Chapter Two

REVIEW OF RELEVANT STUDIES

This chapter presents an overview of recent studies in the field of traumatic stress. The investigator classified studies in several areas namely, trauma and psychopathology, effects of trauma, therapy for traumatized individuals, trauma and coping. Studies on coping styles are also reviewed in this chapter.

Trauma and Psychopathology

This is a burgeoning area of scientific enquiry to understand traumatic events. Researches falling in this area have led to the identification of psychological symptoms and disorders frequently experienced in response to traumatic events. Although a number of studies have examined psychological consequences of traumatic events such as holocaust, war, terrorism, captivity, torture, political migration, living as a political refugee and assassination, etc. This area of enquiry is rarely studied within the domain of traumatic stress.

Ulmann and Siegal (1994) examined how recent life events, chronic strains, and social supports affected the overall level of symptoms reported by survivors of traumatic events. Risk of increased post-traumatic stress symptoms following traumatic events exposure was associated with other life events, sexual assault and household strains. Level of post-traumatic stress symptoms varied according to the type of traumatic event reported after adjusting for demographic
factors. Women and younger adults reported more traumatic stress than other subjects.

Wyshak (1994) examined changes in the reporting of trauma events in relation to the reporting of severity of symptoms of psychiatric distress among refugees from South East Asia. 30 subjects were interviewed twice using a questionnaire which included enquiry about traumatic events and psychiatric symptoms. The changes in answers in interviews were assessed. The number of traumatic events correlates positively with the severity of symptoms. The severity of symptoms increased from time 1 to time 2 for 23 of the 30 symptoms. The reporting of the traumatic events varied between times 1 and 2.

Sadavoy (1997) reviews the literature on the epidemiology, symptom picture and treatment of elderly patients who have encountered serious psychological trauma in life. Data are predominantly derived from studies of aging, holocaust survivors and combat veterans from world War II, the Korean conflict in Vietnam. Results show that survivor syndromes persist into old age but patterns of expression vary. Holocaust survivors appear to have adapted well to instrumental aspects of life whereas combat warriors may show less functional life adaptation. Persistent symptoms in all groups include marked disruptions of sleep and dreaming, intensive memories, impairment of trust, avoidance of stressors, and heightened vulnerability. The various types of age associated retraumatization. There is a deficiency of controlled treatment studies of traumatized elderly patients but
successful group, individual, and family clinical interviews have been described.

Cunningham and Cunningham (1997) examined the incidence of psychological and medical symptomatology, torture and related trauma in a sample of 191 refugee clients of the service for the treatment and rehabilitation of torture and trauma survivors (STARTTS) in Newsouth Wales, Australia; and identified patterns of current symptoms, patterns of torture and trauma experiences and the relationships between symptoms and experiences analysis of STARTTS client records permitted. The coding of the presence/absence of 41 medical and psychological symptoms and of 33 torture and trauma experiences 6 factors were extracted for both the symptoms and trauma experiences; the first symptom factor was labelled as core post traumatic stress disorder (PTSD). Threats and humiliation and being forced to watch others being tortured best predicted scores of this factor. Another core PTSD is the dominant factor in symptomatology, co-morbidity is high with another 3 symptom factors emerging as meaningful.

Kubany et al. (1997) describe the development of a survey to systematically assess idiosyncratic sources of guilt across the spectrum of events that are potential sources of trauma related guilt from the war zone. Results indicate the surveys temporally stable, substantially correlated with other measures of guilt, and highly correlated with measures of PTSD and depression. Findings confirm that many Vietnam veterans have multiple sources of severe war related guilt. The survey may have important clinical utility for problem identification.
Gorst-Unsworth and Goldenberg (1998) examined the importance of social factors and of trauma factors in producing the different elements of psychological disorders. Adverse events and level of social support were measured in 84 male Iraqi refugees. Various measures of psychological morbidity were applied. Social factors in exile, particularly the level of affective, social support proved important in determining the severity of both post-traumatic stress disorder and depressive reactions, particularly when combined with a severe level of trauma/torture. Poor social support is a stronger predictor of depressive morbidity than are trauma factors.

Abed (1998) suggests that an understanding of the interaction between the nations characteristics and the characteristics of the trauma may offer a better chance of predicating the level of risk of developing a particular psychiatric syndrome following traumatic and stressful events.

