Literature and Coping Skills
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Lecture 26
Unclaimed Experiences-II

Hello everybody, I am Ajit K. Mishra, your course instructor for Literature and Coping Skills. As I told you all in my last lecture that I will be focusing on the second part of Unclaimed Experiences. You probably remember that we are negotiating trauma's module now. So, today I am going to talk about unclaimed experiences and I am going to focus on some other aspects of trauma and the disorders associated with trauma. So, let us take a quick look at those things.

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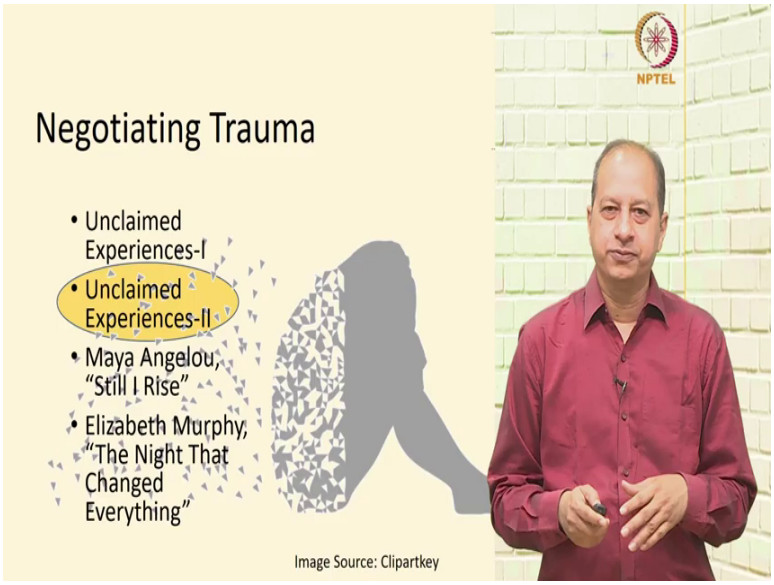

So, I did Unclaimed Experiences last time. I focused on a certain aspect of trauma. I talked about various important aspects associated with the idea of trauma, trauma, its causes, different types of trauma and a variety of other things associated with the idea of trauma. I am going to talk about Unclaimed Experiences today. I must also tell you that after this lecture we will move to the third lecture that is Maya Angelou's "Still I Rise" and then finally we will wind up this module with Elizabeth Murphy's, "The Night That Changed Everything". So, in this lecture I am going to focus on Unclaimed Experiences 2. So, let us see what I am going to talk about today.

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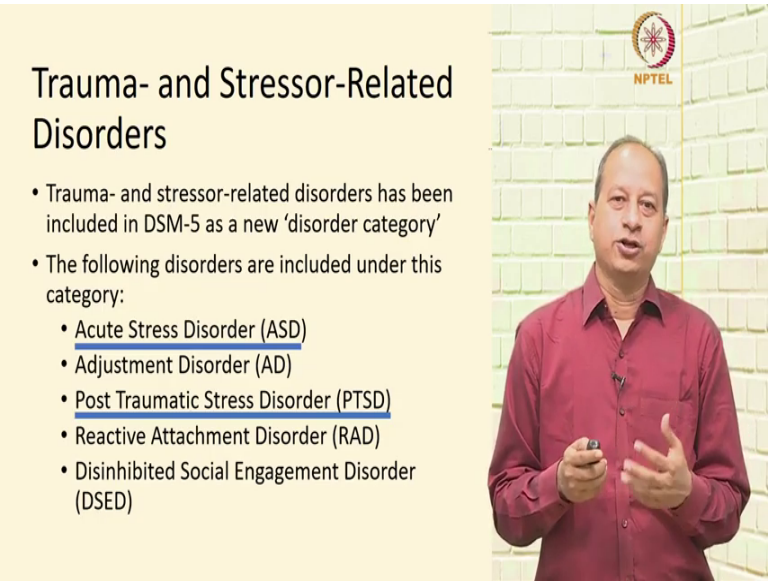

I want to talk about trauma and stressor-related disorders. I told you in my last lecture that the DSM-5 the Diagnostic and Statistical Manual of the American Psychiatric Association has included trauma and stressor-related disorders as a new category of mental disorders. That means trauma has been recognized as a serious mental challenge and that is how trauma is perceived. So, trauma and stressor-related disorders has been included in DSM-5 as a new disorder category. So, that makes it important for us to understand trauma and its associated disorders.

