

دانشگاه علوم پزشکی گیلان  
انجمن علمی روانپزشکان ایران  
شاخه گیلان

## اختلال استرس پس از سانحه (درهم تافته)

دکتر هما ضرابی  
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هفتم مهر 00

COMPLEX PTSD

# COMPLEX PTSD

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PTSD has been recognized as a human response to **trauma**

PTSD has been evidenced throughout history.

Battle of **Marathon** by Herodotus in fifth century Ancient Greece.

**Flashback-like dreams** were documented by Hippocrates (460-377 BC).

PTSD flashbacks and **nightmares**: War between England and France (1337 to 1453)



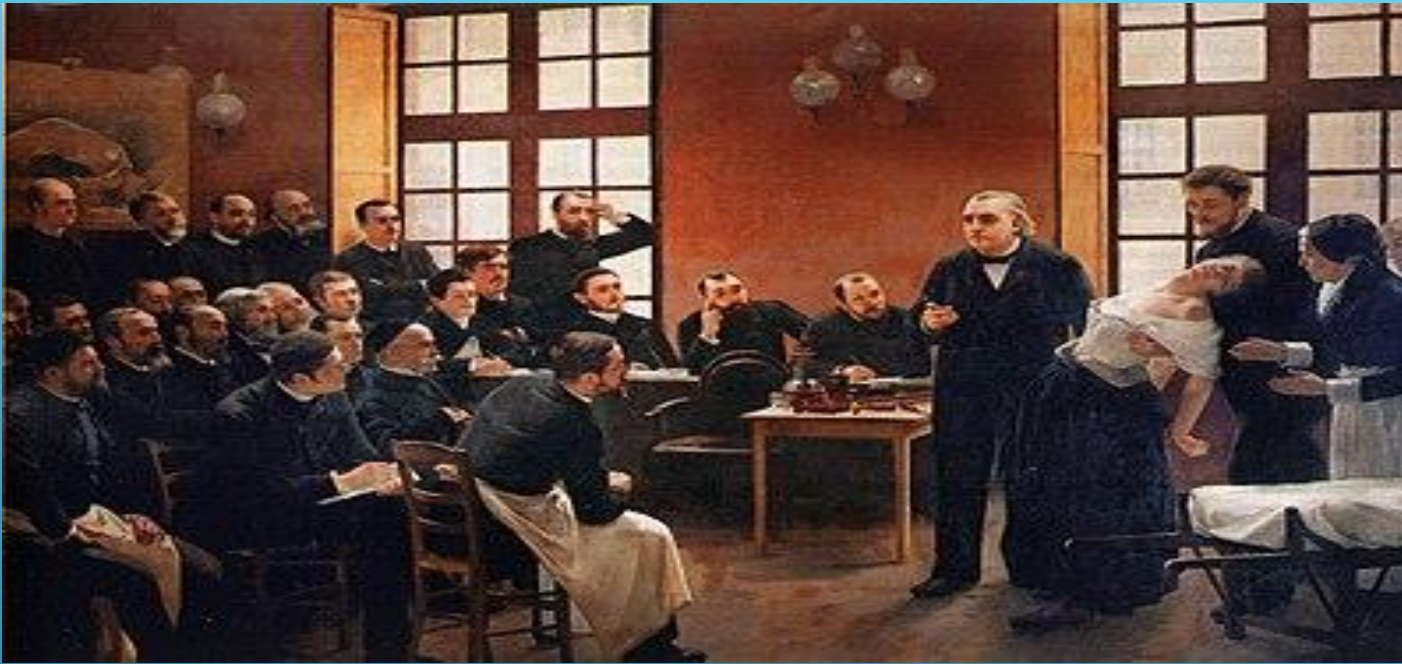
Shakespeare:  
**Romeo and Juliet**,  
Queen Mab,  
a character who creates dreams in the minds of men;  
who would wake men through dreams of battle and  
death.

