encountered, Criterion A is not met, and these people must be diagnosed with Panic Disorder, no matter how similar their anxiety symptoms might be to other aspects of PTSD.

Many individuals, with a wide range of psychological problems, think about death and believe themselves to be, for various reasons, close to death or threatened with death. Such beliefs, as frightening as they may be, are not part of PTSD, and may not even occur in reaction to any particular trauma. They may, instead, result from inherent problems in the sufferer’s psyche. PTSD, in contrast, is a diagnosis that is only made following exposure to a truly dangerous event. In sum, Criterion A establishes the presence of a real trauma to which PTSD is a reaction.

#### PTSD—Criteria B through F

Criteria B through F describe the anxiety disorder that results from exposure to a traumatic event referenced in Criterion A. However—and this cannot be emphasized enough—PTSD cannot be diagnosed, no matter how similar the person’s anxiety manifestations are to Criteria B through F, in the absence of a triggering event that conforms to Criterion A. Criteria B through F, including such symptoms as exaggerated

startle, disengagement from others, and various form of reliving the trauma, are listed in the left column of the table below.

### Anger and PTSD

Because plaintiffs in civil litigation are so often angry over the events that gave rise to their lawsuits, it is worthwhile to consider the similarities between symptoms of PTSD and anger. One of the most likely alternative explanations for the plaintiff's claimed PTSD is that the plaintiff, or the plaintiff's attorney, is merely confusing the everyday experience of grievance-induced anger with this diagnostic entity.

The table below compares PTSD diagnostic criteria with commonplace manifestations of anger.

#### **Posttraumatic Stress Disorder versus the Ordinary Experience of Anger**

<i>PTSD Diagnosis</i>	<i>Ordinary Experience of Anger</i>
<b>Re-experiencing (one of more of the below required for PTSD)</b>	
Recurring and intrusive, distressing recollections of the event	The angry person "can't get it out of my mind how they mistreated me"
Recurrent distressing dreams of the event	The angry person often re-experiences the offending event in dreams
Acting or feeling as if the traumatic event were recurring (reliving, illusions, hallucinations, flashbacks, including those when awakening or intoxicated)	The angry person can ruminate about the offense so vividly that such rumination becomes difficult to distinguish from reliving experiences or flashbacks. "Flashbacks" is a word that, in common parlance, is now often confused with vividly recalling.
Intense psychological distress at exposure to internal or external cues that symbolize or resemble and aspect of the traumatic event	Anything that reminds the angry person of his or her outrage will cause them increased anger, rage or feelings of injustice.
Physiological reactivity on exposure to the above cues	Angry persons experience physiological reactivity, including rapid heart rate, sweating, muscle tension, accelerated breathing, etc.
<b>Avoidance (three or more of the below required for PTSD)</b>	
Efforts to avoid thoughts, feelings or conversations associated with the trauma	Angry litigants often will claim to be avoiding re-traumatization by avoiding all

Efforts to avoid activities, places or people that arouse recollections of the trauma	reminders of the grievance. Litigant will claim, "I can't drive by that street. It reminds me of _____." Often such claims are belied by obvious approach behavior, e.g., electing to attend depositions of witnesses, electing to read court related documents, seeking unneeded discussions with attorney about the grievance.
Inability to recall an important aspect of the trauma	Not typically found among angry persons
Markedly diminished interest or participation in significant activities	The angry person may also be depressed over the events subject to litigation. Depression leads to a loss of interest in activities much as does PTSD
Feelings of detachment or estrangement from others	Also caused by depression
Restricted range of affect, e.g., unable to have loving feelings	Commonly reported by anyone who claims a grievance, e.g., "I can no longer enjoy life the way I used to."
Sense of a foreshortened future, e.g., does not expect to have a career, marriage, children, or a normal life span	Frequently reported in depression, e.g., hopelessness about the future. In cases of anger, cause is often attributed to the defendant.
<b>Increased arousal (two or more of the below required for PTSD)</b>	
Difficulty falling or staying asleep	Commonly reported by anyone under stress
Irritability or outbursts of anger	Anger caused by the grievance, not a byproduct of increased arousal due to PTSD.
Difficulty concentrating	Distractibility based on preoccupation with the grievance.
Hypervigilance	May be caused by anger
Exaggerated startle response	Not often seen in angry persons but may be malingered in someone seeking the PTSD diagnosis.
<b>Other (both are required for PTSD)</b>	
Duration of disturbance more than one month	Same for anger
The disturbance causes significant distress or impairment in social, occupational or other important areas of functioning	Same for anger and litigation preoccupation.

Does Diagnosis Matter

One could accept the above logic, agree that PTSD is over-diagnosed, but still question the relevance of this discussion. Are we not merely quibbling about terms? Even if the plaintiff does not have true PTSD, does that make his or her suffering less real?

Actually, accurate diagnosis is of crucial importance in evaluating any emotional damage claim because only certain diagnoses can be attributed to the events being litigated while others are believed to trace back to early adulthood and endure regardless of particular stressors. Some diagnoses are, by definition, chronic, and some diagnoses, Borderline Personality Disorder, for example, will actually cause a person to mistakenly attribute harmful causality to run of the mill life events. Others, like chronic or recurrent major depression, can account for all of the reported symptoms of the plaintiff and may have predated the claimed trauma. Still others, like Adjustment Disorder, are minor and tend to resolve spontaneously shortly after the removal of the stressor. Unlike these other disorders, PTSD is especially attractive to plaintiffs seeking to recover emotional damages because: 1) it is a serious condition that adversely affects all aspects of life, 2) tends to be entrenched, to resist treatment and to be compensable, and 3) by definition it is caused by a trauma, thereby paralleling the causal language of lawsuits.

### Conclusion

Plaintiff attorneys should be well advised to carefully consider their claims of PTSD, lest they and their experts find themselves on shaky ground in court. Whenever PTSD is considered, plaintiff should seriously consider retaining a psychological expert to carefully establish the correct diagnosis. At the same time, defense attorneys should seriously consider demanding an independent psychological evaluation, if allowed, whenever PTSD is claimed in reaction to offensive, but not dangerous, events.