So, when we think of the disorders that are associated with trauma or stressor-related disorders we get to see these 5 prominent disorders starting with Acute Stress Disorder ASD, Adjustment Disorder, Post Traumatic Stress Disorder PTSD, Reactive Attachment Disorder RAD, and then Dis-inhibited Social Engagement Disorder. So, acute stress disorder occurs when somebody is suddenly faced with a terrible traumatic event. The impact of which is so acute, so intensified that the person will begin to experience the sharpness of that particular experience, that particular traumatic event, so that lead to a heightened stress level and the person will be disturbed for a certain period of time. Then adjustment disorder, people who are exposed to terrible traumatic events become unable to adjust or adapt to different life situations or conditions. Now. their exposure to traumatic events diminishes not only their sense of the self but also renders them

incapable of adapting to life's challenges. So, such people are bound to experiences, I mean experience tremendous adjustment disorders.

Then post traumatic disorder, one of the most serious disorders associated with trauma or the experience of the trauma. PTSD is again very serious disorder associated with trauma and it has serious and negative consequences for a person's mental and emotional wellbeing. Then we come to Reactive Attachment Disorder RAD. Now, this is s kind of disorder in which young children and even infants who are exposed to traumatic experiences quite early in their lives, because of neglect or disturbed emotional upbringing. They find it extremely difficult to get along with people around them.

These are the people who will always experience trauma when it comes to making friends with strangers or developing good bonding or social bonding or showing greater interpersonal skills. So, reactive attachment disorders, since they do not have a proper attachment sense, they develop this kind of reactive attachment disorder. Dis-inhibited social engagement disorder is also an attachment disorder. Let me tell you that these two disorders, the reactive attachment disorder and dis-inhibited social engagement disorder are basically attachment disorders.

The first one is reactive attachment disorder which results in poor interpersonal skills among children who have been subjected to such experiences, this particular type of disorder. The other is that dis-inhibited social engagement disorder makes children easily go out with strangers, trust and believe strangers, they do not mind touching those strangers and believing those strangers.

This is again a different type of disorder. Both the types of disorder are basically the consequence of some attachment problems during childhood. So, children are generally exposed to such disorders and such experiences. If they do not have a proper upbringing or childhood experience that helps them or come to terms with all their emotions or a wide range of emotions fully, so that is the reason why children experience such disorders. I am going to focus on two major disorders because when we begin our discussion of either Maya Angelou or Elizabeth Murphy. I will be focusing on these two important disorders, so that is the reason why I am going to focus

on these two major disorders in this lecture. I will focus on ASD, I am also going to focus on post traumatic stress disorder. So, let us take a look at each of these things.

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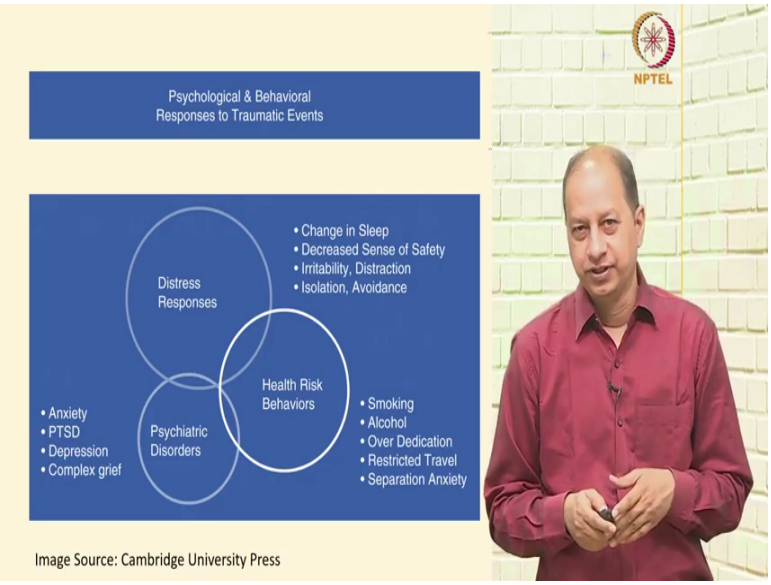