**Macbeth**



- ▶ By the 1800s, :“battle exhaustion” or “soldier’s fatigue” — a reference to the repeated forays into battle by traumatized soldiers, resulting in exhaustion of the body’s responses, particularly during long engagements with daily fire.
- ▶ “Thousand-yard stare,” a reference to the blank look and dissociated demeanor of traumatized soldiers.



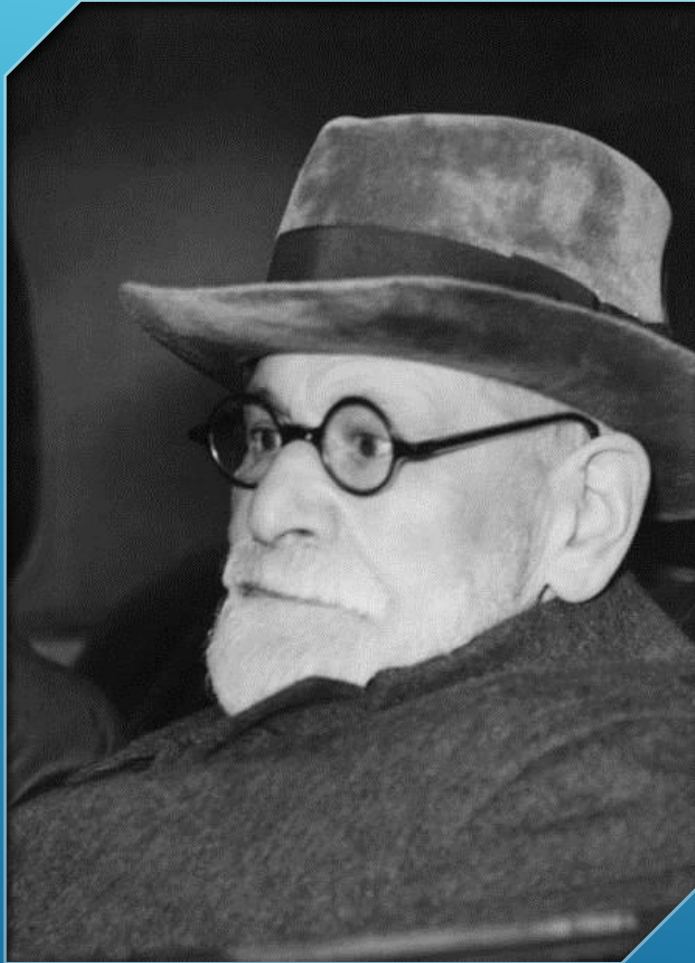


In 1887 at the Salpêtrière Hospital in Paris **Jean-Martin Charcot** documented that traumatic experience could later lead to “**hysterical attacks**” that might happen years after the trauma.



"Railway spine" during the late 19th and early 20th centuries.

The first full length medical study of the condition was John Eric Erichsen's classic book, On Railway and Other Injuries of the Nervous System.



By the late 1800s and early 1900s, the “talking cure,” as popularized by Sigmund Freud, began as a method to treat symptoms that may have been caused by PTSD. These early therapeutic interventions were the first step toward helping people who had survived traumatic events





In 1915, the term “**shell shock**” was introduced to medical literature.

By the 1950s, treatments became more humane, but many people would not admit to any trauma symptoms due to the stigma surrounding mental illness.



Modern definitions of PTSD gained national spotlight in the 1970s, as countless Vietnam veterans began experiencing a host of psychological problems, many persisting upon their return home.



