

SYMPTOMS OF PTSD

IN COMPLEX DISSOCIATIVE DISORDERS



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WHAT IS PTSD?

PTSD involves a set of symptoms that arise after a traumatizing event (or many events). These symptom groups include:

- ▼ Avoidance
- ▼ Intrusion of traumatic memories
- ▼ Physiological dysregulation

These symptoms will be discussed further later on in this chapter. Posttraumatic stress symptoms develop some time after a traumatizing event. For example, PTSD is commonly seen in many victims of:



WAR



RAPE



**NATURAL
DISASTERS**

People with PTSD often also experience **depression**, **substance abuse**, and **physical complaints**. Some professionals have proposed a diagnosis called Complex PTSD, which is a category that fits somewhere between PTSD and dissociative disorders (Herman, 1992; Pelcovitz, Van der Kolk, Roth, Mandel, Kaplan, & Resick, 1997; Van der Hart, Nijenhuis, & Steele, 2005).

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WHAT ARE THE SYMPTOMS OF PTSD?

Basic symptoms of PTSD include three core groupings:

- ▼ Intrusions of traumatic experiences (for instance, flashbacks, nightmares)
- ▼ Avoidance, numbing, and detachment
- ▼ Hyperarousal (startle reflex, anxiety, fear, agitation)

1. Intrusion Symptoms

- Flashbacks, that is, reliving some or all of a traumatizing event as though it is happening in the present. Flashbacks can involve images, smells, sounds, taste, emotions, thoughts, and physical sensations.
- Nightmares of traumatizing events or of similar content.
- Hallucinations, delusions, or illusions that are related to traumatizing events.
- Severe, recurring anxiety reactions or panic, with heart palpitations, rapid breathing, sweating and trembling, and sense of impending doom.
- Feeling paralyzed with fear or wanting to run away.

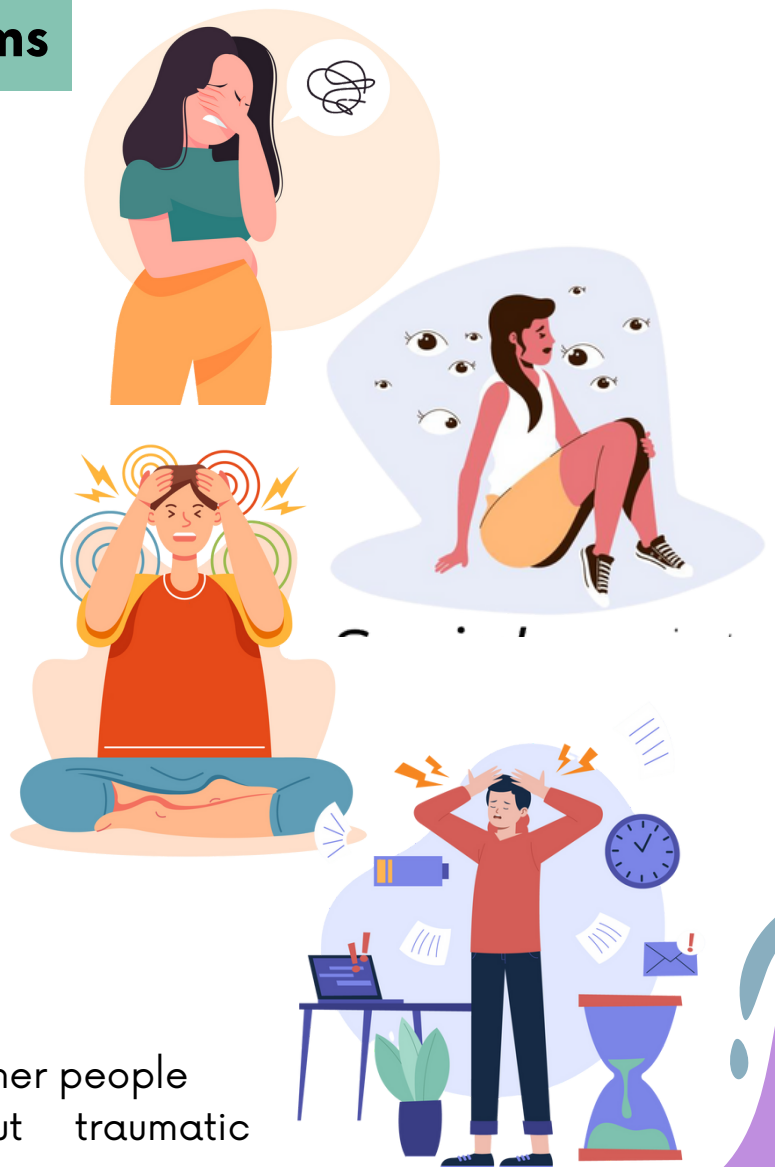


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These reactions mainly occur in situations that remind (trigger) you of a past traumatizing event, or rather some part of yourself that is “stuck” in that original situation, that is, living in traumetime (Van der Hart, Nijenhuis, & Solomon, 2010). Thus, that part responds to these reminders with the same sense of overwhelming threat as was the case in the past.