Roemer, Orsillo, Borkovec and Litz (1998) investigated the relationship between the retrospective reports of emotional responses (fear, helplessness, and horror) and disrupted emotional responses (numbing) at the time of the potentially traumatizing event and report of PTSD symptomatology among 244 undergraduates. The authors found that, of the DSM-IV criteria, only helplessness was significantly correlated with PTSD symptomatology. Results of traumatic emotional numbing uniquely predicted subsequent PTSD symptomatology beyond coincident emotional responses.
Husain et al. (1998) examined the relationships between gender, loss of family members, and perceived deprivation to the development of post traumatic stress symptoms in children and adolescence during siege conditions in Sarajevo. 791 students were surveyed to assess symptoms of traumatic stress and level of deprivation. Results show that girls reported more stress than boys. Loss of family member and deprivation of basic needs were associated with more symptoms.

Wozniak et al. (1999) examined the relationship between trauma and attention deficit and hyperactivity disorder (AD/HD) and evaluated whether AD/HD increases the risk of trauma, the risk of post traumatic stress disorder (PTSD), or the risk for trauma associated psychopathology. Data from a longitudinal sample of 260 male children and adolescents with and without AD/HD were examined. All were evaluated comprehensively with assessments in multiple domains of functioning including systematic assessment of trauma and PTSD. Comparisons were made between traumatized and non-traumatized youth with and without AD/HD. Significant differences were not found between AD/HD and control children either in the rate of trauma exposure or in the development of PTSD. Although trauma was associated with the development of major depression, this effect was independent of AD/HD status. In contrast, bipolar disorder at baseline assessment was a significant risk factor for subsequent trauma exposure.

Chung, Easthope, Chung and Clark-Carter (1999) examined the extent of psychological distress and the association between personality
variables and psychological distress among individuals who had been exposed to an aircraft disaster in Coventry, UK. 82 residents were randomly chosen for interviews in which they were assessed using the impact of event scale, the general health questionnaire (GHQ), and Eysenck Personality Questionnaire-R short scale. The results showed that Coventry residents' scores reached similar levels of intrusion and avoidance compared with standardized samples and the Lockerbie samples. 52% reached the GHQ case level score, which was again similar to the Lockerbie residents. The Coventry residents were significantly less extroverted and neurotic than standardized samples. Stepwise multiple regression showed that there were associations between intrusion and neuroticism and intrusion and extroversion as well as between avoidance and neuroticism.

Harvey and Bryant (1999) examined the initial pilot comparison of the incidence and nature of acute stress disorder (ASD). Across four trauma group survivors of motor vehicle accidents, severe burns, industrial accidents and non-sexual assaults, 102 old patients completed the Acute-Stress Disorder Interview. The overall incidence of ASD and the incidence rates of each trauma type were consistent with previously reported incidence rates of ASD. The majority of sub-clinical diagnosis did not meet criteria for the dissociative cluster. It was found that burn patients reported more fear and numbing than other trauma patients. The finding that numbing and depersonalization had relatively strong positive predictive power is consistent with the notion that acute dissociative mechanisms prevent the processing and resolution of
trauma related information and thereby contribute to post-traumatic psychopathology.

Gershuny and Thayer (1999) have reported that in general, findings have revealed fairly strong and consistent relations among the constructs of trauma dissociation and trauma related distress (e.g. post-traumatic stress disorder, borderline personality disorder, bulimia). Individuals who have experienced a traumatic event are more likely to dissociate than individuals who have not and individuals who experience more dissociative phenomenon (DP) are more likely to experience higher levels of trauma related distress (TRD). The authors theorized that DP and subsequent TRD may relate to fears about death and fears about loss or lack of control above and beyond the occurrence of the traumatic event itself. Such fears about death and loss /lack of control may also help differentiate traumatized individuals who psychologically suffer to varying degrees.

Punamaki (1999) examined how mood changes from night to morning, and how dysphoric dream contents associated with this change among children who live in traumatic environment and their controls from peaceful area. Three hypotheses have been set for the present study. First, the results confirmed that mood change from evening to morning is a general dream function. The mood change was rather associated with what and whom the children dream about. Second, the hypothesis of the trauma group showing less change in dysphoric dream content and in the intensity of negative morning mood across a period
of time of 7 days was not confirmed. Third, it was hypothesized that there is a stronger association between pre-sleep negative mood and dysphoric dreams as well as between the dysphoric dreams and negative morning mood among children living in traumatic environment than among children from peaceful area. Contrary to the hypotheses results from the trauma group revealed a reverse association between evening mood and dream contents.