But before I begin to talk about either acute stress disorder or PTSD, let me first walk you through the idea of responses to traumatic events and what kind of responses we need to know, psychological and behavioral responses to traumatic events. So, when we take a close look at the diagram, we will get to see that there are distress responses that means the first time a person comes in contact with some terrible event or some traumatic event. There is an experience of distress and disturbance, shock and denial. If you remember, I talked about it, which leads to change in sleep, a decreased sense of safety because you have just been exposed to a sudden and a terrible event that has given you a sense that anything can happen to you or you can be subject to any kind of terrible experience, so,that, will severely dent your sense of safety. So, your sense of safety will be decreased and then irritability, distraction, it will be extremely difficult for a person to concentrate, because the same person will be continuously disturbed, revisited, haunted by the same traumatic memories.

So, therefore it will be very, very difficult for a person to concentrate. So, distraction will set in and then the person will become irritable and even aggressive and then the person will engage some negative difference mechanisms like avoidance and isolation, self isolation especially that

is withdrawn defense mechanisms. So, such people will gradually avoid the very idea of the stressor, avoid people who act as stressors and a variety of other things and then such people will gradually withdraw from all activities in life and then isolate themselves.

So, the distress responses result in such behavior and then when we come to health risk behaviors, the other set of behavior is that such people in fact engage in, as a response to their traumatic experiences, which have health risks for the victims. Starting with smoking, they may take to smoking because they think that can help them relieve the tension, the conflict, the anxiety, alcohol, over dedication, restricted travel and separation anxiety.

So, these are some of the health risk behaviors the trauma victims may show. When we come to the last aspect of it, the psychiatric disorders that trauma victims are susceptible to include anxiety disorders. We have talked about anxiety disorders and then PTSD “Post Traumatic Stress Disorders”, depression and complex grief. If you remember, I talked about complex grief while talking about “Break, Break, Break”. Complex grief will not leave you, it will not go, it will just not pass, it will stay with you.

So, these are some of the psychiatric disorders that these trauma victims are susceptible to. So, we have distressed responses, health risk behaviors and psychiatric disorders, so that helps us understand the psychological and behavioral approaches or responses shown by the trauma victims to their experiences of trauma or to the terrible events that they are subjected to or they have been subjected to.

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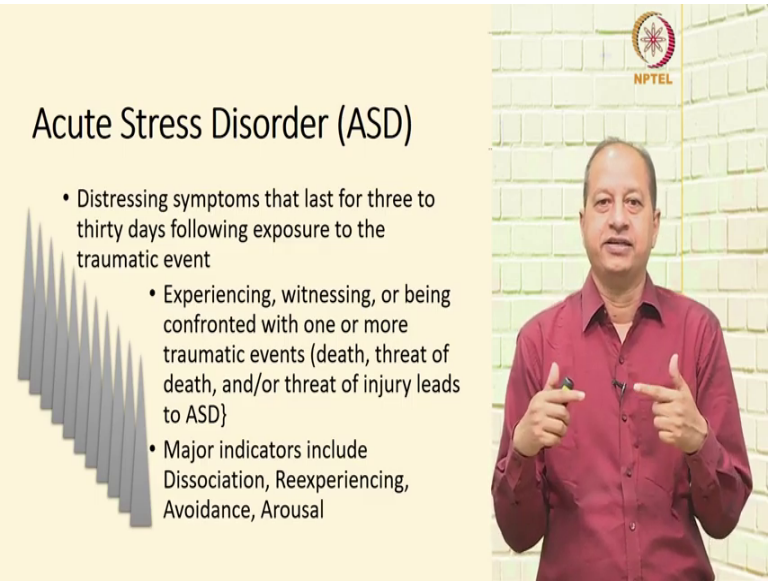

So, that brings us to the idea of Acute Stress Disorder ASD. Acute as we all know it is very, very sharp. It is so piercing, it is so debilitating, it is so disturbing and distressing that will be extremely difficult for a person to cope with such sensations, such challenges, because of its suddenness, because of its intensity which is very acute.

