

## Complex PTSD

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People who experienced personal trauma when they were very young, or even in infancy, are at risk for not only post-traumatic stress disorder (PTSD) but also for a range of difficulties that result from the disruptions of self-regulating systems. These have been called "Complex" PTSD or "disorders of extreme stress not otherwise specified."

Many individuals who have been diagnosed with personality disorders or severe mental illnesses (such as schizophrenia, bipolar disorder, or dissociative disorders) have experienced early life personal trauma. The lasting effects that early life trauma can have on emotional and social functioning and physical health therefore are of potential interest to these persons, their families, the advocacy organizations that represent them (such as the National Alliance on Mental Illness and the Mental Health Association), and the mental health professionals who provide them with treatment. Although early life trauma does not appear to cause serious mental illnesses, the emotional and bodily problems that trauma can cause may worsen the symptoms of these illnesses. Therefore, recovery from mental illness may be enhanced if Complex PTSD is recognized and treated effectively.

PTSD has been recognized by the medical and mental health professions for almost a century, dating back to the identification of soldiers with "shell shock" in World War I. It was recognized officially as a diagnosis by the American Psychiatric Association in 1980, largely as a result of advocacy by Vietnam military veterans and their families, and by women who suffered domestic violence. People with PTSD have persistent anxiety, fear, and bodily arousal which can lead to problems with anger, irritability, sleeplessness, intimacy, and a loss of the ability to feel most emotions.

People suffering from Complex PTSD typically have experienced psychological traumas that caused them to experience intense insecurity and fear in early childhood, such as maltreatment (abuse or neglect), the death of a caregiver, or family violence.

Complex PTSD involves three different fundamental problems with features that set it apart from PTSD's otherwise recognizable problems with anxiety, anger and emotional numbing. With Complex PTSD the defining features include (1) emotion dysregulation, (2) pathological dissociation, and (3) stress-related breakdowns in bodily health.

When emotions are dysregulated, they can shift unpredictably so that a person never knows what she or he will be feeling from moment to moment. Emotions may be extreme in their intensity, appearing as terror, rage, despair, or paralyzing guilt, shame, and self-loathing. And the person cannot get over the distress and regain the ability to think clearly for prolonged periods, even when attempting to calm down or when other people attempt to provide support or reassurance. It is a state that is very similar to the inconsolable distress that young children experience if they are unable to form a secure attachment to primary caregivers.

The second feature of Complex PTSD is pathological dissociation. This involves a sudden and involuntary loss of the ability to know who you are, where you are, and what you are feeling and thinking. When people dissociate, they tend to feel as if they have become unpleasantly divided within themselves. Dissociation may take the form of feeling confused and "in a daze," as if they are "on automatic pilot" or "in a dream." These are normal feelings that can come and go for anyone, but when they persist and the person feels that it is not possible to "get my mind back in focus." The dissociation can lead to feeling that you are not in control of your own mind and body, like you're not really yourself or where you are seems like it's not real.

Temporary mild dissociation is common when people experience psychological trauma. However, persistent severe dissociation is not. Why some continue to have problems with dissociation and others do not is not fully understood. However, dissociation appears to be a form of biological, emotional, and cognitive "overload" that can become a persistent problem if it begins (like emotion dysregulation) with psychological trauma in early childhood.

The third core feature of Complex PTSD is a breakdown in bodily health that cannot be fully explained by physical injuries or medical illness. Individuals with Complex PTSD often describe their bodies as "falling apart," or "damaged and broken," or "in constant pain." Children who experience maltreatment, extreme poverty, or violence in their families or communities are prone to develop medical illnesses. When these physical health problems fail to respond as expected to medical treatment or become a main focus and preoccupation in the person's life, this is a sign of possible Complex PTSD. It does not cause serious medical illnesses (or physical pain), but it is a condition of staying on "high alert" that is stressful not just emotionally but also creates a strain on the body. The physical health problems that occur are real medical conditions, but they are more severe and distressing, and less amenable to medical treatment, because the body is under stress.

As a result of the combination of emotion dysregulation, persistent dissociation, and bodily breakdowns, people suffering Complex PTSD tend to have serious problems in self-esteem, relationships, and finding a sense of meaning in their lives. They tend to feel self-critical or even self-hatred. They often engage in risky behavior such as exposing themselves to physical danger in the form of accidents, fights, or unprotected sex. They have major ups and downs in relationships. And they often feel that life is pointless and hopeless. When past traumas involved being the victim of purposeful assaults, abuse, torture, or war atrocities, complex PTSD also may include "altered perceptions of perpetrators" --beliefs that include chronic hatred, intimidation, or sympathy for those who caused harm.

There is some debate and controversy about whether Complex PTSD is distinct from PTSD, a subset of it, or another name for other psychiatric disorders. Complex PTSD was proposed as a separate psychiatric diagnosis from PTSD in the early 1990s when the American Psychiatric Association was revising the DSM-IV. However, it was not codified as a separate diagnosis because it was judged to be similar to other diagnoses. This question is again being debated in the mental health professions as a new guidebook for psychiatric diagnoses, the fifth revision of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-V), is being created. This revised guide for mental health diagnosis will not be finalized until at least 2012, while study groups discuss the evidence for and against different diagnoses.

Clinicians who view Complex PTSD as a useful distinct diagnosis are making that case, but the outcome will not be known for another five years.