Prigerson et al. (1999) developed and tested diagnostic criteria for traumatic grief. Recover Operator Characteristics (ROC) analysis were used to test the performance of the proposed criteria. All 306 widowed respondents at 7 number postloss ROC analysis indicated that three or four separation distress symptoms had to be endorsed as at last sometime 3 and 4 of the final 8 traumatic distress symptoms (e.g., numbness, disbelief, distrust, anger, sense of futility about the future) had to be endorsed as at least mostly 2 to yield a sensitivity of 0.93 and a specificity of 0.93 for a diagnosis of traumatic grief.

Corneil et al. (1999) compared duty related trauma experiences and the prevalences post traumatic stress in US. and Canadian fire fighters. Both samples reported relatively numerous and frequent post-traumatic symptoms, and the rules of self-report. PTSD prevalence did not differ significantly. However, analysis of departmental records for respondents' previous year on duty revealed significant differences in both frequencies and categories of traumatic incident, exposure. Some of the vulnerability and moderating risk factors associated PTSD cases differed between the US and Canadian samples.
Favaro, Maiorani, Colomba, and Tasso (1999) investigated the presence of traumatic experiences during and after the war in Bosnia. The presence of PTSD or major depression disorders (MDD) was determined using the structured clinical interview of DSM IV. The results suggest that refugees from former Yugoslavia are at high risk for trauma related psychiatric disorders. The rate of PTSD in the sample was 50% and the rate of MDD was 35%. Subjects with PTSD reported a significantly higher number of traumatic experiences compared to the rest of the sample. A non-significant association was found between dissociation and the number of different traumatic experiences and between association and PTSD. These findings support the hypothesis that despite a common link with traumatic experiences, dissociation and PTSD two distinct types of symptoms emerged.

Soloman and Heide (1999) have made an attempt towards developing a more effective conceptualization of psychological trauma. The authors build a framework based on the work of a psychiatrist L. Terri who distinguished between Types I and Type II psychological trauma by proposing the Type III category of trauma. Type III trauma occurs when an individual experiences multiple, pervasive, violent events beginning at an early stage and continuing over a long period of time. Diagnostic criteria includes alterations in memory and consciousness frequently including dissociation, emotional numbing, major developmental deficits, poorly developed, often fragmented sense of self; a core belief that he or she is total flawed and has no right to be alive; a sense of hopelessness and shame; trust issues that interfere
with normal relationship and no concept of future. Treatment of individuals who have sustained Type III trauma is more complex and demanding related to survivors of Types I and II trauma.

Martinez-Taboas and Bernav (2000) examined the possible relationship between different types of traumatic experiences and the self report of dissociative experiences, depressive symptoms and general psychopathology in a sample of 198 undergraduate students between the ages of 17 and 42 years. The study also examined the psychometric properties of the dissociative experiences scale in a Latin sample. Results support the hypothesis that those individuals who report frequent and severe traumatic experiences are also the most likely to experience psychological malice. Those reporting frequent and severe traumatic experiences score higher on Dissociative Experiences Scale. The authors conclude that individuals with a marked history of trauma and abuse are more likely to use dissociative defenses as a coping response.

Bolton et al. (2000) investigated the long term course of general psychopathology following trauma in adolescence. The survivors of a shipping disaster showed raised rates of diagnosis in a range of anxiety and affective disorders during the follow up period. The highest rates were among the survivors who had developed post traumatic stress disorder and those surviving who had not were generally similar to control group. All set of anxiety and affective disorders varied between being indefinitely close to the controls. Onset of anxiety and affective
disorders varies between the survivor and control groups due to continued distress among the survivors still suffering from PTSD and to a lesser extent among those who had recovered from PTSD.

**Effects of Trauma**

This section reviews the current literature on the nature of traumas in people and their short term and long term effects. The age, developmental level, family and sociocultural factors are the important mediators of the effects of trauma on people. Recent research has shifted the focus from psychopathology to long term effects on psychosocial and cognitive development of traumatized individuals.

