

## CHAPTER FOUR

# Symptoms of Posttraumatic Stress Disorder (PTSD) in Complex Dissociative Disorders

### AGENDA

- Welcome and reflections on previous session
- Homework discussion
- Break
- Topic: Symptoms of PTSD in Complex Dissociative Disorders
  - Introduction
  - What Is PTSD?
  - What Are the Symptoms of PTSD?
  - DID and DDNOS as Complex Posttraumatic Stress Disorders
  - Optional Reading: Complex PTSD and Dissociation
- Homework
  - Reread the chapter.
  - Complete Homework Sheet 4.1, Identifying PTSD Symptoms.
  - Complete Homework Sheet 4.2, My Coping Skills for PTSD Symptoms.
  - Complete Homework Sheet 4.3, Repeat Practice: Learning to Identify and Cope With Dissociative Parts of Yourself.
  - Practice the Stress Reduction and Healing exercise from this chapter at least once a day.

## Introduction

Trauma-related disorders have extensive overlap in symptoms, so it is possible for a person to fit several diagnostic categories. This does not mean more is wrong with you; rather, it speaks to the fact that descriptions of trauma-related disorders are not very precise and have a lot of overlap. In this chapter we will discuss some of the most basic and common symptoms of trauma-related disorders, those of posttraumatic stress disorder (PTSD). Dissociative disorders are considered to be more complex forms of PTSD that arise when traumatizing events affect a child's normal personality development, and in fact, many PTSD symptoms involve dissociation. Thus, it is likely that you have had or currently experience some symptoms of PTSD. Once you understand these symptoms, you can work to overcome them with some practical skills.

## **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, and 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, and 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). If you like, you may read more about that proposed diagnosis in the optional reading material at the end of the chapter.

## **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)

## ***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

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 trauma-time (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.

## ***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

## ***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. 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.

### ***Hypoarousal 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:

- 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.

## **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.

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.

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 well-being 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.

Whenever you wish to remind yourself of this sense of well-being, your dominant hand can automatically recall the feeling of the object, its shape and texture, its temperature and color, and you can fully experience those positive feelings and sensations of well-being and healing once again. As you practice more, your dominant hand can almost automatically close as though holding the object of your healing, and at any time you wish or need, you can once again experience that sense of well-being and healing.

## **Homework Sheet 4.1**

### **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
- 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 4.2**

### **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. 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.

## **Homework Sheet 4.3**

### **Repeat Practice: Learning to Identify and Cope With Dissociative Parts of Yourself**

This homework sheet is meant to help you practice more of what you learned in [chapters 2](#) and [3](#).

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.)

### **Optional Reading: Complex PTSD and Dissociation**

Some clinicians who work extensively with PTSD have found that many trauma survivors who experienced chronic interpersonal traumatization tend to have more problems and symptoms than those who only have PTSD and who have experienced a single trauma. They thus proposed a new diagnostic category, sometimes referred to Complex PTSD or disorders of extreme stress, not otherwise specified (DESNOS; Herman, 1992; Pelcovitz et al., 1997). This diagnosis is not yet included in the *DSM* or *ICD*. People with complex dissociative disorders typically suffer from at least some of the symptoms of Complex PTSD described in the next section. As noted earlier, this proposed diagnosis falls somewhere in the middle of a continuum of trauma-related disorders, between PTSD and the currently recognized dissociative disorders in *DSM-IV*. For those with a dissociative disorder, various parts of the personality may have these symptoms, and they may be

experienced by you, the person as a whole.

## ***Symptoms of Complex PTSD***

Complex PTSD consists of six symptom clusters, which also have been described in terms of dissociation of the personality (Van der Hart et al., 2005). Of course, people who receive this diagnosis often also suffer from other problems as well and diagnostic categories may overlap significantly (Dorrepaal et al., 2008). The symptom clusters are described next.

### *Alterations in Regulation of Affect (Emotion) and Impulses*

Almost all people who are seriously traumatized have problems in tolerating and regulating their emotions and urges or impulses. However, those with Complex PTSD and dissociative disorders tend to have more difficulties than those with PTSD because disruptions in their early development have inhibited their ability to regulate themselves. The fact that you have a dissociative organization of your personality makes you highly vulnerable to rapid and unexpected changes in emotions and sudden impulses. Various parts of the personality intrude on each other either through passive influence or switching (see [chapter 3](#)) when you are under stress, resulting in dysregulation. Merely having an emotion, such as anger, may evoke other parts of you to feel fear or shame, and to engage in impulsive behaviors to stop or avoid the feelings.

### *Changes in Attention and Consciousness*

People with Complex PTSD suffer from more severe and frequent dissociative symptoms, as well as memory and attention problems than those with simple PTSD. In addition to amnesia due to the activity of various parts of the self, people may experience difficulties with concentration, attention, other memory problems, and general spaciness. These symptoms often accompany dissociation of the personality, but they are also common in people who do not have dissociative disorders. For example, almost everyone can be spacey, absorbed in an activity, or miss an exit on the highway. When various parts of the personality are active, by definition, a person experiences some kind of abrupt change in attention and consciousness.

### *Changes in the Perception of Self*

People who have been traumatized in childhood are often troubled by guilt, shame, and negative feelings about themselves, such as the belief that they are unlikable, unlovable, stupid, inept, dirty, worthless, lazy, and so forth. In complex dissociative disorders there are typically particular parts that contain these negative feelings about the self while other parts may evaluate themselves quite differently. Alternations among parts thus may result in rather rapid and distinct changes in self-perception (Van der Hart et al., 2005).

### *Changes in Relationships With Others*

It is especially hard to trust other people if you have been repeatedly abused, abandoned, or betrayed as a child. Mistrust makes it very difficult to make friends, and to be able to distinguish between the good and bad intentions in other people. Some parts do not seem to trust anyone, while other parts may be so vulnerable and needy that they do not pay attention to clues that perhaps a person is not trustworthy. Some parts like to be close to others or feel a desperate need to be close and taken care of, while other parts fear being close or actively dislike people. Some parts are afraid of being in relationships, while others are afraid of being rejected or criticized. This naturally sets up major internal as well as relational conflicts.

### *Somatic (Physical) Symptoms*

People with Complex PTSD often have medically unexplained physical symptoms such as abdominal pains, headaches, joint and muscle pain, stomach problems, and elimination problems. These people are sometimes most unfortunately mislabeled as hypochondriacs or as exaggerating their physical problems. But these problems are real, even though they may not be related to a specific physical diagnosis. Some dissociative parts that are stuck in past experiences that involved pain may intrude such that a person experiences “unexplained” pain or other physical symptoms. And more generally, chronic stress affects the body in all kind of ways, just as it does the mind. In fact, the mind and body cannot be separated. Unfortunately, the connection between current physical symptoms and past traumatizing events is not always so clear to either the individual or the physician, at least for a while. At the same time, we know that people who have suffered chronic trauma

are much more likely than the average person to suffer from serious medical problems. It is therefore very important that you have physical symptoms checked out, to make sure you do not have a problem for which you need medical help.

### *Changes in Meaning*

Finally, chronically traumatized people lose faith that good things can happen and people can be kind and trustworthy. They feel hopeless, often believing that the future will be as bad as the past, or that they will not live long enough to experience a good future. People who have a dissociative disorder may have different sets of meaning in various dissociative parts. Some parts may be relatively balanced in their worldview, others may be despairing, believing the world to be a completely negative, dangerous place, while other parts might maintain an unrealistic optimistic outlook on life.