Summary

70% of the general population is likely to have experienced at least three trauma exposures during their lifetime. Similarly, among those with psychosis, 68.5% have also experienced trauma. However, statistics of trauma and PTSD often depend on criteria used to define the former and diagnose the latter. For example, while using the criterion A for post-traumatic stress disorder, put forth by the diagnostic and statistical manual (DSM-4) the prevalence of PTSD is 6.8% but further drops to 6.1% while using the definition from DSM-5. This indicates that the specificity put forth by DSM-5 while offering more objectivity and precision to diagnostics, excludes a significant proportion of the population from receiving expert attention. Similarly, even as sociocultural influences on the perception and manifestation of various illnesses have been noted by many researchers, practitioners, educators and policy makers, the understanding, diagnostics and treatment of trauma remains conservative.

The impact of various types of trauma is the most robust link to development of psychosis. However, treatment for psychosis remains largely focused on psychotic symptoms such as hallucinations and delusions (positive psychotic symptoms-PPSx) and negative symptoms, continuing to neglect underlying factors such as psychological processes contributing to the manifestation.

In order to understand the nature of trauma, this thesis moves away from the conservative notion of PTSD as being the epitome of traumatic experiences. Using a broad framework rooted in differential vulnerabilities, stress sensitivities and cognitive processes of individuals, this thesis viewed negative life events (NLEs) appraised as traumatic, to the individual contributing to the development and maintenance of PPSx. Implications for future research, policy, and treatment guidelines to include trauma focused treatment approaches such as narrative exposure therapy (NET) or cognitive analytic therapy (CAT) and other similar approaches, in the treatment of psychosis, is substantiated through seven research studies answering the main question:

What role does psychological trauma play in the development, maintenance and treatment of psychosis, and how can this be assessed within the Indian socio-cultural context?

The objectives of this thesis were therefore:

1. To understand the prevalence, clinical correlates and service utilisation patterns among persons experiencing PPSx.
2. To understand what vulnerabilities are associated with persons experiencing PPSx.
3. To understand the perception of trauma.
4. To understand the process of assessment of NLEs among persons with PPSx and other associated vulnerable groups within the Indian sociocultural context.
Two major research sub questions therefore evolved:

- What are the clinical correlates, prevalence and service utilization patterns among persons experiencing PPSx, and what vulnerabilities are associated with persons experiencing PPSx?

This allowed for both the identification and addressing of knowledge gaps in understanding the prevalence and correlates of PPSx in the Indian context, as well as substantiating the role of NLE and PT in the development and maintenance PPSx.

Further, considering limitations in trauma assessment, this thesis also explored and contextualised trauma within the Indian socio-cultural context with a second sub-question:

- How does the Indian socio-cultural context influence perception of trauma and how can this be assessed among persons with psychosis and other associated vulnerable groups?

This will help understand the stability of current notions of trauma within the Indian socio-cultural context, discuss assessment options and identify critical challenges.

An exploratory approach using qualitative and quantitative research methods to contextualise the role of NLE in PPSx and provide pathways for future research to develop treatment models catered psychological processes such as, distress, cognitive distortions, schemas, non-acceptance of the NLEs.

For effective reading, the thesis has been organised in two parts. Part A focused on results from research studies that aimed at exploring the prevalence and vulnerabilities associated with the development and maintenance of PPSx; while part B focused on the assessment of NLEs among persons with psychosis and other associated vulnerable groups. Beginning with chapter 4, 4 studies were included in part A and 3 in part B. The objective, rationale, key findings, and conclusions of each chapter are summarised below:

Part A:

Chapter 4, Prevalence, sociodemographic and clinical correlates of PPSx: This chapter lays the groundwork for the thesis. It aimed to understand the magnitude of the problems that PPSx pose. Clinical correlates and service utilisation patterns were thus explored in the study using quantitative research methods. Results indicated differential prevalence of PPSx in an outpatient population. Service utilisation patterns and clinical correlates were discussed along with disability in work performance. Diagnostic challenges were also apparent within the sample. The chapter concludes the need for further investigation into understanding factors underlying PPSx and prognosis.