Klingman (1994) investigated the impact of cumulative trauma on 253 Israeli 5th and 6th grade children and risk from missile attacks during the Persian Gulf War 1991. During the 5th week of the war, the subjects were asked to write in their classrooms a short composition about their personal experience since the beginning of the war. Random sample of 80 compositions was coded by school counsellors. The major concern of the study was the feasibility of employing a school based, easy to administer, assessment tool (i.e. a composition as both research and clinically oriented assessment procedure). The most noted experiences reported were subjects active behaviour in the sealed room, the role the mass media played and the war as a source of stress and anxiety respectively. More fears were expressed by boys than girls. The subjects composition may have considerable practical value for group based assessment in community disaster situations.
Elbedour (1994) explored how children construct their experiences of justice and injustice and how abuse related exclusively to the meanings assigned to these constructs. The effects of trauma are most apparent when significant and generalized others (i.e. family, community, culture) cannot maintain the human contracts that bond people, define social order and ensure justice. The psychological adaptation of the child is also shaped by the way the legal system responds to the plight of the child and how the traumatic event is interpreted according to ethical standards that the child has developed. Trauma can be especially acute if the parents, community and or the legal system do not expect in some way to restore the child's sense of justice.

Hodgkinson and Shepard (1994) attempted to examine the impact of disaster related stress on helpers offering psychological support to victims of two major disasters and to identify potential moderating factors. The responses of psychological helpers in disaster support work (DSW) appeared to be determined by a complex interaction between personality characteristics (coping style, hardiness), DSW related factors (impact of client contact and role issues), now DSW related factors (prior life events). 60% of subjects experienced significant levels of symptoms during their first year of DSW and follow up data suggest that levels were maintained 12 months after the initial survey.

Gurwitch, Sullivan and Long (1998) studied the impact of trauma and disaster on young children. The authors reported that the
characteristics of stress in young children are similar to those of older
children and adults, but their relations are unique.

Yehuda, McFarlane and Shalev (1998) summarizes the findings from recent studies that examined the acute and longer term biological response to traumatic stress in people appearing to the emergency room immediately following trauma exposure. In the aggregate these studies have demonstrated increased heart rate and lower cortisol levels at the time of the traumatic events. In those who have PTSD at a follow up time compared to those who do not. In contrast certain features associated with PTSD such as intrusive symptoms and exaggerated startle responses are only manifest weeks after the trauma. The findings suggest the development of PTSD may be facilitated by a typical biological response in the immediate aftermath of a traumatic event, which in turn leads to a maladaptive psychological state.

Wilson and Moran (1998) have advocated that traumatic events adversely affect not only the psychological dimension of the self but also the faith system and spirituality which give meaning to one's life. In this article, the author examines the effect of severe trauma and post-traumatic stress disorder (PTSD) on human spirituality and faith. The psychological trauma caused by natural disasters, accidental disasters, disaster of human origin and violence often leaves the spiritual domain in disarray. The article offers practical considerations for mental health practitioners and pastoral counsellors from whom the victims of severe trauma seek help.
Breslau, Chilcoat, Kessler and Davis (1999) examined the effects of previous exposure to trauma. 1922 individuals were interviewed by telephone to record lifetime history of traumatic events specified in the DSM-IV as potentially leading to PTSD. The PTSD was assessed with respect to a randomly selected index trauma from the list of events reported by each respondent. Results showed that history of any previous exposure to traumatic events was associated with a greater risk of PTSD from the index trauma. Multiple previous events had a stronger effect than a single previous event. The effect of previous assaultive violence persisted over time with little change. When they examined several features of the previous exposure to trauma, the authors found that subjects who experienced multiple events involving assaultive violence in childhood were more likely to experience PTSD from trauma in childhood. Furthermore, previous events involving assaultive violence, single or multiple in childhood or later on were associated with a higher risk of PTSD in childhood. Thus, previous exposure to trauma signals a greater risk of PTSD from subsequent trauma.

Janoff-Bulman and Berger (2000) explore the ways in which appreciation is experienced in the aftermath of trauma. However, in order to understand survivors' experiences of appreciation - the positive side of trauma, we must familiarize ourselves with the negative side, with the losses that accompany traumatic experiences, for the two sides of trauma are closely linked. We will then focus more specifically on the psychological processes or mechanisms that underlie instances of
value creation in order to provide a basis for understanding more generally, the psychology of appreciation. Topics include, the negative side of trauma; loss and vulnerability, the positive side of trauma: appreciation and value creation; the importance of attending and noticing, (appreciating life itself, mortality as a basis for valuing, appreciating others: the role of reciprocal valuing, appreciating the self effort based discovery of personal strength; towards a psychology of appreciation, survivor's fundamental ambivalence).