# THE VICTIM OF RAPE

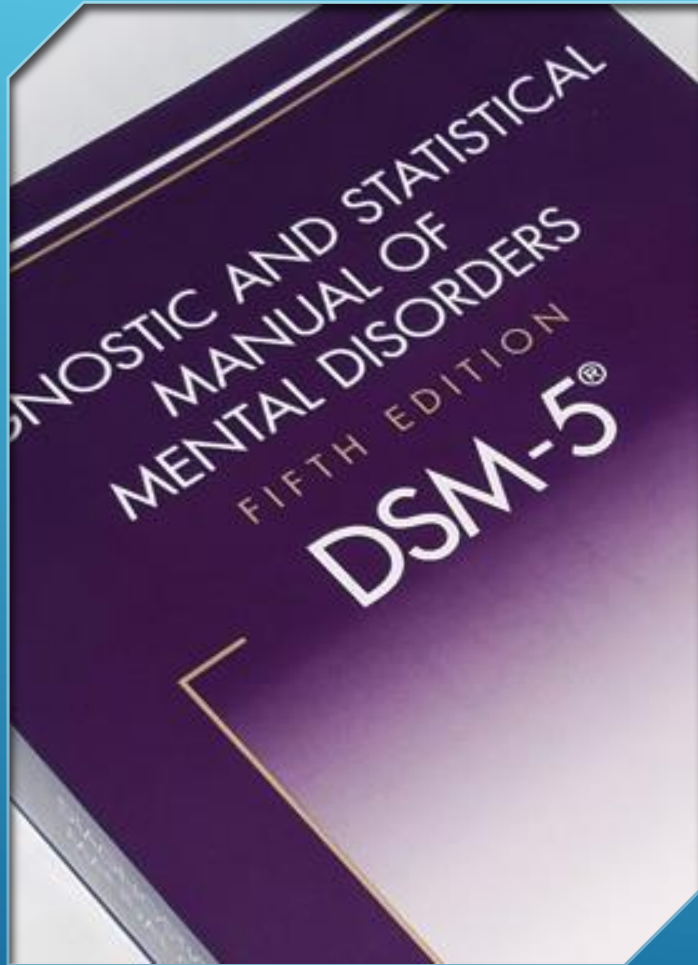
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## INSTITUTIONAL REACTIONS

**Lynda Lytle Holmstrom**  
**Ann Wolbert Burgess**

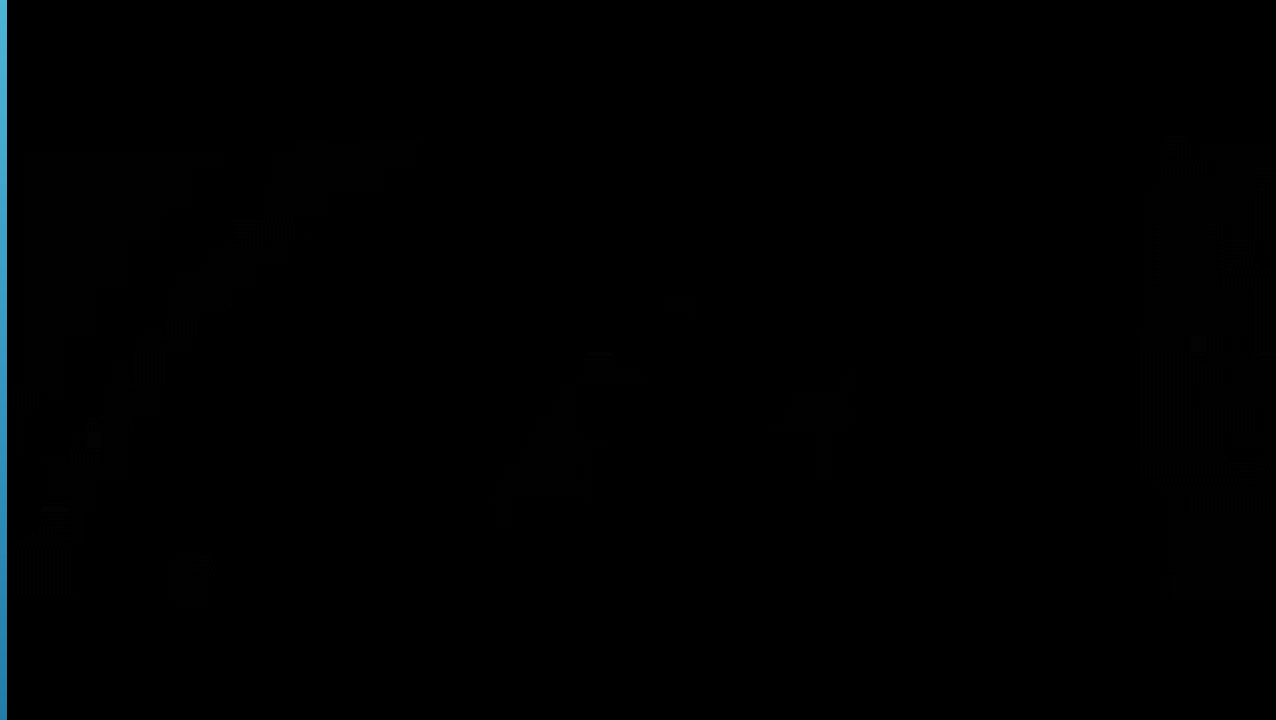
1970s began to study  
veterans, and survivors of  
a two-person team of  
Lynda Lytle Holmstrom  
coined the term, "Rape Trauma  
a variant of PTSD experienced  
one the harrowing  
— marked by three phases