It will be very difficult for any one of us to learn how to cope with this particular thing, so that is one big reason why most trauma victims who experience acute stress disorder depend a lot on the denial technique initially, shock and denial. So, shock will cause that acute stress disorder in you, but denial or initial denial will help you adapt, find time and space for you to be able to adapt. So, again acute stress disorders or disorders show distressing symptoms, they generally last for 3 days to 30 days or 3 to 30 days following somebody's exposure to the traumatic event.

So, it can last for 3 days and thereafter it will gradually subside. It will never go, I have already told you, your traumatic experiences, your traumatic memories will never go, will never leave you. Once they set in, they will set in forever. The best thing that can be done about traumatic experiences is to subside them, is to gradually move over them, so that they do not return to haunt us and disturb us so that is the idea. So, 3 to 30 days is the period in which the acute stress disorder should subside, should go, should leave you, at least you need to feel as if it has left you.

So, that you are no more disturbed or distressed. If that does not happen that will lead to some other kind of disorder. We will talk about it. So, it can happen to those people who actually experience terrible events or witness terrible events, sometimes vicarious witnessing can also result in acute stress disorders or being confronted with one or more traumatic events, like death, threat of death or even threat of injury, so that leads to ASD as well.

So, either experiencing or witnessing or being confronted with any of these experiences, any of these traumatic events. So, you have witnessed, you are confronting mass death, you are confronting the threat of death, you are also confronting the threat of injury. So, there is every possibility that you will experience acute stress disorder.

Suddenly the stress level will go up and it will go up so sharply that it will lead to acute experiences. So, the major indicators of this particular type of disorder are dissociation, that means you experience disconnection with people around you, disconnection with the environment and you will suddenly feel as if the environment that you live in is unreal and you do not belong to it. So, there will be a complete disconnection with your environment.

Re-experiencing is a major indicator that means you will re-experience the same traumatic experience time and again through recurring images, thoughts, flashbacks, nightmares and a variety of other things. All these things take you back or push you towards the same traumatic event again in such a manner that you begin to feel as if you are reliving the same traumatic experience yet again. You begin to feel as if the same traumatic event is happening to you again, so that will suddenly push you to the realm of distress, unmanageable distress yet again; so that is the problem associated with re-experiencing. So, you promptly know that somebody is re-experiencing, when somebody begins to talk about the same traumatic event, for example if somebody is saying “See, see, see the same car is coming towards me. Okay I need to move out of its way otherwise it will crush me, it will hit me, it will run over me.”

So, then you know that it is a major indicator of acute stress disorder. Avoidance, again I mean everything that makes you return to that point in time when you experienced that particular traumatic event will be avoided it can be people, it can be the image of that particular thing, it

can be an object, it can be a thought, it can be anything, anything and everything that takes you back to that point will be avoided and then finally arousal.

Arousal, that means people who experience acute stress disorder are always in a state of arousal that means their cortisol level is always up. It never comes down. So, the fear factor is always very high. Such people are easily startled, easily shocked and they show extreme emotional attitudes, extremely angry, aggressive because they are in a state of arousal, emotional arousal all the while.

So, these are some of the things associated with the idea of acute stress disorder but the most important thing about this kind of desire is that the onset of that particular experience is between 3 and 30 days. So, it will not continue after 30 days or maximum of 30 days. If it continues beyond that, it will be diagnosed as a very different kind of disorder.

