Post-Traumatic Stress Disorder Related to Cancer: Hope, Healing, and Recovery

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Post-traumatic stress disorder (PTSD) is defined as a psychiatric diagnosis "indicative of a disturbance of the normal capacity to resolve cognitive and emotional responses to a traumatic event" (Johnson, 2009, p. 3). PTSD is a complex, chronic disorder of overlapping comorbid symptoms, including anxiety and depression. Traumatic events such as the cancer experience are insufficiently processed by the individual, and symptoms can be reactivated by environmental or social triggers (Johnson, 2009). Childhood trauma is an identified risk factor for PTSD later in life (Fairbank, Putnam, & Harris, 2007); therefore, I must acknowledge my childhood, my young adulthood, and, foremost, my siblings. They are role models of perseverance in their own professional accomplishments and their unselfish dedication to society. I love them dearly.

My brother, Bill Gibson, a retired Army lieutenant colonel, works at the Pentagon and suffered the loss of friends and colleagues in the 9/11 attack. He volunteers every other weekend as a police officer in Washington, DC. My sister Carole Browne, PhD, is a researcher and professor of cellular biology at Wake Forest University in Winston-Salem, NC. Her microscopy research has contributed to the understanding of oncogenesis, and, throughout her accomplishments, she has survived bipolar depression. My younger sister Cindy Lodwig, BA, MA, is an elementary science teacher and also an eight-year survivor of breast cancer. Last, my youngest sister, Beth Morris, BA, has been a single mother and is now a director of human resources at the University of Pittsburgh in Pennsylvania.

My siblings were an anchor amidst a chaotic and often emotionally and physically abusive childhood. My father had narcissistic personality disorder and my dear mother has borderline personality disorder. Her love ranges from unconditional to raging outbursts of hate. My father, born and raised in the Midwest, bought a 46-foot cabin cruiser although he had never experienced boating, let alone been at the helm. My mother did not know how to swim and was deathly afraid of water. She never set foot on the moving boat without a life jacket. This is a metaphor for their relationship, and as a family we faced many rough seas.

Behind every psychiatric diagnosis—whether anxiety, depression, or PTSD—there is a human being whose life has been forever changed physically, emotionally, mentally, and spiritually. Reflecting back to childhood, we all can probably recall from personal memory or family stories our personalities, nicknames, individuality, and character. As the middle child of five, I was known to my family as the "happy child with the smiling face." My mother tells the story that, by kindergarten, I would be devastated when I felt someone did not respond to me with equal love and attention, always chanting, "Doesn't everybody love me?"

My parents bitterly divorced at the time of my adolescence and my father abandoned our family, physically and financially. During my high school years, I became a mother figure to my younger two sisters, ages eight and six, as my older siblings went off to college. Life as I had known it became no less traumatic as my mother sunk into a deep depression and became emotionally unavailable. It was not unpredictable that I would choose nursing as my career. My natural caretaking tendencies were solidified in the tender years of adolescence and feelings of safety and trust were rocked to the core. I was codependent before it became fashionable.

My enthusiasm to begin my professional nursing career can be summed up by artist Leigh Standley (2007a), "I am fairly certain that given a cape and a nice tiara, I could save the world." I am sure that most nurses can