Traumatic Stress Disorder (TSD)

Proposed DSM Entry
Code: 309.89 (F43.9)

A. Diagnostic Features

The essential feature of Traumatic Stress Disorder (TSD) is the persistent maintenance of a neurobiological and psychological survival-state, long after the originating threat has passed. The individual's system does not recognize the threat as "post," but operates as if it is ongoing. This leads to a fundamental reorganization of the self, characterized by the dominance of a **Survival Self**—a coherent psychological and biological entity that governs perception, affect, and behavior according to the immutable laws of the past traumatic event. The individual's **Core Self** (the pre-traumatic or innate self) becomes subordinate, exiled, or inaccessible.

The Survival Self enacts a **Survival Constitution**—a set of rigid, protective rules and strategies. These constitutions can manifest in specific patterns, including those previously categorized under other diagnostic rubrics (e.g., Cluster B Personality Disorders), which are here understood as specialized, maladaptive governance structures.

The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

B. Diagnostic Criteria

A history of exposure to a traumatic event is required.

1. Altered Sovereignty (Identity & Self-Perception)

- A pervasive sense that the self is not the primary agent of one's life. The individual feels "ruled by" a reactive, protective, or numb internal force (the Survival Self).
- Markedly diminished interest or participation in significant activities that were previously meaningful to the Core Self.
- Feelings of detachment or estrangement from others, as the Survival Self prioritizes hyper-vigilance over connection.

2. Neurobiological Recalibration (Arousal & Reactivity)

- Persistent dysregulation of the autonomic nervous system, manifesting as:
    - **Hyper-arousal:** Exaggerated startle response, persistent threat scanning, irritability, outbursts of anger, sleep disturbance.
    - **Hypo-arousal:** Shutdown, numbness, disconnection, profound lethargy, feeling "frozen" or "stuck."
    - **Oscillation between states,** experienced as unpredictable "crashing waves" of visceral affect followed by periods of emotional and physical exhaustion.
- The nervous system is organized to preempt the original trauma, not to engage with the present environment.

3. Somatic Dominion (Sensory & Somatic Experience)

- **Visceral Reliving:** Emotions are experienced not as psychological states but as overwhelming, non-negotiable physical events (e.g., a "wave" of panic, "heavy" despair, "electric" rage).
- **The Unfinished Gesture:** The presence of somatic impulses (to fight, flee, freeze, cry out) that feel trapped, pressurized, or seeking discharge without a present-tense object. This is often described as a feeling of being "wired but trapped."

- Persistent physical symptoms (e.g., chronic pain, gastrointestinal issues) without clear medical cause, often correlating with areas of the body implicated in the original threat.

4. Temporal Collapse (Time Perception)

- The past is not remembered; it is *re-lived* in the present through sensory and emotional channels (flashbacks).
- The future is perceived as a predictable extension of the past threat, leading to catastrophic thinking and an inability to imagine a safe future.
- The present moment is consistently overshadowed by the past, making mindful presence difficult or triggering.

C. Staging and Specifiers

Staging Model

- **PreTSD (Prodromal):** A vulnerable state with a sensitized nervous system, often due to earlier, less catastrophic stressors. The Core Self is present but the system is fragile. Does not meet full criteria for TSD.
- **TSD (Active):** Full diagnostic criteria are met. Survival Self is in power.
- **PostTSD (Integration):** The "In Integration" specifier is applied. Core Self is restored to executive function, Survival Self is integrated as an advisor. Symptoms are managed, not dominant.

Specify Survival Adaptation Type (if predominant)

- **With Abandoned Monarchy Features (Borderline Pattern):** Dominated by frantic efforts to avoid real or imagined abandonment, identity disturbance, and unstable, intense relationships.
- **With Fortress City-State Features (Narcissistic Pattern):** Dominated by grandiosity (fantasy or behavior), need for admiration, and lack of empathy, as a defense against underlying shame and vulnerability.
- **With Predatory Fiefdom Features (Antisocial Pattern):** Dominated by disregard for and violation of the rights of others, as a defense against a perceived predatory world.
- **With Theatrical Court Features (Histrionic Pattern):** Dominated by excessive emotionality and attention-seeking, as a defense against being ignored or unseen.
- **With Mixed Features:** Symptoms of multiple adaptation types.
- **Unspecified.**

Specify if

- **With Prominent Dissociative Symptoms** (e.g., depersonalization, derealization)
- **With Delayed Expression:** Full criteria are not met until at least 6 months after the event(s).
- **In Integration:** The individual is actively and successfully engaging in somatic and psychological work to reintegrate the Survival Self and reclaim the sovereignty of the Core

Self.

M. Assessment and Treatment Implications

Assessment must be somatic and narrative

Clinical Interview: Focus on the "laws of the internal kingdom."

- "What part of you is making that decision?"
- "Where do you feel that in your body?"
- "If that feeling had a message, what would it be?"

Treatment is a Political Process, Not a Medical One

The therapeutic alliance becomes a temporary **provisional government**, supporting the Core Self to regain its sovereignty.

First-Line Modalities

1. **Somatic Experiencing® / Sensorimotor Psychotherapy:** To gently discharge trapped survival energy and complete the "Unfinished Gesture."
2. **Internal Family Systems (IFS) Therapy:** To directly work with the Survival Self as a "protector part" and access the exiled Core Self.
3. **Neurofeedback:** To directly recalibrate the dysregulated nervous system.
4. **Pharmacotherapy:** May be used as a supportive measure to reduce autonomic intensity, making the psychological and somatic work possible, but it is not a cure for the underlying structural conflict.

The goal of treatment is not the eradication of the Survival Self, but its integration as a respected advisor to a sovereign Core Self, leading to a state of PostTSD (Integration).

Proposed by the Aha Platform Clinical Community
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