

Trauma, PTSD, and CPTSD: (Complex) Post-Traumatic Stress Disorder

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“Trauma is a basic rupture - loss of connection to ourselves, our families, and the world. We enter this altered state let us call it “survival mode” when we perceive that our lives are being threatened. If we are overwhelmed by the threat and are unable to successfully defend ourselves, we can become stuck in survival mode. This highly aroused state is designed solely to enable short- term defensive actions; but left untreated over time, it begins to form the symptoms of trauma. These symptoms can invade every aspect of our lives.”

– Dr. Peter Levine

What Is Trauma?

Trauma is simply a response to an experience that overwhelms our ability to cope or process the event. Trauma exists upon a continuum or a spectrum. There are experiences that we often describe as capital “T” Traumas, and other experiences that we refer to as lower-case “t” traumas. Both can be equally disruptive in one’s life, especially when experienced over and over again. Complex trauma is the term used to describe reoccurring experiences of trauma, often in childhood and in relationships. One of every four adults, and one of two children, that experience a traumatic event develop PTSD symptoms.

It seems appropriate that PTSD and trauma are often responded to with denial or dissociation – attempts to defend or protect one’s self from the vulnerability and reality of surviving a traumatic event. However, in order to fully recover from trauma and PTSD, one must come to a place of acceptance of their past. Post-Traumatic Stress Disorder (PTSD) is one of the most poorly understood mental health disorders. Interestingly, it is also one of the few diagnoses which asks, “what happened to you?” rather than “what is wrong with you?”.

What is a PTSD Diagnosis?

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5), outlines PTSD diagnosis criteria as:

1. The first criterion relates to the actual traumatic event:
 - Directly experiencing the traumatic event(s)
 - Witnessing, in person, the event(s) as it occurred to others
 - Learning that the traumatic event(s) occurred to a close family member or friend
 - Experiencing repeated or extreme exposure to aversive details of the traumatic event(s)
2. The second criterion involves the **persistent re-experiencing of the event** in the following ways:
 - Thoughts or perception
 - Images or Dreams
 - Illusions or hallucinations
 - Dissociative flashback episodes
 - Psychological distress or reactivity to cues that symbolize some aspect of the event
3. The third criterion involves **avoidance of stimuli that are associated with the trauma and numbing of general responsiveness**, including the following:
 - Avoidance of thoughts, feelings, or conversations associated with the event
 - Avoidance of people, places, or activities that may trigger recollections of the event
4. The fourth criterion includes **negative alterations in cognitions and mood**:
 - Inability to remember an important aspect of the event(s)
 - Persistent and exaggerated negative beliefs about oneself, others, or the world

- Persistent, distorted cognitions about the cause or consequences of the event(s)
- Persistent negative emotional state
- Markedly diminished interest or participation in significant activities
- Feelings of detachment or estrangement from others
- Persistent inability to experience positive emotions

5. The fifth criterion is marked alterations in **arousal and reactivity** symptoms:

- Irritable behavior and angry outbursts
- Reckless or self-destructive behavior
- Hypervigilance or Exaggerated startle response
- Concentration problems or Sleep disturbance

To qualify for PTSD, the following must also be met: The duration of symptoms is more than 1 month; the disturbance causes clinically significant distress or impairment in functioning; and the disturbance is not attributable to physiological effects of a substance or medical condition.

Complex PTSD

Beyond, PTSD, many also experience Complex PTSD which is a response to complex trauma – or traumatic experiences that occurred over and over again, usually in relationship and usually in childhood. CPTSD includes the above PTSD symptoms but also includes the following:

- A. Difficulties in relationships
- B. Negative Perception of self
- C. Emotional instability

According to Levine,

“The symptoms of trauma may be continually present or they may come and go. They may even surface after being hidden for decades. Usually, symptoms do not occur individually, but in clusters grow increasingly complex over time. Unfortunately, they become less and less connected with the original traumatic experience, making it increasingly difficult to trace the symptoms to their cause, and easier to deny the importance of the traumatic event in one's life. However, if we pay attention to these symptoms, for what they are - internal wake up calls - we can address and begin to heal our trauma.”

Experiencing trauma is not rare or uncommon. While many may suggest seeking treatment is a sign of weakness, we would argue that it is a tremendously courageous act. Though it may not feel possible at times, many trauma survivors report that they experienced growth and positive changes after a traumatic experience and/or the treatment of PTSD – this has been termed **Post-Traumatic Growth**.

Post-Traumatic Growth is not a new idea, it exists within all legends, myths, and holy books throughout time. The phenomenon of growing after hardship is quite common – nevertheless still remarkable. There are five common domains of post traumatic growth which include a new sense of personal strength, new possibilities, new appreciation of life, stronger emphasis on relationships, and spiritual/religious/existential changes. Even more hopeful, is the fact that around 2/3rds of trauma survivors report experiencing post-traumatic growth, making it more likely statistically than PTSD. After experiencing trauma, you are actually more likely to growth from it than to develop PTSD!