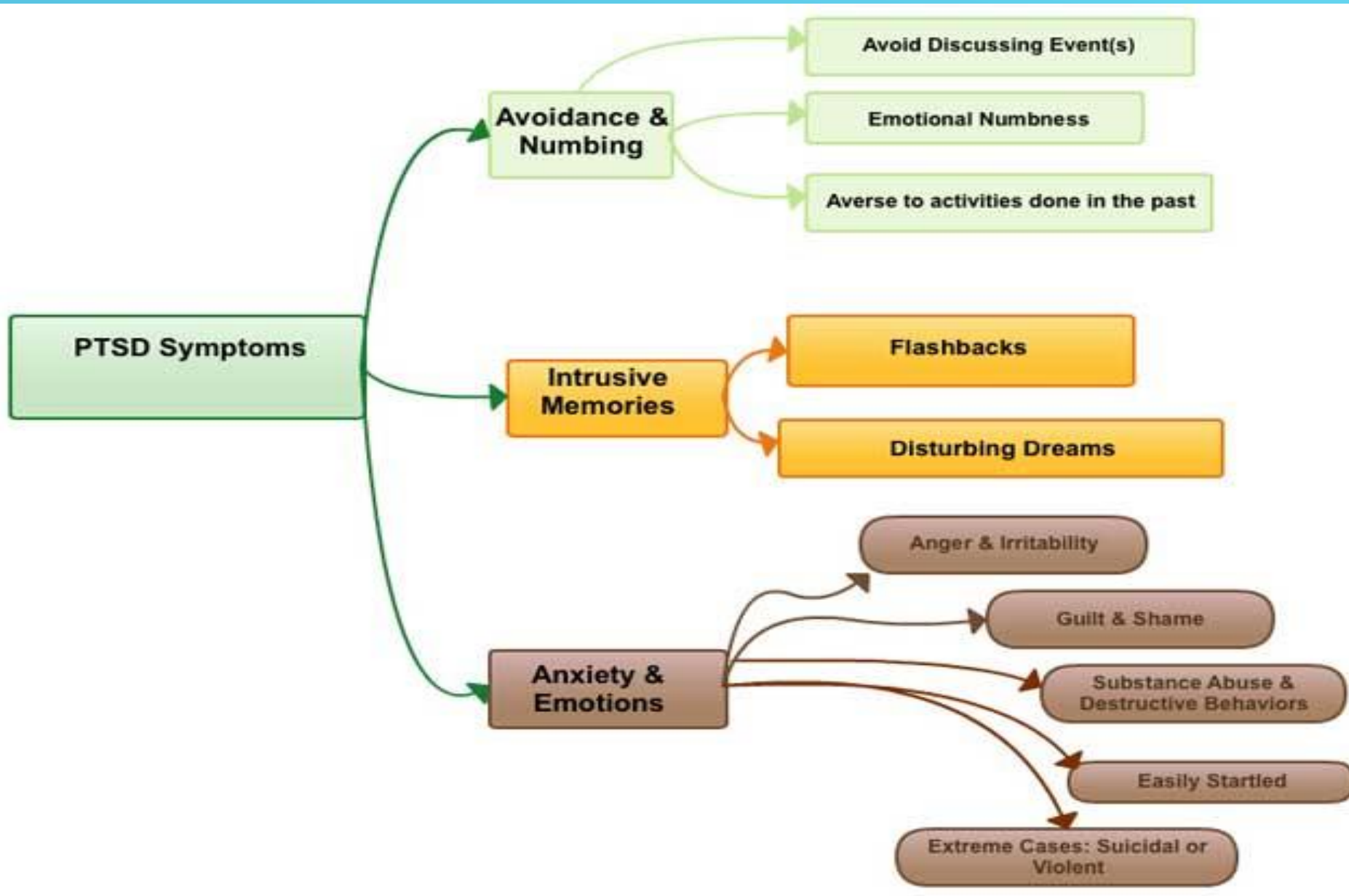




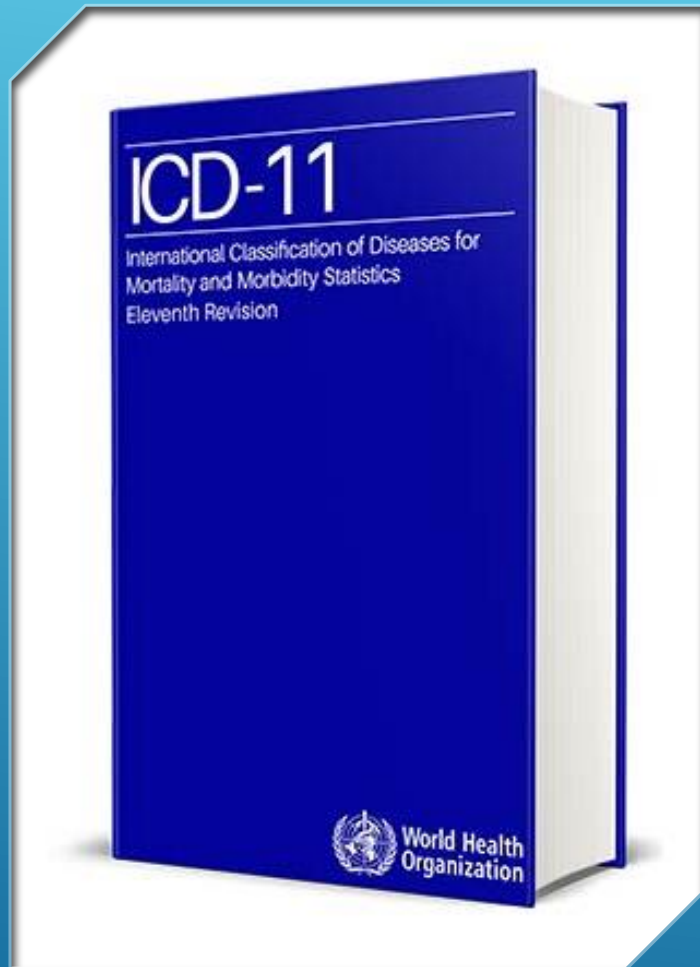
Official description of PTSD in 1980. At that time, post-traumatic stress disorder was finally adopted into the Diagnostic and Statistical Manual of Mental Disorders (DSM)

هشدار : ویدیو حاوی صحنه های ناراحت کننده است.  
در صورتی که سابقه حضور در جبهه داشته اید از تماشای آن پرهیزید









**(WHO)** International Classification of Diseases, 11th version, (ICD-11)[5], which is due to be published in 2018 and currently under review, classified under **disorders specifically associated with stress**. It is grouped together along with (1) PTSD, (2) prolonged grief disorder, (3) adjustment disorder, (4) reactive attachment disorder, (5) disinhibited social engagement disorder and others.

