





July Newsletter!

What is **PTSD**?

Most people associate PTSD (post-traumatic stress disorder) with those who have been in war. This is because the previously named 'shell shock' was a diagnosis given to soldiers of war. It was first named so by Charles Myers about several soldiers suffering from similar symptoms during WW1, soldiers suffering from memory loss, shock and other symptoms previously related to 'hysteria', a diagnosable mental illness in the Diagnostic and Statistical Manual of Mental Disorders (DSM). but in 1980, in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) published by the American Psychiatric Association, this was replaced by the now well-known term post-

traumatic stress disorder (PTSD)

PTSD is an anxiety disorder that presents itself after a traumatic event or those who have experienced or been a witness to a traumatic event, a car crash, a rape, a natural disaster etc. often, PTSD presents itself months or sometimes years after an event and is identified by a pattern of symptoms that last longer than 3 months and that significantly affects daily life.

Symptoms of PTSD

Symptoms of PTSD can vary from person to person, so there is no one set checklist to refer to. But most symptoms experienced can be categorised into a few specific areas, and it is from these categories that the DSM-5 use for formal diagnoses.

Reexperiencing

- a. Nightmares
- b. Flashbacks
- c. Physical responses to triggers

avoidance and emotional numbing

- a. avoiding people places
- b. avoiding internal memory's

Negative alterations in cognitions and mood

- a. Loss of memory or fragmented memory
- b. Feeling disconnected from people/feelings
- c. Loss of interest in things you used to enjoy
- d. Finding it hard to be positive

Hyperarousal

- a. Hypervigilant
- b. Aggressive/angry
- c. Risk-taking behaviours
- d. Having trouble concentrating
- e. Jumpy

PTSD vs CPTSD

People often know about PTSD but not so commonly Complex Post Traumatic Stress Disorder (CPTSD). CPTSD was first Mentioned in 1988 by Dr Judith Herman of Harvard University. She suggested that a new diagnosis, complex PTSD, was needed to describe long-term trauma symptoms.

Individuals who had experienced prolonged trauma or trauma from a young age experienced additional symptoms from the PTSD diagnoses.

These symptoms include

- Behavioural difficulties (e.g. impulsivity, aggressiveness, sexual acting out, alcohol/drug misuse and self-destructive behaviour)

- Emotional difficulties (e.g. affect lability, rage, depression and panic)

- Cognitive difficulties (e.g. dissociation and pathological changes in personal identity)

- Interpersonal difficulties (e.g. chaotic personal relationships)

- Somatisation (resulting in many visits to medical practitioners)

Although CPTSD is not recognised within the DSM-5, mental health professionals are aware of it, and there are therapies catered for this disorder

Kind regards, Your Team at Company Name



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