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Comparison between methods of diagnosis re complex PTSD and their application in the 1960s and today

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Statement of the Problem: The traditional model of diagnosis, based on overt symptoms is outdated and leads to many misdiagnoses, inaccurate treatment and potentially ruined lives. Medical advances in the last 5-10 years relating to the diagnosis of C-PTSD, using physical evidence by means of imaging and biofeedback would revolutionise diagnoses, but it will be in vain unless: the knowledge is made available to health professionals at all levels and; the treatment is made accessible to the masses, not just the selected few, who can afford it.

Purpose: To integrate personal and professional perspectives relating to diagnoses and treatments of C-PTSD in the 1960s and today.

Case Study: No predictable adult attachment figure in my childhood to provide the necessary nurture needed for me to develop healthy life-coping strategies led to cumulative trauma. At age 19, I shut down, could feel no emotion other than fear, and was incapable of rational thought. I was hospitalised for c. 3-4 years, given inappropriate treatment, and discharged to manage what I considered to be a hostile world alone. In the 1960s, the traditional DSM classification was used, based on overt symptoms. C-PTSD as a diagnosis was virtually unheard of by most professionals. Clients were considered as guinea pigs; many lives were ruined by inappropriate treatment, some institutionalised for life. Today, DSM classification is still the main source of diagnosis. No one is exempt from trauma, albeit in varying degrees. But as each of us is unique, so are our responses. How can one method of diagnosis fit everyone? But doctors do need guidelines. There have been tremendous advances, especially in the last 5-10 years, which would enable doctors to base their diagnoses on physical evidence using imaging and biofeedback.

Result: Diagnoses can be made, based on the root cause, not just overt symptoms.

Conclusion: Unless this knowledge is made accessible to all professionals, and the treatment made affordable to the masses, misdiagnoses and ruined lives will remain as before.

Biography

Margaret Reece, BA Hons is passionate about helping people with C-PTSD to overcome their struggles. Through her life-time experiences of C-PTSD and the research of leading trauma experts, she aims to narrow the gap between therapist and client. A childhood, devoid of any predictable adult attachment figure, plus cumulative trauma, led to both emotions and thought processes shutting down. She was hospitalised, aged 19, for circa four years, given 30-40 ECTs, insulin therapy and medication; no success. She divorced herself from professional help to avoid life-time institutionalisation. In her sixties, she sought professional help; she had been misdiagnosed, aged 19, with what would now be known as schizo-affective disorder, and inappropriate treatment given. Two further misdiagnoses followed within the last ten years. The anti-psychotic medication she had taken for 56 years became unavailable, no warning; no substitute available. She set out to transform herself and others. Her forthcoming book, "*Hope Restored: A Guide to Embracing the Storms of C-PTSD*" is being published next year by Westbow Press.

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