Complex trauma,  
precipitating traumatic events  
horrific, threatening, entrapping, deleterious and  
generally **interpersonal**(prolonged **domestic violence**  
**childhood sexual or physical abuse, torture, genocide,**  
**slavery etc.**)

Along with the victim's **inability to escape** due to  
multiple constraints (are social, physical, psychological,  
environmental or other).



Complex PTSD includes most of the core symptoms of PTSD **plus** affective dysregulation, adversely disrupted belief systems about oneself as being diminished and worthless, severe hardship in forming and maintaining meaningful relationships along with deep-rooted feelings of shame and guilt or failure. Its distinct characteristics added upon PTSD symptomatology, often interfere to separate it from BPD (i.e., affective dysregulation) and PTSD alone, which in cases with a chronic course will eventually transit to a lasting personality change.

”

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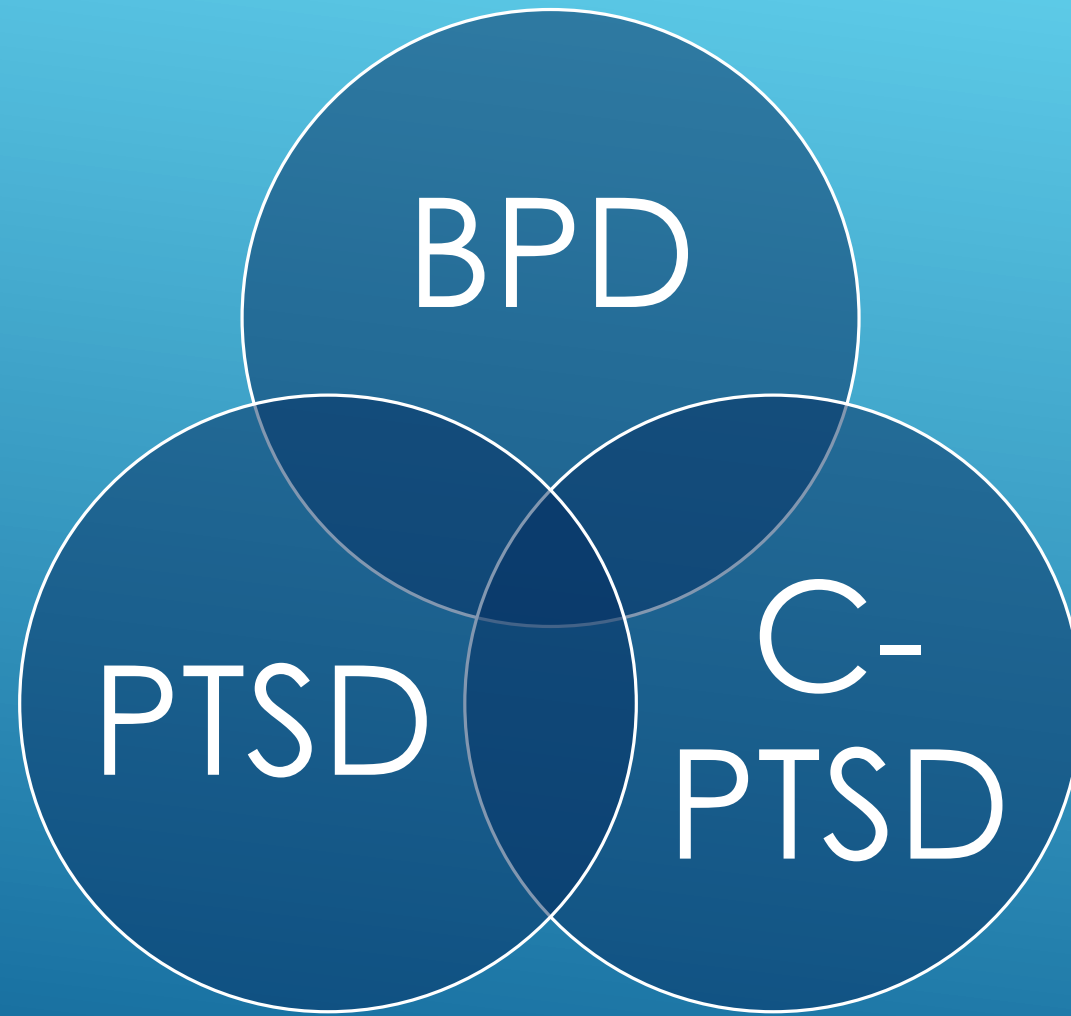




