



International Society for the Study of Trauma and Dissociation

Post-Traumatic Stress Disorders

What is a Post-Traumatic Stress Disorder?

Traumatic events are quite common. Some people who experience very stressful events do not develop a disorder. However, when people do develop a trauma-related disorder, they can experience a range of distressing symptoms.

Mental health professionals use diagnoses to help them understand and communicate about mental health symptoms. While diagnoses are helpful, they also have limitations. Our current way of diagnosing trauma-related disorders has some problems. These disorders do not fully describe all aspects of traumatic experience such as emotional trauma, neglect and abandonment. Diagnoses can also overlook the inter-personal and identity problems that many survivors have.

Despite these problems, it can be helpful for a trauma survivor to understand the current commonly used diagnoses. These are outlined below.

Post-Traumatic Stress Disorder (PTSD)

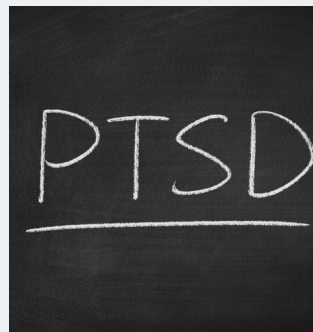
Post Traumatic Stress Disorder (PTSD) is a diagnosis given to people who have experienced, or witnessed others being exposed to actual or threatened death, serious injury or sexual violence.

Survivors with PTSD often feel afraid that the event is going to happen again. They may not fully realize that the traumatic event is over. As a result of trying to cope with the trauma various parts of their life are affected.

PTSD changes the way memory works. Essentially, the brain of a survivor is trying to do two things at once. It is trying to avoid the traumatic memory, as it is so upsetting. At the same time, it is also trying to process and make meaning of the trauma.



As a result, a person with PTSD switches between having 'too much memory' and 'too little memory' of the trauma. For example, they may find it hard to remember important parts of the trauma, but they can also have detailed nightmares. They may spend much of the time 'forgetting' the trauma, then suddenly relive the event so intensely that it feels like it is happening all over again. This is called a "flashback".



As part of the avoidance, survivors also try to avoid things that remind them of the trauma (these can be called 'triggers'). This can lead them to withdraw more and more from daily life. Sometimes trauma survivors begin to drink, use drugs or work too much to avoid feelings and memories.

PTSD causes people to switch between 'feeling too much' and 'feeling too little'. Someone with PTSD may feel intense fear, anger, shame or guilt. They may feel jittery or irritable and find it hard to concentrate. Getting to sleep can become more difficult and sleep can be interrupted.

However, survivors may also feel flat, depressed, numb or 'shut down'. Sometimes survivors find they don't get enjoyment out of the things they used to enjoy. They may have less interest in activities and other people. As people attempt to cope with these symptoms, they may have headaches, body pain or digestion troubles. They may also experience relationship difficulties.

For a diagnosis to be made, the person must have had certain symptoms for more than one month.

Complex PTSD

This diagnosis is now an officially recognized diagnosis by the World Health Organization.

Complex PTSD is a diagnosis used when people have experienced repeated and prolonged traumatic events, from which escape is difficult or impossible. (This could include torture, slavery, genocide campaigns, prolonged domestic violence, or repeated child abuse).

People with this disorder experience the same symptoms as PTSD. In addition, they have significant and long-term problems with regulating or managing their moods, often having strong emotions which feel uncontrollable.

Survivors of Complex Trauma have learned that close relationships are not safe. They may not trust people. Close contact with others can feel threatening. For example, if you have Complex PTSD you may find that you vary between seeking closeness in relationships and then needing to push others away.

People with Complex PTSD often see themselves in a negative way. They may feel 'broken', defeated or worthless. It is also common to have strong feelings of shame, guilt or failure related to the traumatic event.

Acute Stress Disorder

People with Acute Stress Disorder experience the same symptoms of PTSD, but Acute Stress Disorder is used when the symptoms have been present from between three days and one month after the trauma.

People with Acute Stress Disorder will typically experience recurring intrusive thoughts, memories or dreams about the event, will try to avoid reminders of the event and may also have dissociative symptoms such as depersonalization and derealization (For more information on dissociative symptoms, see Fact Sheet III: Trauma Related Dissociation: An Introduction)

If the symptoms continue past a month then a diagnosis of PTSD is made instead.

Not all people with Acute Stress Disorder will go on to have PTSD. Symptoms often reduce in that first month.

Dissociative Disorders

Trauma, particularly Complex Trauma, has also been strongly related to having a Dissociative Disorder. These disorders are outlined in Fact Sheet IV: What are the Dissociative Disorders?

Trauma and Other Diagnoses

Experiencing a trauma, particularly Complex Trauma can increase your chance of being diagnosed with another mental health condition. This includes depression, anxiety, substance abuse, eating disorders and personality disorders.



Coping with a Trauma-Related Diagnosis

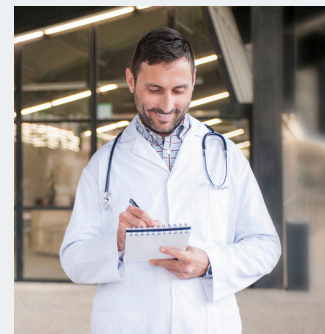
If you have been diagnosed with one of these disorders you may feel relieved or validated – at last you have a label to describe your experience!

On the other hand, you may feel scared or ashamed. If this is the case, it is important to realize that a diagnosis of a trauma-related disorder means that something overwhelming happened to you, not that you have somehow failed to cope well. In fact, most symptoms of these disorders result from your brain attempting to process and make meaning of a terrible experience.

Sometimes trauma survivors are given a lot of different diagnoses, or have diagnoses regularly changed by different professionals. This can feel overwhelming and frightening. You may feel negative about yourself, or fear being seen as 'crazy', 'mad' or 'broken'.

In fact, many disorders have overlapping symptoms. Being diagnosed with multiple disorders, or finding that therapists do not agree on a diagnosis, is quite common. It can be helpful to remind yourself that despite the different 'labels' used, these symptoms stem from a common cause: trauma. Diagnostic labels do not really describe 'you' as a whole person. Remembering this may help you deal with the problems from a trauma-informed perspective, rather than blame yourself or lose hope.

It is also important to realise that all these disorders can be improved or even resolved with effective treatments. For more information See Fact Sheet V: Getting Treatment for Complex Trauma and Dissociation.



For references visit <https://www.isst-d.org/public-resources-home/fact-sheet-ii-post-traumatic-stress-disorders/>