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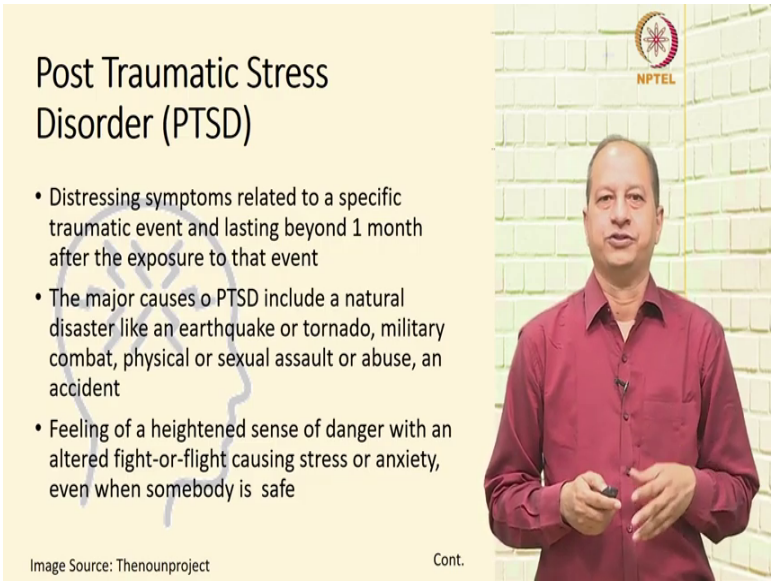

We come to the other kind of disorder that is post traumatic disorder. Very popularly called PTSD, is again the result of distressing symptoms related to a specific traumatic event, which lasts beyond one month after somebody's exposure to that terrible event. Now, this is the biggest difference between acute stress disorder and Post Traumatic Stress Disorder in terms of diagnosis. So, if it lasts beyond one month then that is diagnosed as PTSD, Post Traumatic Stress Disorder, which has a prolonged span in comparison to the ASD.

So, the major cause of PTSD includes a natural disaster, something that is very similar to that of acute stress disorder, like earthquake or tornado, tsunami, military combat like war, army operations, physical or sexual assault or abuse and an accident, a severe critical accident. So, cause wise this is very, very similar to that of acute stress disorder. I have already told you all that. There is not much difference between ASD and PTSD, except for the onslaught duration. And then we come to a feeling of heightened sense of danger. You are always in a state of arousal. You lose your senses of safety.

You always think as if there is some threat, there is some danger to your safety from some side. So, it is a heightened sense of danger and the fight-or-light mechanism gets altered. So, people

who experience such disorders always find themselves in a state of fear, with the cortisol level going up and getting stable there.

So, that causes a lot of stress and anxiety even when somebody is safe and that is very, very important that means you do not experience any sense of safety, any moment, even when somebody is actually safe the person may begin to experience palpitation, racing and pounding of heart or increased heartbeat and a variety of other symptoms. Symptoms associated with anxiety and fear as if somebody is actually experiencing some danger. So, this particular aspect of PTSD, which has a very, very close association with illusion makes it extremely difficult for the sufferers to cope with these challenges.

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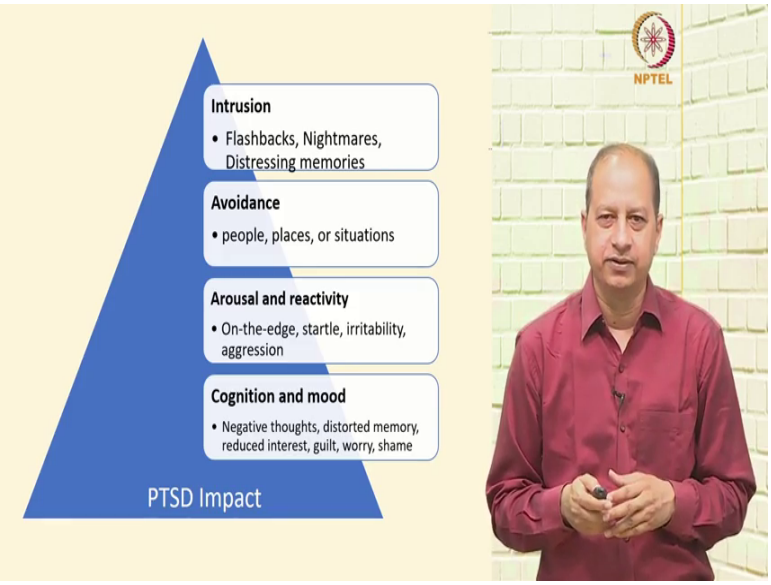

