

PTSD Criteria DSM 4

A. The person has been exposed to a traumatic event in which both of the following have been present:

The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others (2) the person's response involved intense fear, helplessness, or horror. Note: In children, this may be expressed instead by disorganized or agitated behavior.

B. The traumatic event is persistently re-experienced in one of the following ways

- 1) recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. Note: In young children, repetitive play may occur in which themes or aspects of trauma are expressed.**
- 2) Recurrent distressing dreams of the event.**
- 3) Acting or feeling as if the traumatic events were recurring**
- 4) Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event**
- 5) Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.**

C. Persistent avoidance of stimuli. . .

- 1) efforts to avoid thoughts, feeling. . . associated with the trauma**
- 2) efforts to avoid activities, places, or people that arouse recollections of the event**
- 3) Inability to recall an important aspect of the trauma [Implicit memory only possible]**
- 4) Diminished interest in significant activities**
- 5) feeling of detachment from others**
- 6) Restricted range of affect**
- 7) sense of foreshortened future**

D. Persistent symptoms of increased arousal

- 1) Difficulty falling asleep**
- 2) irritability or anger outbursts**
- 3) difficulty concentrating**
- 4) hypervigilance**
- 5) exaggerated startle response**

Duration of disturbance is more than one month

You May Not be Mentally Ill – *Genesis & Development*

- **Others who caused the effects/symptoms may use the diagnosis of “mental illness” to help keep me dysfunctional**
- **These others project(ed) their own unfinished business onto me**
- **Then I take this abuse into my unconscious & conscious awareness (unhealthy introjects), including that I am “mentally ill”**
- **In the process, to survive the pain (hurt, shame, guilt, fear), my child within (real self) went into hiding**
- **My false self (ego) was left to run my life, though it was incapable of doing so**
- **The effect(s) of all this, plus ongoing trauma, may look like “mental illness”**
- **The kind(s) of “mental illness” that surface usually depend on the type & intensity of the abuse, the developmental age abused, what others (esp. parents) model or teach, and other factors**
- **Many will manifest as PTSD or complex PTSD, plus or minus the following:**
 - **Some will surface as addiction(s), others as “depression,” various “anxiety disorders,” “dissociative disorders,” “personality disorders,” “ADHD or ADD,” “bipolar disorder,” or a psychosis – or a combination of these**
 - **Many with these “diagnoses” will be given toxic psych drugs or &/or ECT which often do not work & make them worse, & some will be forced to take them**
 - **Most will not be asked about a trauma history or offered more than drugs**

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Table Why You May NOT be Mentally Ill & Ways Out of Emotional & Behavioral Pain

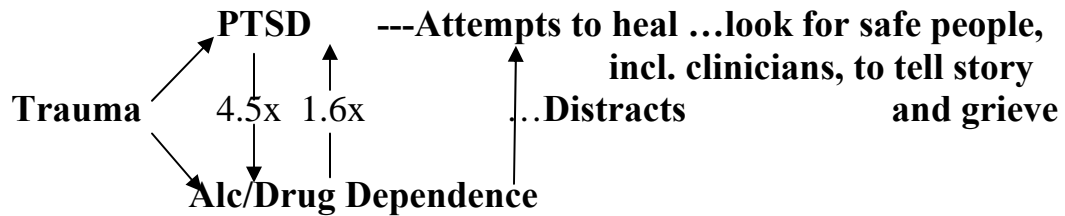
<i>Why You May NOT be Mentally Ill</i>	<i>Ways Out of Emotional & Behavioral Pain</i>
1) You may be misdiagnosed, & instead, have PTSD (or other trauma effects)	Realize that PTSD & other trauma effects (e.g., depression, anxiety, etc*) are caused most often by repeated traumas. Begin a stage-oriented recovery program.
2) be grieving a loss, hurt, or trauma	Identify & name the loss, hurt, or trauma. Learn the process of grieving & let yourself feel your feelings & grieve over time as long as it may take.**
3) be involved in one or more toxic relationships	Identify & name the relationships as hurtful, abusive or toxic. Set healthy boundaries with them. ***, ****
4) have toxic drug effects or withdrawal symptoms	Identify & name the drug & that your symptoms are due to it's effects or to its withdrawal *,
5) be forced (by Court or the like) to take toxic drugs or ECT	Locate & see a clinician with expertise in forced drugging, See also http://mindfreedom.org/
6) be an abused, neglected, "hurried," or mis-educated child/person	Realize that e.g., ADHD, bipolar disorder, etc are far over- & mis-diagnosed & mis-treated in adults & kids*
7) have an active physical illness or addiction	Know that stress & trauma are major causes of these & that active addiction is a common generator of "MI" symptoms*
8) have a combination of the above	Begin a stage-oriented recovery program.**
9) have a clinician who doesn't have skills in helping with the above	Find & see a clinician with expertise in trauma recovery. Stop calling yourself "mentally ill"

*see e.g *The Truth about Depression 2003 & The Truth about Mental Illness 2004* **

see e.g *Healing the Child Within, or A Gift to Myself*

see e.g., *Boundaries & Relationships* *see e.g., *Codependence: Healing the Human Condition* © 2007 Charles L Whitfield

Trauma Spectrum Disorders (Effects of)



The Great Masqueraders –

- **PTSD can Simulate Depression, Anxiety disorder, ADD**
 - **Complex PTSD can Simulate Depression, Anxiety disorder, ADD, BPD, Bipolar disorder, DID(MPD), Psychosis**
 - **Active Alc/Drug Dependence can Simulate Depression, Anxiety disorder, ADD, BPD & other PDs, Bipolar disorder, DID(MPD), Psychosis**
 - **Psych Drug toxicity symptoms – Cause, worsen, trigger what try to Tx**
 - Psychological – anxiety/fear, depression/low energy/numbness, aggression, violence, dissociative Sx, psychotic Sx
... both include withdrawal Sx
 - Physical – weight gain, anorgasmia, diabetes, heart disease, Parkinson’s disease/tardive dyskinesia; addiction/dependence
 - **Upper-Downer Cycle/Syndrome aggravates PTSD & all above**
- PTSD is not a mental illness.
Many of these “mental illnesses” are *co-morbid* with PTSD if looked for.

