

## Phenomenology

Phenomenological research aims to answer fundamental questions about the nature of trauma-related psycho-pathology and how specific disorders relate to each other.

### Latent factors

Our prevalence research program is focussed on understanding the psychological impact of trauma and how psychological recovery can be more effectively promoted. While the focus of prevalence studies within trauma-exposed populations is typically posttraumatic stress disorder (PTSD), there is growing evidence that trauma leads to a wide range of other psychiatric disorders.

### Types of traumatic events and their relationship to specific PTSD symptoms

Survivors of traumatic events of an interpersonal nature, for example, assaults, typically have higher rates of PTSD than survivors of non-interpersonal traumatic events, for example, natural disasters. Our research has attempted to identify specific symptoms which are more likely to be endorsed by individuals who have experienced interpersonal traumatic events as opposed to non-interpersonal traumatic events. An initial study comparing interpersonal and non-interpersonal injury survivors found that while most PTSD symptoms were more likely to be endorsed by interpersonal injury survivors in the acute phase, there were fewer differences between the groups in the chronic phase, except in relation to some of the specific fear-based symptoms. A subsequent study using population-representative data found that individuals who had experienced especially intimate types of interpersonal traumatic events (e.g., sexual assault, domestic violence) were more likely than those who had experienced other forms of events to endorse psychological distress in response to reminders and avoidance of thinking about the event, as well as social symptoms such as detachment from others and restricted affect. Those who had experienced either intimate or non-intimate interpersonal events (e.g., assault by a stranger) were more likely than those who had experienced non-interpersonal events to endorse avoidance of people or places associated with the event, hypervigilance, and exaggerated startle response. Again, most of the symptoms for which differences in endorsement between the groups were evident, were specific, fear-based symptoms of PTSD.

## Traumatic exposure and phenomenology of nightmares in PTSD

Repetitive and distressing trauma-related dreams are a key diagnostic criterion of PTSD, and yet surprisingly little is known about posttraumatic nightmares (PTNMs). We investigated the dreams of veterans with PTSD with the aim of elaborating on the DSM dreams diagnostic criteria of PTSD. All veterans reported that their trauma-related nightmare recurred with little change since the trauma, irrespective of dream type, suggesting that those dreams that persist over time are more likely to be those that remain unchanged. Dreams were rated as highly disturbing, and resulted in immediate waking at least some of the time. Additionally, there was evidence that consistency between the emotional affect associated with the dream and that experienced at the time of the event was diagnostically important, whereas the dream's similarity to the memory of the traumatic experience was not. These phenomenological findings contribute to adequately accounting for the full range of posttraumatic nightmare phenomena.

## Pain and trauma

Chronic pain is a debilitating and relatively common condition in trauma populations and is often comorbid with PTSD. This research program aims to elucidate the relationship between the two conditions. A number of our studies show that PTSD and pain share vulnerability factors that may increase the risk of both disorders and explain their frequent comorbidity. We administered a CBT-based early intervention to injury patients with high pain and PTSD, anxiety and/or depression symptoms. Significant improvements to pain and psychological symptoms were seen at 12 months compared to controls who received usual care. These findings indicate that pain and psychological distress are intricately linked in each individual and likely to be mutually re-enforcing. Further research we have conducted indicates that psychiatric symptoms play a greater role in enduring disability after injury compared to physical symptoms. These findings have important implications for the management of injury patients who are suffering from psychological distress and pain.

## Delayed onset

Delayed onset PTSD is a controversial diagnosis with important clinical and financial implications. However, research into this phenomenon is typically retrospective and methodologically poor. We aimed to overcome the limitations of previous studies by conducting a rigorous, longitudinal prospective study to identify the prevalence of delayed onset PTSD in a sample of injury patients, and how delayed onset and chronic PTSD can be differentiated. Results suggest that at 12 months post-injury, delayed onset and chronic PTSD are equally common, and can be differentiated by pain severity at three months post-injury. Importantly, in many cases, delayed onset PTSD developed in the absence of prior symptoms. These findings suggest that diagnostic criteria should reflect the possibility of multiple PTSD trajectories.