Miliora (2000) explored the effects of cultural races on a persons sense of self. Racism assault victims with experiences of being perceived as less than human by the social milieu. Such experiences can literally erode self-esteem and ambition and cause a "depression of disenfranchisement" hereby one feels objectly ungrandiose. The author utilizes a literary example and one from clinical experience to illustrate how chronic experiences of antipathy derived from cultural racism erode a person's sense of self by virtue of the disenfranchisement of grandiosity.

King and Miner (2000) examined the potential benefits of writing about the positive side of painful life events. 118 psychology students were randomly assigned to 1 of 4 cells (writing about trauma, not writing about trauma, writing about perceived benefits, or not writing about perceived benefits) and instructed to write about 1 of 4 topics, (a) trauma only- their most traumatic life experience, (b) trauma plus perceived benefits, a traumatic life experience and how they have grown
and / or benefited as a result of the experience, (c) perceived benefits only, the positive aspects of and how they have grown or benefited as a result of some traumatic experience or loss, and (d) control condition, participants wrote about their plans for the following day and description of their shoes. Participants also completed questionnaire, measures of subjective well-being and released health centre information for a year. Those who wrote only about trauma or perceived benefits showed significantly fewer center visits for illness three months after writing. Additionally five months after writing, the trauma only and perceived benefits only groups maintained a difference from the control group.

Shaw (2000) presents an overview of the psychological effects of trauma on children and adolescents with specific attention to the epidemiology of traumatic experiences albeit a single event trauma or a chronic process trauma, the spectrum of clinical presentations, psychiatric and psychological comorbidities as well as assessment and therapeutic principles. In addition to the child's psychological response to the traumatic stressor, communities are often devastated by natural or man made disasters. The interactions between the child's response with the family and community response as well as community interventions are discussed.

Coping With Trauma

Lingma and Kupermintz (1994) investigated the relationships of Coping responses, self control and trait anxiety in Israeli University
students during the 1991 Gulf war. 35 male and 58 female subjects responded to a battery of questionnaires at the end of the war to assess these variables. Their responses regarding their experiences in prepared sealed rooms during gulf war missile attacks were characterized by attempts to help others and relatively low emotion focussed reactions. Factor analysis suggests a three factor structure of response modes instrumental, emotion-focussed and blunting like. Self control was associated with a lower intensity of the emotion focussed mode. Trait anxiety did not correlate with any of the response modes. Female subjects reported more emotion-focussed responses.

Davis et al. (1995) were concerned with how a negative outcome could have been avoided. Counterfactuals (CFS) that were generated by victims of traumatic events were examined to elucidate their significance for the coping process. In study I, 93 subjects were interviewed, 4-7 years after the loss of a spouse or child in a motor vehicle accident. In study II, patients were interviewed at three weeks (228 subjects) and 18 months (124 subjects) following the death of a child from sudden infant death syndrome. Across both studies, the CFS were commonly reported: the focus of CFS was typically on one's own in (actions) rather than on the behaviour of others; and more frequently subjects were undoing the event; the more distress they reported. People coping with traumatic events appear unhindered in their ability to generate CFS.

Harvey, Stein, Olsen & Richards (1995) investigated 45 people's self-report accounts of loss and recovery from the 1993
flooding in Illinois, Iowa, Missourie. Subject's narratives described reliance on activities such as developing an account of the situation, private reflection, and prayer, confiding in close others, and community volunteer and kin support in coping with these losses. Subjects also reported that marriages and close relationships that were problematic before the flooding worsened. Relative to other subjects, subjects from Hulls, Illinois reported more rapid and effective accommodation to their losses and rapidly initiated steps to rebuild and restore homes and lives devastated by the flooding. The narrative evidence pertinent to coping is interpreted in terms of the contribution of account making, confiding in and social support systems toward the amelioration of psychological impairment due to major losses.

Meszen (1997) suggests an interactional approach to the description and explanation of coping with stress. It is presumed that coping behaviour like other forms of human behaviour depends on an interaction between situational and individual factor. From among individual factors, coping style is selected as a dispositional variable which indirectly determines coping behaviour. Of the situational factors, controllability is regarded as a variable of special importance for coping behaviour, because in controllable situations information processing concerning the stressor is adaptive, which in uncontrollable situations it has little value. Two studies on coping with somatic illness are presented as examples of applying the interactional approach in research on coping with stress. In the second study, 259 patients participated. Their coping style was evaluated using an adaptation of the Miller Behavioural Style
Scale. They represented illness differing in controllability. Results confirm the superiority of the interactional approach compared with an approach including only the situational factor in the explanation of coping behaviour.

