

**PTSD AS AN ONTOLOGICAL CONDITION**

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## PTSD AS AN ONTOLOGICAL CONDITION

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The purpose of this paper is twofold: to summarize two previous papers (Smith, 1987; and Smith & Jones, in press) that regard chronic PTSD as an ontological condition and to present a comparative analysis of the implications and consequences of viewing chronic PTSD from an ontological model versus a maladjustment model.

Smith (1987) used R. D. Laing's description of people with a sense of primary ontological security and those with a sense of primary ontological insecurity. Characteristics of people with primary ontological security:

- o live in the world feeling real, alive and complete;
- o have a sense of continuously existing in time and space;
- o in ordinary circumstances, are so clearly differentiated from the rest of the world that personal identity and autonomy are never in question;
- o are able to encounter the social, spiritual or biological threat of nonbeing with integrity and a belief that the self is valuable and worth protecting from harm;
- o see other people as a potential source of gratification.

Characteristics of people with primary ontological insecurity:

- o may feel more unreal than real;
- o may be so tenuously separated from the rest of the world that personal autonomy and identity are always in doubt;
- o see other people only as a source of terror, engulfment or invasion.

While many people may view a discussion of chronic post-traumatic stress disorder from an ontological and existential viewpoint as fuzzy headed or abstruse, it is my intention to show that chronic post-traumatic stress disorder is an ontological condition with profound psychological and physiological manifestations. (Smith & Jones, in press) Laing notes that man as a person, encounters non-being, in a preliminary form, as partial loss of the synthetic unity of the self, concurrently with partial loss of relatedness with the other, and in an ultimate form, in the hypothetical end-state of chaotic nonentity, total loss of relatedness with self and other. This loss of conscious awareness parallels the decreasing levels of consciousness found in neurogenic shock: "...confusion, lethargy, agitation, stupor, and coma." (Kreis & Baue, 1984, p. 164)

Smith (1987) makes four points concerning the chronic post-traumatic stress disorder that results from childhood abuse:

- o Chronic PTSD parallels an early conditioned cycle of trauma and shock, high arousal followed by a precipitous drop into disorientation and stupor.
- o The rational capacity of the neocortex is severely undermined by this continuous cycle so that dissociative behavioral patterns are subcortically mediated.
- o This cycle of high arousal and collapse is maintained by three primary dissociative processes: 1) functional dissociation -- cognitive non-attention; 2) direct physical dissociation using exogenous substances; and 3) engaging in activities (thoughts and behaviors) that release and modulate endogenous substances, often through negative excitement.
- o The convergent paradigm of optimal arousal and neophobia proposed by Mitchell and his colleagues is used to explain the paradoxical perseveration of traumatized people in retraumatization.

The ontological fear created by lifelong experience of tenuous being and the imminent possibility of eternal isolation so strongly attacks the psychological and physiological aspects of a traumatized person that confusion, disorientation, withdrawal, neurotransmitter depletion, organ damage, and painful muscular bracing can eventually lead to organismic destruction and death. An ontological view of PTSD emphasizes that physical, psychological, and spiritual aspects of a highly distressed person must be addressed in treatment and complete healing must take place in all three realms.

#### A Comparative Study of an Ontological Model Versus A Maladjustment Model of Trauma-Induced Dissociative Disorders

Erich Fromm (1955, p. 6) writes that "many psychiatrists and psychologists refuse to entertain the idea that society as a whole may be lacking in sanity. They hold that the problem of mental health in a society is only that of the number of "unadjusted" individuals, and not that of a possible unadjustment of the culture itself. This book deals with the pathology of normalcy,...."

A considerable amount of new research suggests that our current method of categorizing mental disorders (including personality disorders) may simply list varieties of post-traumatic stress. These conditions include eating disorders, Multiple Personality Disorder, some forms of schizophrenia and possibly Borderline Personality Disorder. It is already established that millions of children of alcoholics suffer post-traumatic stress disorder. This increase in conditions with traumatic etiologies makes it increasingly difficult to disguise the amount of violence present in our society.

## **Implications for treating and healing using an ontological model versus a maladjustment model.**

### Ontological

- 1) Members of society, individually and collectively, are frequently dangerous using threat, force, and injury to socialize children.
- 2) Healing requires a full existential comprehension by the client of how cruel and hurtful people can be and specifically were.
- 3) Cure involves physical, psychological, and spiritual well-being with an internal locus of control to direct the maintenance of this sense of well-being.
- 4) Activity directed by hedonic consequences (pleasure and pain) with an absence of numbness and alexithymia.
- 5) Medication is carefully used in the service of desensitization and normalization.
- 6) Therapy requires a "leveling" between client and therapist regarding common human situation.

### Maladjustment

- 1) Society is basically benign and mental "problems" are the result of projected fantasy conflicts beginning in childhood.
- 2) Healing is readjustment to an insane society. Because of neophobic perseveration readjustment is actually agitated counter-phobic, bi-polar counter-phobic, or eventually depressed counter-phobic attachment to perpetrators.
- 3) Cure is demonstrated by "acceptable" attitudes, thoughts and behaviors.
- 4) Activity directed by ontological, anhedonic consequence (I am still here).
- 5) Medication is used to mask and obscure ontological insecurity and inhibit signs of distress that call attention to the violent nature of society.
- 6) Therapy requires a continuation of the therapist as dominant authority figure.

## References

Fromm, E. (1955). The sane society, New York, NY: Rinehart.

Kreis, D. J. & Baue, A. E. (1984). Clinical management of shock, Baltimore, MD: University Park Press.

Smith, M. R. (1987, November). Post-traumatic stress and the loss of ontological security: Overcoming trauma-induced neophobia in adult children of alcoholics. Paper presented at the Fourth International Conference on Multiple Personality/Dissociative States, Chicago, IL.

Smith, M. R. & Jones, E. T. (in press). Neophobia, ontological insecurity, and existential choice following trauma.