

Afghanistan.³ Similar findings emerged in studies conducted after September 11⁴ and in research on Israeli survivors of combat⁵ and terrorism.⁶

The awareness that exposure to trauma may result in elevated rates of post-trauma reactions is important. However, physicians concerned with how people survive trauma can be reassured that the majority of the population is most likely to demonstrate psychological resilience, rather than psychopathology.

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DR. LIFTON REPLIES: In studies of survivors of war and the Holocaust — and in more general observa-

tions on the psychology of the self — I, too, have been impressed by the human capacity for resilience.^{1,2} Much of my article was about that capacity, as manifested among survivors seeking illumination from their experience. But we best understand our species by recognizing not only our resilience but also our vulnerability. This vulnerability was greatest among those I spoke of as immediate survivors (of combat in Vietnam or Iraq or of proximity to the targets on September 11, 2001), and it is evident in most studies of severe trauma. Though responses vary, many survivors experience profound psychological effects. Hoge et al., whose article is cited by Drs. Neria and Gross, reported a prevalence of PTSD of 12.7 percent among U.S. troops in Iraq after they had been in three to five firefights and of 19.3 percent after more than five.³ The authors called this a conservative estimate, which did not take into account the severely wounded; they recommended broader screening for PTSD.

Our awareness of human resilience should not cloud our recognition of the assaults on the psyche brought about by war and other forms of exposure to mass killing and dying.

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Ventricular Fibrillation after Stun-Gun Discharge

TO THE EDITOR: The question of the safety of the use of “stun guns” by law-enforcement agencies has been raised in the news.¹ Deaths after discharges from such devices (Tasers) have been reported, although no definite causative link between death and the use of a stun gun has been made.^{2,3}

An adolescent was subdued with a Taser stun gun and subsequently collapsed. Paramedics found the adolescent to be in ventricular fibrillation (Fig. 1A) and began performing cardiopulmonary resus-

citation within two minutes after the collapse. After four shocks and the administration of epinephrine, atropine, and lidocaine, a perfusing rhythm was restored (Fig. 1B). The adolescent made a nearly complete recovery and was discharged from the hospital several days later. This case of ventricular fibrillation after a discharge from a stun gun suggests that the availability of automated external defibrillators to law-enforcement personnel⁴ carrying stun guns should be considered.

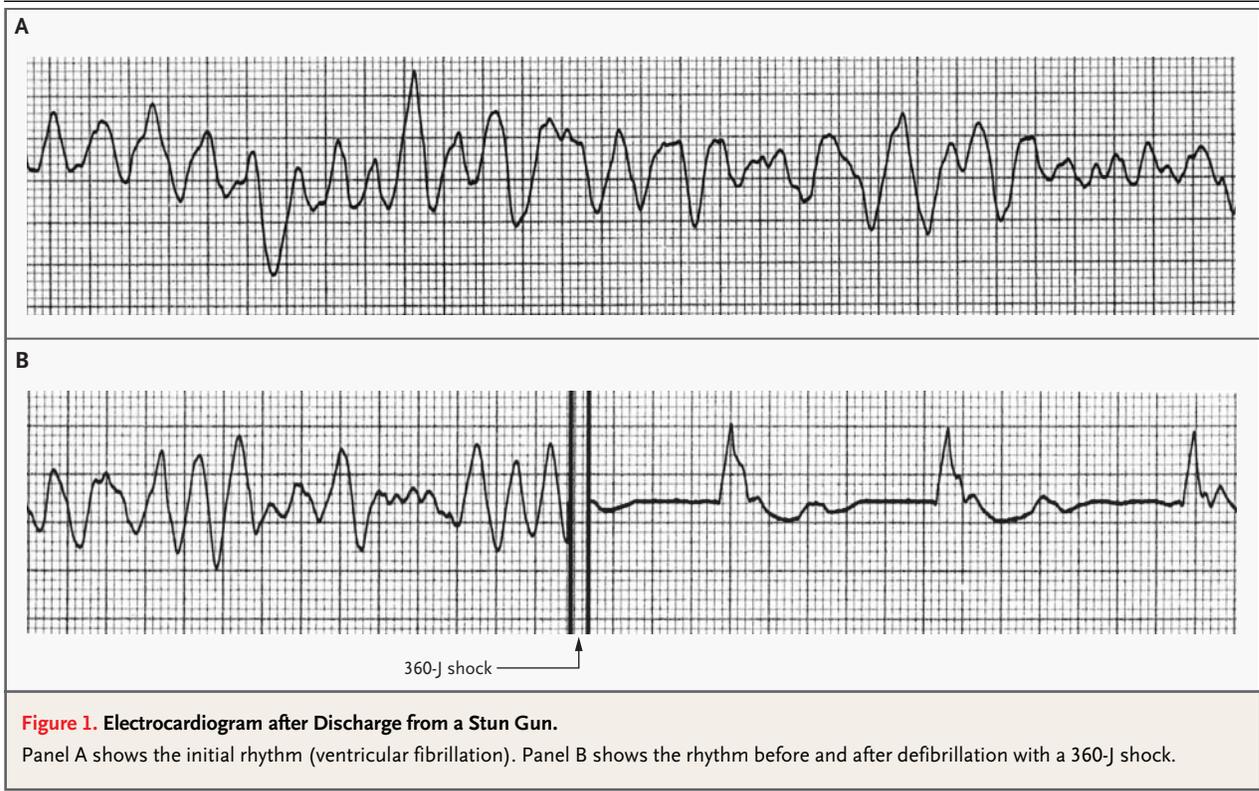


Figure 1. Electrocardiogram after Discharge from a Stun Gun.

Panel A shows the initial rhythm (ventricular fibrillation). Panel B shows the rhythm before and after defibrillation with a 360-J shock.

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