Liabre and Hadi (1997) tested hypothesis about the role of social support in the relation between trauma from the Gulf crisis experience and psychological or health distress 2 years after the crisis. Participants were 151 Kuwaiti boys and girls exposed to high or low levels of trauma during the crisis. Children exposed to high levels of trauma had higher PTSD and depression and more health complaints than controls. Social support did not mediate the relation between trauma and distress. However, social support and sex function jointly as moderators of trauma on distress. Social support was shown to buffer the effect of trauma in girls but not in boys. Boys, however, reported lower levels of support than girls.

Kiser, Ostoja & Pruitt (1998) tried to understand how families evaluate stressors and their own coping resources and how this process guides their response to stress. Characteristics associated with successful family adaptation to stress than are outlined in relation to a number of both normative and unexpected stressors. Most families at some point experience stress in the context of normative transitions such as changes in family composition through with, naturation or family break-up. Severe unexpected stressors that place significant strain on family functioning include serious illness, death, violence, and both natural and man made disasters.
Solomon et al. (1998) examined the implication of attachment style in both immediate coping and long term adjustment of prisoners of war (POW). 167 Israeli prisoners of war and 184 matched controls filled out a battery of questionnaires 18 years after the Yom Kippur war. Subjects were questioned about their subjective experience of captivity, current mental health status and characteristic attachment style. Secure individuals, who reported lower levels of suffering, less helplessness, and more active coping during captivity exhibited better long term adjustment. Avoidant ex-POW who reported helplessness and hostility, and ambivalent individuals who felt abundant and vulnerable, reported long term maladjustment.

Beninght et al. (1999) employed social cognitive theory and conservation of resources theory to understand individual differences in psychological response to natural disaster. Coping self-efficacy, lost resources, social support and optimism were assessed along with demographic variables in predicting distress following Hurricane Opale. Multiple regression analysis showed that coping self-efficacy was the strongest predictor of general distress and trauma related distress. Loss of resources and gender were also important predictors of general distress. Path analysis showed that lost resources directly influenced general distress, social support, optimism, and coping self-efficacy. These analysis also indicated that coping self-efficacy perceptions moderated the relationships between the loss of resources and trauma related distress, social support and both trauma and general distress, and optimism and both types of distress.
Almqvist and Hwang (1999) studied the variety of coping strategies of both emotion and problem-focussed coping used by the Iranian refugees children and parents when living in Sweden. Both children and parents used a variety of coping modes, addressing different topics, such as previous traumatic experiences, loss of social network and acculturative adjustment. Examples of children's narratives are given to illustrate how they coped with adaptive challenges in exile. Parents generally described problem-focussed coping such as moving to better living areas, while children mostly described emotion-focussed coping, such as positive thinking and day dreaming. Parents deliberately facilitated or discouraged different coping strategies in their children and were also greatly influenced by their children's success or failure in coping.

Allen, Whittlesey, Pfefferbaum and Ondersma (1999) reported common illness and coping mechanisms of a group of mothers and grandmothers whose children were killed in the day-care centre of the bombed, Murrah building in Oklahoma city and examined the community these women formed. Grandmothers were included because they were often the major or the only parenting person these children had. Subjects expressed two types of coping, problem-focussed and emotion-focussed. Lessons from these women in fostering resilience include developing a disaster plan that recognizes specific sub-groups, negotiating therapeutic contracts relevant to such women's needs, minimizing development of long term pathogenic identities and life
narratives and enhancing sense of continuity dealing with specific sources of rage and resentment and keeping the family in focus.

Allen, Dlugokinski, Cohen, and Walker (1999) studied emotional processing, understanding and coping behaviour of approximately 6500 elementary school children in Oklahoma city after the bombing of the Murrah building. Also, art work created by children across the US in response to the bombing was analyzed. Younger subjects were least likely to understand what was going on and were most likely to be confused, to have the highest number of wrong facts and to use avoidance as a coping mechanism. Fear, confusion and shock were most powerful immediately after the event and sadness gained as fear waned. Time gave subjects a chance to absorb the event, process it, and recover from the shock. Artwork was assigned to two categories: children's feeling (sadness, regret, anger, confusion, and hope) and children's vision for healing.

