Chapter 1
Psychosocial Aspects of Trauma and Related Disorders

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ABSTRACT

This chapter reviews the psycho-social aspects of trauma and related disorders. A wealth of information has accumulated over the decades of research on the trauma and related disorders. However, some aspects of trauma are still debatable globally such as definition of trauma, diversity in expression and response across individuals and cultures. Exposure to trauma can lead to troubling memories, psycho-physical arousal and avoidance of the event, has been a central theme in literature. Until researchers have realized the complexity of trauma transcends the relatively narrow definition of trauma. Cultural diversity in trauma and related disorders have brought into notice the multi-dimensional nature of trauma which is the focus of this chapter.

INTRODUCTION

The debate and concern over the existence of Post-traumatic stress disorder (PTSD) started soon, after its inception in the diagnostic manual of American psychiatric association in 1980's (Breslau, 2004; Summerfield, 1995; Young, 2004). While mostly research directly or indirectly accepts its existence as a disorder. However, studies question the universalization and conceptualization of post traumatic disorder using biomedical model of trauma without considering the socio-political context (Bracken, Giller & Summerfield, 1995; Kleinman, 1988; Summerfield, 1999; Miro Jakovljević, et al., 2012; Van Ommeren, Saxena & Saraceno, 2005). There have been concerns and debates regarding understanding of trauma in the current scenario from its operationalization to intervention but the major ones can be summarized as follows (Bracken, Giller & Summerfield, 1995; Breslau, 2004 Kleinman, 1988; Summerfield, 1999; Miro Jakovljević, et al., 2012; Van Ommeren, Saxena & Saraceno, 2005).

1. Universalization of Post-traumatic stress disorder.
2. Biomedical model and social model of understanding Post-traumatic stress disorder.
3. Psychological, social, moral and political aspects of trauma.
4. Appropriateness of a trauma based intervention cross-culturally.

1. UNIVERSALIZATION OF POST-TRAUMATIC STRESS DISORDER

Traumatology has two meanings, depends on the definition of trauma. In medicine, it refers to the study of wounds and injuries caused by accidents or violence to a person. In psychology, it refers to the development and application of psychological services for people who have experienced extreme events. The focus of this chapter is the psychological aspects of trauma. The universalization of Post-traumatic stress disorder (PTSD) diagnosis remains controversial from decades due to many psycho-socio-political reasons (Bracken, Giller & Summerfield, 1995; Kleinman, 1988; Summerfield, 1999; Miro Jakovljević, et al., 2012; Van Ommeren, Saxena & Saraceno, 2005). Symptoms suggestive of Post-traumatic stress disorder (PTSD) have been noted following any significant catastrophe over the centuries in the research literature (Young, 1995, 2004). However the actual terms Post-traumatic stress disorder (PTSD) did not appear until 1980 (Young, 2004). In the 19th century, an attempt was made to categorize psychological disorders, in which the term "fright neurosis" was used to capture anxiety symptoms following any significant accident and injury (Kraepelin, 1896). Exposure to overwhelming terror can lead to troubling memories, arousal, and avoidance but with a varied manifestation and underlying dynamics. With time, various diagnostic systems came into existence which are used in different parts of the world. Among these diagnostic systems, Diagnostic and Statistical Manual of Mental Disorders (DSM) by American Psychiatric Association and the International Classification of Disorders (ICD) by World Health Organisation are widely used. The latest version of diagnostic manual of American Psychiatric Association has some changes in diagnostic criteria of trauma and other psychiatric disorders. The World Health Organisation is going to revise it manual in its next edition of ICD-10.

There is a little difference in the way DSM and ICD has conceptualized trauma. DSM- IV-TR has defined trauma as a personal experience of an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others (DSM-IV-TR, 2000). In its latest version, DSM-5, also maintains its emphasis on 'physical' aspect of trauma but has included indirect exposure and cultural specific interview schedule as well (DSM-5, 2013). However, ICD-10 conceptualises a traumatic event or situation as one that is "exceptionally threatening or catastrophic" and one that "is likely to cause pervasive distress in almost anyone" (WHO, 1992). Importantly, ICD-10 requires a person to be present at the scene of the trauma to qualify as a trauma survivor (WHO, 1992). Apart from defining a traumatic event, both the manuals have also mentioned about its manifestation and impact on socio-occupational functioning of an individual, which is important for reaching a diagnosis. Below is the diagnostic criteria given in these manuals. It is quite evident that both the diagnostic manuals are similar with minor differences.

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