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Posttraumatic Stress Syndrome – Ethical and Biopsychosocial Implications

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Abstract

Posttraumatic stress disorder has been very frequently tackled lately, not only in the medical world but also by psychologists and sociologists, as it is a very complex condition, which is still being deciphered today and the definition of which, proposed by the Institute of Psychotraumatology of la Frieburg, has been continuously adjusted due to the high number of research findings and medical observations. Is trauma an event or a feeling? The name of posttraumatic stress disorder would plead for a definition according to which it is an event that has already ended when the disorder starts to manifest itself. The disorder follows the trauma. Trauma has an objective and a subjective side, and hence requires a dialectic approach. It is an *ecopsychological* approach of the issue, which defines psychological trauma from an *ecologically dialectic* viewpoint, by combining the two approaches.

The therapeutic approach principles rely on the fact that a dangerous feed-back cycle occurs among the traumatizing environmental factors (environmental), emotional responses, bodily sensations and moods (endogenous), as well as thoughts, mnestic representations and images (encephalic), which cycle requires therapeutic measures to be broken.

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Keywords: posttraumatic stress disorder; ethic; biopsychosocial; forensic.

Posttraumatic stress syndromes have been repeatedly and heavily described and debated upon lately especially due to the fact that the absence of mental conditions and mental wellbeing are vital for any individual´s health.

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Literature has repeatedly referred to beating and violence, which "in addition to being a bodily injury, it is also a violation of the victim's dignity, a trauma suffered by the victim's psychic". Posttraumatic stress disorder has been an extremely common topic lately, not only in the medical world, but also among psychologists and sociologists, as it is an extremely complex condition, which has not been fully elucidated yet and the definition of which, suggested by the Freiburg Institute for Psychotraumatology, has been continuously adjusted to include the latest research findings and medical observations.

In 1896, Kraeplin employed the term "schrekneurose" or "fear neurosis" to describe the psychiatric condition including "numerous neurotic and psychological phenomena which are the result of severe emotional experiences such as accidents, especially fires, train collisions or derails. Kardiner manages, for the first time, a complex description of the symptoms of this phenomenon: excitability and irritability; uncontrolled reaction to sudden stimuli or fixation on the circumstances of the traumatic event; avoidance of reality; predisposition to uncontrolled aggressive reactions. Most of the symptoms described by Kardiner were also revealed by later research although the data on the nature and mechanisms of the influence of psychotraumatic factors on individuals have been considerably enriched, especially due to the research of the difficulties caused by the end of the Vietnam War. Some of the neurobiological PTSD perspectives were induced by the classical symptom characterization as "physioneurosis" symptoms (Mc Lay, WDS, 2006, p.123).

In 1952, the Nomenclature and Statistics Committee of APA (American Psychiatric Association) includes the term "gross stress reaction" in the DSM-I (Diagnostic and Statistical Manual of Mental Disorders). According to this manual, marked stress reaction was noticed in individuals that had been exposed to "severe physical or extreme stress injuries: fighting or civil disasters" (American Psychiatric Association, 2000, p.97).

In 1968, the Nomenclature and Public Statistics Committee of DSM II suggested the term "transient situational disorder" with variable severity which occurs in individuals not suffering from mental disorders and which is an acute reaction to extreme events that the individual had to face. The state developed in individuals that experienced critical situations causing psychological stress is characterized by the fact that they not only tend not to disappear with time but they become increasingly acute or surface unexpectedly when the individual is apparently enjoying a state of general wellbeing.

The term PTSD (*post-traumatic stress disorder)* occurs for the first time in DSM III, meaning the "development of specific symptoms that are the result of a stressful traumatic event which is uncommon in the life of a person" (American Psychiatric Association, 2000, p.99).

Psychotraumatology is the science that researches, diagnoses and treats moral injuries and their consequences, psychological trauma being understood as a wound of the soul, which is clearly separated from stress. Stress is a daily manifestation, which any individual normally copes with in different ways, whereas trauma is seen rather as suffering, as illness. The therapeutic purpose of psychotraumatology, the research and treatment of moral injuries, is similar to that of trauma surgery, the only difference being that the latter tackles injuries that are primarily "bodily" and do not belong to the "social world". Therefore, the psychological level should be considered as a form of bodily-physical differentiation, which also represents an individualization of the forms of communication and of general-social relation. Consequently, psychotraumatology should be considered from both a social and a physiological-somatic viewpoint. The resemblance between somatic and moral injuries is expressed by expressions like "I was very hurt", the metaphors emphasizing that fact that moral injuries are interpreted relying on bodily feelings. "Time heals all wounds" applies to both somatic and soul wounds, except that, as proven by somatic medicine, not all wounds heal in time. Moral injuries have a natural wound healing mechanism which resembles that of somatic injuries: defense or defeat mechanisms, self-defense attempts, and therefore the early detection of these mechanisms enables specialists to intervene in case of aberrant developments. Psychotraumatology should consider a series of particular aspects of the psyche, which belong to the physical and physiological systems. These particular aspects may be described by the concept of a rule, i.e. of a "norm", which accepts several aspects at various ontological levels, from physical-chemical and biological to *psychosocial.* Thus, the concept of abnormal or pathological is used as *contrary to norm.* Illness may thus be defined as a deviation from a rule or a norm, which in its turn assures the normal functioning of the body, i.e. of the individual as a whole. Depending on the manner in which we define it and on the ontological field to which we apply it, the concept of rule or norm covers a wide range of phenomena that provide a general view, on ontological levels, of the types of norms (Chiriţă, Chiriţă, 2004, p. 56-58 , Mc Farlane, 2000, p.45).