Davis et al. (2000) reviewed existing resources that addresses the assumptions that (a) people confronting certain traumatic losses inevitably search for meaning, (b) overtime most are able to find meaning and put the issue aside, and (c) finding meaning is critical for adjustment or healing. Additional evidence from a study of 124 parents coping with the death of their infants and a study of 93 adults coping with the loss of their spouse or child to a motor vehicle accident was also provided. Results of the studies indicate that (a) a significant subset of individuals do not search for meaning and yet appear relatively well
adjusted to their loss; (b) less than half of the respondents in each of these samples report finding any meaning in their loss, even more than a year after the event and (c) those who find meaning, although better adjusted than those who search but are unable to find meaning, do not put the issue of meaning aside and move on rather they continue to pursue the issue of meaning as fervently as those who search but do not find meaning.

Yeh and Wang (2000) assessed coping attitudes, sources and practices within and across a sample of 470 Asian-American college and graduate students from 4 ethnic groups; Chinese, Korean, Philippine, and India. The authors found that Asian-Americans tended to endorse coping resources and practices that emphasized talking with familial and social relations rather than professionals such as counsellors and doctors. Korean Americans were significantly more likely to cope with problems by engaging in religious practices.

**Therapy For Traumatized Individuals**

Psychologists have discovered some useful therapeutic strategies to heal and treat the inner world of individuals suffering form the traumatic stress. However, psychological approaches adopted for the treatment of traumatized individuals are related to types of traumatic stress.

Straker and Moosa (1994) examined the responses of a group of 10 psychologists and 5 social workers to therapy sessions with survivors of South Africa's political repression and civil conflict. In
interviews, the subjects expressed feelings of powerlessness, anger fear, and anxiety related symptoms to the therapist. Data show that both the potential for retraumatization of survivors and the potential for direct traumatization of the therapists intensify these reactions and complicate their resolution. The similarities and differences between this particular context and other contexts of trauma within which therapists may work are discussed.

Murray and Daniel (1994) compared 60 undergraduates, vocal expressions of feelings about interpersonal traumatic and trivial events to 60 undergraduates written expressions of such feelings in 20 minute sessions over a 4-day period. Similar emotional processing was produced by vocal and written expression of feeling about traumatic events. The painfulness of the topic decreased steadily over the 4-days. At the end, both groups felt better about their topics and themselves and also reported positive cognitive changes. A content analysis of the sessions suggests greater overt expression of emotion and related changes in the vocal condition. There was an upsurge in negative emotion after each session of either vocal or written expression. Results suggest that psychotherapy ameliorated the negative mood.

Seligman (1995) discusses the use of creative therapy with victims of a prolonged life threatening situation, using examples of the use of threats as a coping mechanism within concentration camps during the holocaust. The characteristics of life threatening situations and the coping process are discussed, and examples of performance and personal
testimonies of the use of drama in the concentration camps are presented.

Fischman (1998) explored metaclinical implications of psychotherapy with individuals traumatized by violent political repression with an emphasis on ethical concerns in treatment. Issues addressed include the relevance of the sociopolitical context in the conceptualization of the trauma, the challenge of transcending cultural frameworks, the clinician's role in the reversal of collective denial, the interplay of motivation and counter transference, and the impact of questions of purpose and meaning in both survivors and clinicians interacting with trauma.

England (1988) advocates that there is, however, as yet little independent evaluation of the notions and therapeutic practices which inform humanitarian interventions in refugees' mental health. This paper problematizes two central issues in these interventions: the role of past experiences in refugees' present well-being, on the one hand, and the need to verbalize trauma in a therapy, on the other. An alternative approach to refugees' mental health draws on current theoretical insights into non-discursive bodily practices. The paper substantiates these insights by focussing on the therapeutic salience of funerals and spirit exorcism among Mozambican refugees in Malaus. By exorcism, the vengeful spirits of those who had died during the war, refugees were also healing their war trauma. It was not so much the loss as the difficulty in observing a full range of rituals that characterized refugees' predicament.
Schweidson (1998) posits that patients traumatized by events beyond the limits of human experiential educability often revealed a shattered self with no continuous personal core. These events seem to have occurred without a witness, possibly because their inhumanity caused the subject to disappear while the events were taking place. Such patients suffer from their sudden emergence of dissociate sets of memories which seem to have registered the entire circumstances of the trauma in a frozen state. The therapist's interventions seem to have no impact at these moments. This may be because there is a self other that the patients i.e. present at a scene which belongs to a past that never ceases to recur. These enactments of post-traumatic events reveal a self condemned to disbelief whenever testifying to an inhuman situation devoid of any subjectivity. Vignettes from the psychoanalytic treatment of a patient who suffered from traumatic memories will illustrate the points above. The testimonies of homeless children and of holocaust survivors also point to this silencing of voices bonded by an inhuman past.