2. Avoidance Symptoms

- Strong efforts to avoid any thoughts, feelings, or situations that might evoke traumatic memories, for example, by focusing too much on work, excessive cleaning, staying too busy, using drugs or alcohol, or spacing out
- Amnesia, that is, inability to recall some or all of significant aspects of traumatizing events
- Emotional numbness
- Inability to enjoy life or feel love
- Feeling as though you are on automatic pilot
- Isolation and avoidance of other people
- Reluctance to talk about traumatic experiences



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3. Hyperarousal Symptoms

- Persistent physical symptoms of tension: tenseness, agitation, restlessness, impatience, and feeling constantly on the alert
- Jumpiness, easily startled, and hypersensitivity to what is going on around you
- Irritability, outbursts of anger or rage
- Emotional outbursts
- Serious difficulty falling asleep or frequent waking
- Concentration and attention problems



Our bodies and minds are innately prepared to deal with emergency threat situations by automatically shutting down certain activities and enhancing others. For example, digestion is slowed down, heart rate and breathing increase, blood rushes to the brain and limbs, and our muscles tense to prepare for running away or fighting. We shift from a “normal, everyday” state in which we love, learn, work, and play, to one of high alertness that involves hypervigilance, fight, flight, and/or freeze. Activity shifts from the parts of our brain that help us think through complex problems to the parts of the brain that help us react in life-threatening situations during which there is probably not enough time to think about options.

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These automatic actions can help us survive threat in the same way that animals of prey use them to survive a predator. Unfortunately, when dissociation occurs, parts of the personality can become stuck or fixed in being hyperaroused. When these parts are activated, you will experience symptoms of hyperarousal.

3. Hyperarousal Symptoms

Although hypoarousal symptoms are not currently included in the symptoms of PTSD, there has been increasing awareness and acceptance of the fact that some people experience a kind of dissociative shutdown in response to trauma, rather than hyperarousal (Lanius et al., 2010).

In fact, most people with PTSD alternate between these two physiological conditions, both of which many experts consider to be dissociative. We humans are very much like mammals in our reactions to danger. In addition to hyperarousal, we—like our animal cousins—have a line of defense that involves hypoarousal. It is an automatic, unconscious physiological strategy to help ensure survival when there are no other options available. Heart rate and breathing slow drastically, muscle tone becomes limp, and our mind and bodies go into a kind of deep hibernation. We conserve energy by going into this automatic state of “collapse,” sometimes called “death feigning” in animals. Opossums do this when they “play dead.” Symptoms of posttraumatic hypoarousal include the following:



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- Emotional numbness
- Physical numbness, inability to feel pain
- Blank mind, unable to think or speak
- Profound detachment
- Inability to move or respond
- Extreme drowsiness and even temporary loss of consciousness



Just as with hyperarousal, hypoarousal reactions may be due to the intrusion of a part of the self that is chronically in this physical condition. Usually these parts are triggered when hyperaroused parts can no longer be effective or become exhausted.

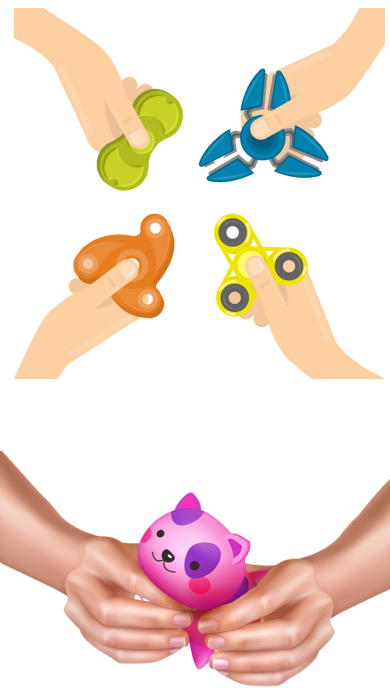
DID AND DDNOS AS COMPLEX POSTTRAUMATIC STRESS DISORDERS

DID and DDNOS are considered to be complex trauma-related disorders on a continuum with PTSD. Thus, most people with a complex dissociative disorder have a degree of chronic posttraumatic stress symptoms. Each part of the personality may be stuck in a particular group of PTSD symptoms. For example, some parts that are fixated in traumatic memories are chronically hyperaroused, while others are extremely shut down (hypoaroused). Some parts, usually those functioning in daily life, are avoidant and emotionally constricted, or sometimes are irritable and impatient, depressed, and have nightmares and other intrusive symptoms. The work you accomplish with this manual will help you develop a strong foundation for resolving these posttraumatic stress symptoms.

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STRESS REDUCTION AND HEALING EXERCISE

When you have posttraumatic stress symptoms, it is important to learn how to reduce your stress and feel calmer and more present. The exercise that follows, or a variation that you create yourself, may be helpful to you. You will need a stress ball, also sometimes called a squeeze ball—a small soft ball that fits in the palm of your hand and which you can squeeze. These are very inexpensive and are readily available in a wide variety of stores or online. You will also need a small object to hold in your hand that represents healing and calm for yourself. Perhaps this may be one of your anchoring items, which you developed earlier, or a rock, a stuffed animal, a book— whatever you can hold in your hand and that feels right to you.