## DSM-5 :

cluster D of PTSD symptoms including altering in mood and cognition following the traumatic experience, as well as the dissociative PTSD subtype (i.e., **depersonalisation** and/or **derealisation**), a subtype that clinically resembles the cluster of symptoms that are commonly encountered in the complex PTSD.







- ▶ Over-diagnosed
- ▶ Ultra-rapid cycling not a diagnosis
- ▶ Focus on change in activity and mood
- ▶ Asymptomatic between episodes

# BIPOLAR DISORDER

- ▶ A Personality Disorder
- ▶ Pervasive pattern of instability in interpersonal relationships, affect, and sense of self
- ▶ Diagnosis has stigma and has been avoided
- ▶ Has effective treatment-DBT, others

# BORDERLINE PERSONALITY DISORDER

- ▶ Can follow social and/or interpersonal trauma (including captivity and entrapment)
- ▶ Trauma over time, without escape
- ▶ Reactions to sense of powerlessness- learned helplessness or learned hypervigilance
- ▶ Rage turned inward or outward
- ▶ Avoidance
- ▶ Low self-esteem
- ▶ Dissociation, but often intact core sense of self
- ▶ Less para-suicidal behavior

## COMPLEX PTSD

## PTSD

- ▶ One or few traumas
- ▶ Nightmares
- ▶ Avoidance of reminders
- ▶ Hypervigilance
- ▶ Exaggerated startle reflex

## Complex PTSD

- ▶ Chronic inescapable traumas
- ▶ Night terrors and chronic insomnia
- ▶ Social isolation, avoidance of relationships
- ▶ Hypervigilance, pre-occupation with abuser
- ▶ No filter, easily overwhelmed

# PTSD VERSUS COMPLEX PTSD



### Borderline Personality Disorder

- ▶ Avoidance of abandonment
- ▶ Chaotic affect
- ▶ Poorly defined sense of self
- ▶ Para-suicidal behaviors

### Complex PTSD

- ▶ Withdrawal from relationships
- ▶ Rage/ hyper-reactive affect
- ▶ Defended sense of self
- ▶ Distorted survival strategies

# BPD VERSUS COMPLEX PTSD


### Case FOR C-PTSD

- ▶ Studies suggest symptoms different enough
- ▶ Provides focus on sustained developmental trauma-different etiology
- ▶ 25% of BPD report no trauma history
- ▶ ICD II
- ▶ Treatment focus-affect regulation, self-esteem, anger-management, less on self-harm

### Case AGAINST C-PTSD

- ▶ Some studies suggest etiology not different enough
- ▶ Conversation focused on etiology not symptoms
- ▶ 75% of people with BPD do have trauma history
- ▶ Studied and revisited in DSM 4 and 5
- ▶ Symptom severity spectrum
- ▶ Directs treatment setting and approach
- ▶ Lots of treatment overlap

## Sources

- 1 National Institute of Health. Post-Traumatic Stress Disorder. 30 June 2018.
  - 2 Crocq, M., et.al. From shell shock and war neurosis to posttraumatic stress disorder: a history of psychotraumatology. Dialogues in Clinical Neuroscience. 2000.
  - 3 Green, M. The History of Post-Traumatic Stress Disorder and How We Treat it. Newsweek. 23 Mar 2017.
  - 4 Horwitz, T. Did Civil War Soldiers Have PTSD? Smithsonian. Jan 2018
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- A series of four parallel white diagonal lines of varying lengths, starting from the right edge of the slide and extending towards the bottom left.