Kilborne (1998) explored what makes a child (or an adult) "ready to be blown up" by external events and with the effects of experiencing such explosive fragmentation. In particular, childhood trauma as these appear in adult treatment, are also addressed. Since perceptions of trauma are necessarily governed by the means by which trauma is known, analysis as treatment can broaden our understanding of trauma in ways that other treatments cannot. In treating and studying
trauma analytically it is impossible to avoid the subject of splitting and identification with the aggressor which can serve to sharpen awareness of the effects of the analytic situation on the patient and elucidate the nature and function of psychic pain. Two cases are explored which exhibit the effects of splitting in reaction to trauma. Analytic treatment, including analytically oriented psychotherapy constitutes an indispensable means of understanding trauma precisely because it aims at uncovering unconscious motivation and conflict as these are revealed, understood and worked through in both the transference and the counter transference and because it is uniquely able to work through layers of noxious shame surrounding the trauma-like star tissue.

Silove (1999) suggested that a focus on intervening psychosocial adaptive systems may assist in delineating more clearly that pathways that determine whether traumatized persons achieve psychosocial resolution or are at risk of ongoing psychiatric disability. A model is proposed which suggests that torture and related abuses may challenge 5 core adaptive systems subserving the functions of "safety", "attachments", "justice", "identity role", and "existential meaning". It is argued that a clearer delineation of such adaptive systems may provide a point of convergence that may link research endeavours more closely to the subjective experience of survivors and to the types of clinical interventions offered by trauma treatamental services.

Nicholas and Forresters (1999) established the connection between a social constructionist perspective with a psychodynamic one
to discuss the problem of trauma and its treatments. They argue that effective treatment of traumatic physical, sexual and psychological abuse must do more than alleviate the pain of the sufferer. Factors that cause and perpetuate abuse must be addressed by the abused person in conjunction with other nontraumatized persons who may have been abusive or passive in the face of abuse. The case examples of adult survivors of childhood trauma showed how such groups get therapeutic benefits for the traumatic abuse survivor and others simultaneously.

Grame et al. (1999) emphasize the growing necessity for psychotherapists and clergy to collaborate in the treatment of clients with psychological trauma. The authors draw attention on their personal treatment experience to illustrate the spiritual and religious issues of clients and the necessity for spiritual and religious assessment plans for their population.

Chaffin and Hanson (2000) opine that cognitive behaviour therapy shows promise in treatment with the children who are multiply abused and experience trauma as a chronic part of their lives. The authors also advocate that adaptations must be made to consider the special needs of children who suffer multiple and ongoing traumatization.

Research Objectives

Though every research study is based on some hypothesis. No research is done without formulating any hypothesis. Since the present study is not based on the findings of previous research and it is
exploratory research and also it is a new field in the field of 'stress and coping', it is therefore the investigator did not formulate any research hypothesis. The main emphasis is to explore the traumatic stress and coping styles among Kashmiri people living in high and low risk conditions and to depart from the existing trend in the area of stress and coping. Instead of formulating hypotheses we have set research objectives which are presented below.

The main research objectives of the present study are:

1. to develop the traumatic stress inventory.
2. to identify traumatic stressors among Kashmiri individuals living in high and low risk conditions.
3. to determine differences between males and females living in high risk conditions on traumatic stressors.
4. to determine differences between males and females living in low risk conditions on traumatic stressors.
5. to determine differences between males living in high and low risk conditions on traumatic stressors.
6. to determine differences between females living in high and low risk conditions on traumatic stressors.
7. to develop coping styles inventory.
8. to identify coping styles used by the Kashmiri individuals living in high and low risk conditions.
9. to determine differences between males and females living in high risk conditions on coping styles used to cope with traumatic stress.

10. to determine differences between males and females living in low risk conditions on coping styles used to cope with traumatic stress.

11. to determine differences between males living in high and low risk conditions on coping styles used to cope with traumatic stress.

12. to determine differences between females living in high and low risk conditions on coping styles used to cope with traumatic stress.