Find a position that feels comfortable, preferably sitting or standing, both feet on the floor. If you are standing, place your feet slightly apart, in line with your shoulders and keep your knees slightly bent, that is, do not lock your knees. Begin the exercise by holding a stress ball in your nondominant hand (for the right-handed person, this is the left hand and vice versa). Concentrate your attention on your nondominant hand.

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Squeeze the ball as hard as possible while you imagine that you are letting all the tension and unpleasant feelings converge from all over your body and begin to flow toward your arm, down your arm, down into your hand, and then flow through your hand into the ball. You can visualize the ball as working like a magnet, drawing all the tension towards it, through your



shoulder and your arm, your hand and fingers. Watching the ball and noticing your squeezing motions may help you stay focused and present. When the ball is saturated like a sponge with your tension and unpleasant feelings, you can open your hand and let go of the ball, allowing all your tension to be held in the ball, away from you. As soon as you let go of the ball, the tension leaves it and dissipates into the air, disappearing from the room. You can practice this exercise several times until you feel that all negative tension has been released out of your body. You might remind all parts of yourself that they are also welcome to use the ball to release their tension, too. When you feel calmer and less stressed, let go of the ball one last time and turn your attention to your dominant hand (that is, the hand that you use most often; for most people, this will be the right hand), and follow the suggestions below.

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When you feel calmer and less stressed, let go of the ball one last time and turn your attention to your dominant hand (that is, the hand that you use most often; for most people, this will be the right hand), and follow the suggestions below.



Choose an object that you can easily hold in your hand, and which symbolizes a sense of well-being or healing for you, perhaps one of your anchors to the present. Hold this object in your dominant hand. Imagine that this object holds all the wellbeing and healing that you need: a sense of safety and contentment, of peace and calm, of mental and emotional clarity, free of

tension and conflict. Now allow these feelings of well-being and healing to radiate warmly and gently from the object through your hand, your arm, your shoulder, all through your body. Allow it to gently flow through your body, your mind, and your heart. All parts of you can take in this well-being and healing in their own way, in a way that works for them. With each breath in, allow more well-being and healing to flow through you. With each out breath, let any remaining tension go.

Your dominant hand can effortlessly evoke a sense of well-being by recalling the object's shape, texture, temperature, and color, allowing you to fully experience positive feelings and healing sensations anytime you choose.

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HOMEWORK SHEET 1

IDENTIFYING PTSD SYMPTOMS

Check or underline any PTSD symptoms that you might have recently experienced. If you are not currently experiencing any symptoms, circle those you have had in the past.

INTRUSION SYMPTOMS

- Flashbacks, that is, reliving some or all of a traumatizing event as though it is happening now. Flashbacks can involve images, smells, sounds, taste, emotions, thoughts, and physical sensations.
- Nightmares
- Hallucinations, delusions, or illusions that derive from traumatizing events
- Severe, recurring anxiety reactions or panic
- Feeling paralyzed with fear or wanting to run away

AVOIDANCE SYMPTOMS

- Strong efforts to avoid any thoughts, feelings, or situations that might evoke traumatic memories, for example, by focusing too much on work, excessive cleaning, staying very busy, using drugs or alcohol
- Amnesia, that is, inability to recall some or all of significant aspects of traumatizing events
- Emotional numbness
- Inability to enjoy life or to feel love

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- Feeling as though you are on automatic pilot
- Isolation
- Unwillingness to talk about your experience, shutting yourself off from others

HYPERAROUSAL SYMPTOMS

- Persistent physical symptoms of tension: tenseness, agitation, restlessness, lack of patience, and feeling constantly on the alert
- Jumpiness, easily startled, and hypersensitivity to what is going on around you
- Irritability, episodes of rage or crying
- Difficulty falling asleep or frequent waking
- Concentration and attention problems

HYPOAROUSAL SYMPTOMS

- Physical numbness, inability to feel pain
- Blank mind, unable to think or speak
- Profound detachment
- Inability to move or respond
- Extreme drowsiness and even temporary loss of consciousness

HOMEWORK SHEET 2

MY COPING SKILLS FOR PTSD SYMPTOMS

You have probably been living with trauma-related symptoms for a large part of your life, and you have likely already discovered certain things that can be of help.

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For example, perhaps you call a friend, write or use art, take a walk, go shopping, meditate, or exercise. Make a list some of the helpful ways you have learned to cope with these symptoms. You can add more strategies as you learn them over time.

1

2

3

4

5

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HOMEWORK SHEET 3

REPEAT PRACTICE: LEARNING TO IDENTIFY AND COPE WITH DISSOCIATIVE PARTS OF YOURSELF

1. Describe an experience of noticing a part of your personality (this may be some inner experience, such as hearing a voice, or a situation in which another part was active in the world)

2. What was your reaction to this part of you? (For example, what did you think, feel, sense, or do?)

3. What might help you become more accepting of this part? (For example, you might try understanding why this part of you feels a certain way, or know that you can get help in working with this part from your therapist.)
