DO ALL CASES OF PTSD HAVE AN EP?

And should PTSD be classified as a Dissociative Disorder (DD)


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This is a very nice question to think over, given by Dr. Colin Ross in his commentary (2014 pg 285) and in response to the Ten reasons for conceiving and classifying post-traumatic stress disorder as a dissociative disorder (E.Nijenhuis 2014)

My personal response

Let us take a closer look at the Apparently Normal Personality STATE (ANP) the self and ego states of oneself daily life handling system and a pathologically traumatized Emotional Personality PART (EP) such as given by the theory of a Structural Dissociation of the Personality (Hart, Nijenhuis, Steele 2005, 2006) to account to the basic dissociative elements which lead to the development of a Post-traumatic stress Disorder (PTSD) e.g. a Primary Structural Dissociation of the personality (the Haunted Self 2006).

Introduction:

Nobody likes to think over a traumatic event or experience. And if thinking about it, or getting slightly reminded at a traumatizing experience triggers pathologically behavior and or emotions (stress) we start automatically avoiding those nasty memories. Such a mental avoidant behavior towards a memory is basic dissociative behavior, and also the first sign to the development of a Post-Traumatic Stress Disorder. We avoid that pathologically (damaged/traumatized) emotional personality part (EP) during our daily life. Our normal functioning starts to develop abnormal behavior towards a memory. Here the first personality break develops itself to an ANP and EP:

1. Our daily life functioning goes on but at the same time starts avoiding a traumatic memory. The Personality no longer functions normal, but apparently normal (ANP).
2. If the memory gets triggered (emotional response) a pathologically stress reaction caused by an unconscious memory (EP) steps in and influences our normal daily life functioning. We no longer function as normal because we carry an EP around, so the personality – the ANP - gets influenced by an emotional damaged/traumatized personality part.

Such an EP is not in executive control because if such an EP gets triggered the ANP is aware of the nasty emotions and bodily stress. The person is able to point out which object or event in the present time makes him or her restless or stressed. But….. the traumatizing memory can stay full or partial in the dark of the unconscious state of mind. Thinking over the reason why the object or event triggers emotional stress is partial or fully dissociated and safely stored in the unconscious state of mind by an EP - mental avoidance – basic dissociation.

If the partial or fully dissociated memory hits the conscious state of mind (remembers – recognition to the past), the Apparently Normal Personality state relives the traumatic event (the past) - a fully, pathologically emotional stress reaction can take over the wellbeing of daily life function - the Personality – the ANP gets overstressed (fear, panic, disturbed behavior,… etc.).

In this context you could conclude that dissociation stands on the basics of every PTSD development, because a traumatizing event or experience which causes pathologically behavior or emotional stress is bound to an Apparently Normal Personality STATE (ANP) and a pathologically (traumatized | damaged) Emotional Personality PART (EP).

The traumatizing memory of an EP can be partial or fully dissociated by the mental state of the ANP (Self and Ego States) until it gets unlocked (confronting memory, reliving, lifting avoidance). Standard PTSD treatment policy (van Balkom e.a. 2013).
So my Conclusion would be:
Dissociation belongs to the basic elements of developing PTSD symptoms.
And this basic dissociative element leads to basic PTSD symptoms (from mild to severe), so there is no PTSD without Dissociation.

To the theory of a Structural Dissociation of the personality this is called:
PTSD - a Primary Structural Dissociation (one ANP – one EP)

My restricted answer to a part of this question 1 page 285 Commentary Colin A. Ross 2014:

Yes, all cases of PTSD have an EP.

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I look forward to the answer e.g. commentary of Ellert Nijenhuis or one of his specialized team member(s) to the full commentary of Colin Ross (2014).

With much respect for all the clinical traumatology researchers

Nique (December 2014)
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Reference:
Ross CA (2014) 33,3 pg 285 – question 1
The Haunted Self (Nijenhuis, vd Hart, Steele, 2005, 2006)