Chapter 5, Reliving, Replaying Lived Experiences Through Auditory Verbal Hallucinations: Implications on Theories and Management: This chapter focused on exploring the interplay of
NLEs in hallucinations. Results indicated that hallucinations, in their form and content, reflected the NLEs experienced by participants and served as the medium to cope with heightened distress from the NLEs or in related scenarios. Sociocultural implications and recommendations for treatment were suggested.

Chapter 6, *Delusions or Trauma: Dissecting Phenomenology- Implications for Practice*: Results from chapter 6 indicated that similar patterns could explain delusions as well since they form two aspects of one disorder. Interestingly, with delusions structural barriers in society were often a precursor to NLEs. Along with factors such as lack of emotional support, difficulty processing information and cognitive biases, delusions are formed to reduce distress from trauma related symptoms. A model is put forth for delusion formation and maintenance. Plausible explanations further explaining the model and its implications are discussed using global literature.

Chapter 7, *Reconceptualising the role of trauma in PPSx*: Having understood the differential mechanisms of NLEs in PPSx, and having taken cognisance of literature that also supports similar evidence, this chapter delved into a more in-depth understanding of patient perspectives. This was crucial to reducing the ‘absolute’ that diagnostic texts have aimed to achieve and to further understand the mechanisms of interplay between NLEs and PPSx. In-depth interviews were conducted with patients experiencing PPSx. Results indicated that differential tolerance to stress resulted in many non-criterion A items (currently not recognized as trauma by diagnostic texts) that were appraised as trauma by patients. Further, unlike current notions of trauma as the event, patients opined that their struggle was less with the event and more with the losses experienced as a result of the event. Lack of treatment methods that focused on managing loss was believed to have impeded recovery. Using evidence based theoretical models, the need for interventions to focus on underlying cognitive and emotional processes of traumatic experiences was elucidated.

Part B:

Chapter 8, *Conceptualizing trauma in the Indian sociocultural context*: The previous chapters focused on gaining an understanding into the kind of problems impeding prognosis of PPSx. It recognized that trauma was nuanced and influenced by sociocultural settings of the experiencer. Therefore, this chapter focused on conceptualising trauma within the Indian context to build evidence base for the need to acknowledge subjectivity in the appraisal of trauma and consequent trauma related symptoms (TRS). The meaning and types of trauma within the Indian sociocultural context was explored and various NLEs were endorsed as traumatic by participants; suggesting the need for a more broad definition of trauma and TRS. This is further elucidated in the chapter with references to current diagnostic criteria.

Chapter 9, *Assessing trauma*: With the differences in traumatic experiences noted in the previous chapters, the need to develop a tool to assess trauma within the Indian sociocultural context was apparent. The Trauma History Questionnaire (THQ), was adapted using the Herdmann’s model for cultural equivalence. 18 additional items were added into the adapted THQ-MV and was adapted to suit persons with multiple vulnerabilities such as severe mental
illnesses and intellectual disability. There were diverging views between the user-survivor and MHP groups of participants in terms of the operationalization of the adapted tool which is discussed in the chapter.

Chapter 10, *Patient-Provider perspectives on tool administration*: Perspectives of patients and practitioners are critical to the implementation of tool administration. Chapter 10 discusses patient and provider perspectives on using tools to assess trauma and plan treatment, and explores the importance of and challenges to tool administration. Through interviews with patients, the study focused on exploring perspectives related to comprehension of questions, level of intrusiveness and emotional arousal they might create. Meanwhile, interviews with practitioners focused on reactions, perceived value addition and challenges in tool administration and elicitation of NLEs. The chapter is a critical piece that brings the thesis together, concluding the discussion on the importance of assessing and treating trauma as well as providing implications for future research, treatment and policy.

In chapter 11, the findings from this thesis are discussed within macro and global theories and literature. Psychological Trauma (PT) compounding with PPSx; conceptualisation of trauma; psychotic content as coping with PT; relevance of local sociocultural perceptions of trauma in the global context; assessment and management of trauma; psychosis as exaggerated trauma; the role of diagnostic texts and toward trauma informed care are critical areas discussed. Placing stress, trauma, PTSD and psychosis on a continuum, this thesis concludes that the findings obtained do indicate an interplay of NLEs in the development maintenance and treatment of psychosis. Clinical attention to NLEs experienced is hypothesized to further improve outcomes of PPSx. Future research focused on using the treatment models developed in this thesis is needed to create a stronger evidence base.