Treatment may be most successful addressing the PTSD in a Stage oriented approach, with PTSD as the primary illness

**Why You May Not be Mentally Ill -
Ways Out of Emotional & Behavioral Pain
... Some *Cautions***

1) Don't stop any psych drug suddenly or without medical supervision.

If you do decide to stop, do so slowly and with expert medical supervision

**2) If you have PTSD, unless you begin & maintain a full recovery program for trauma,
be careful of ignoring your current treatment plan**

3) Be careful who you talk to about your insights of not being "mentally ill."

Joseph Campbell said "The difference between a psychotic and a mystic (spiritually evolved person) is that the mystic knows who not to talk to."

**4) Be prepared that family, friends, & clinicians will likely react negatively
if you try to share your insights with them**

**5) Know that just because you may now have this insight or reframe,
many of your symptoms will not automatically go away**

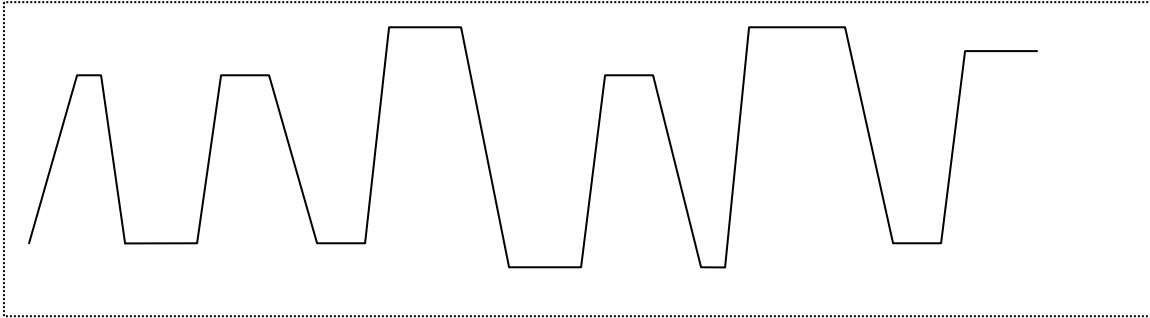
6) You will or may still need the assistance of an appropriate full recovery program

**7) What brought you to your current problems in living may take a long time to discover,
name & work through.**

See, e.g., Whitfield CL: *My Recovery: A Personal Plan for Healing*. Health Communications, Deerfield Beach, FL, 2003

The Upper-Downer Cycle / Syndrome 1981-2007

Stimulants •Caffeine •Nicotine •Sugar •Amphetamines •most ADPs
aka “Uppers” •Psychedelics •PCP •any addiction early in each use



Depressants •Alcohol •Benzos •Barbiturates •Other Sedatives
aka “Sedatives” •Opiates •Antihistamines •Cannabis •Some ADPs
“Downers” •Anti-psychotics •PCP •drug withdrawal

Darke S The use of benzodiazepines among injecting drug users Drug and Alcohol Review, Annals of the New York Academy of Sciences Vol. 362 Page 22 May 1981

Smith DE West coast & east coast abuse patterns, 1979-80 Research Developments in Drug and Alcohol Use volume 13, Issue 1 1994 , pages 63 – 69

<http://www.drugtext.org/library/books/recreationaldrugs/amphetamines.htm> 2007

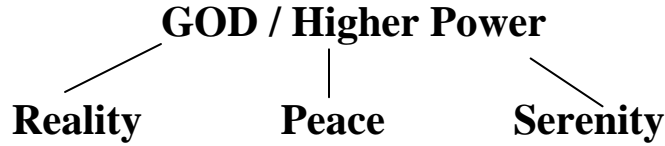
PTSD Diagnosis & Treatment/Recovery

- **Most people are relieved to hear that diagnosis**
- **Generally an accurate & rational explanation for their symptoms**
- **Realize they are not “mentally ill”**
- **Explain & reframe their pain as it occurs & re-occurs over time**
- **Helps with self soothing aids & skills**
- **To accurately name its characteristics, components, effects & experiences helps in healing over time**
- **No magic bullet drug. Some may help –**
 - e.g., buspirone [Buspar] for anxiety & panic**
 - phenytoin for subtle nerve stabilization**
 - magnesium citrate, omega 3s – also subtle**
 - melatonin ± “catecholcalm” for sleep**

Caution: most physicians will Rx more toxic & expensive drugs

- **Exercise regular, avoid stimulants [caffeine, nicotine, sugar]**
- **Good nutrition**
- **Work ACA program, group therapy (trauma focused),**
individual therapy, bibliotherapy, prayer, meditation

Map of Recovery



Awake

Awake

Asleep / Numb
“Dreaming” “reality”

Asleep / Numb
“Dreaming” “reality”

Stage 0

1

2

3

Recovery -

...None..... Early..... Trauma/ACA Spiritual

Trauma Spectrum

Disorders [±PTSD]

Emotional

Child Within

Letting go of ego

...Addictions

Insanity

Core Issues

Gratitude

...“Mental Illness”

Dry Drunks

Grieving

Emotional

...Physical Illness

Needs

Sobriety

Now & Here Living

-- Naming things accurately --

-- Patience & Persistence --

12 Steps Telling our Story [1-3] Expanding Story [4-9] Transcending [10-12]