So, the impact of PTSD is very, very similar to that of ASD. So, these are the intruders who will keep disturbing the sufferer, the trauma victim, the trauma victim will continuously experience flashbacks, nightmares and distressing memories. Flashback's nightmares and distressing memories will continue to return to the trauma victim and they will haunt the trauma victim. That means the trauma victim is stuck at that point in time when that particular terrible event happened and then the same time returns to the life of the trauma victim. Although time has

passed and that has become a matter of the past it will continue to be in the present moment in the trauma victim's life.

So, the trauma victim will continue to experience flashbacks and nightmares associated with that particular experience. So, all these experiences together will make you re-experience that traumatic moment, that traumatic event multiple times. And then again avoidance, people, places, the situations, everything that bring back the haunting memories of the trauma event will be avoided by the trauma victim. So, avoidance, avoidance like denial is again a very, very important adaptive strategy. When it is actually used as an adaptive strategy. If somebody uses the denial mechanism for a long, long time that will lead to adverse consequences.

Similarly, if somebody engages in avoidance mechanism, technique for a prolonged period the person will completely withdraw from the external environment and finally from oneself and that will lead to severe mental problems, that will aggravate the mental problems rather than bringing those problems down and then cognition and mood arousal and reactivity as I have already told you, irritability, on-the-edge experience.

Such people will always experience as if they are living on the edge that means they are always threatened, challenged. Their very safety will be very, very flimsy. So, and then that will lead to cognition and mood changes. The person will be visited by negative thoughts, distorted memory, because such people find it very difficult to organize things because disorganization will set in and then reduced interest in life and life's activities, guilt, worry and shame. They will begin to engage in self-hatred as if they are the one to blame and that will lead to a negative self-image as well.

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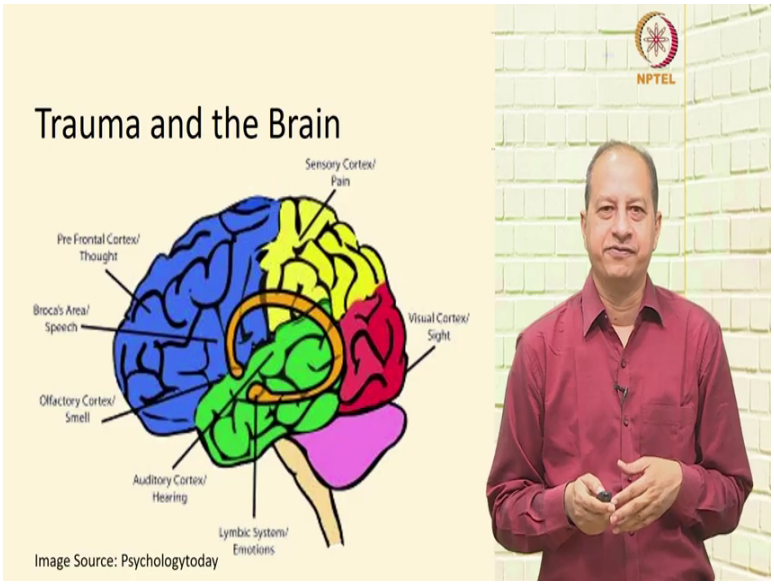

So, it is important that we also know how trauma affects or alters our brain mechanisms and brain functions. So, when we take a close look at the major aspects of our brain, we get to see that trauma in fact affects almost all the parts of the brain, all the parts. The Limbic System, the Prefrontal Cortex, the Sensory Cortex, the Visual Cortex, the Olfactory, Auditory, Broca's Area, the Speech Area, everything gets affected by trauma.

So, you can imagine the severity of trauma on our brain, because it in fact renders the brain incapable of either judgment or emotional response or any kind of comprehension understanding; so that is the impact of trauma on our brain. I have listed 3 very important things for your information.

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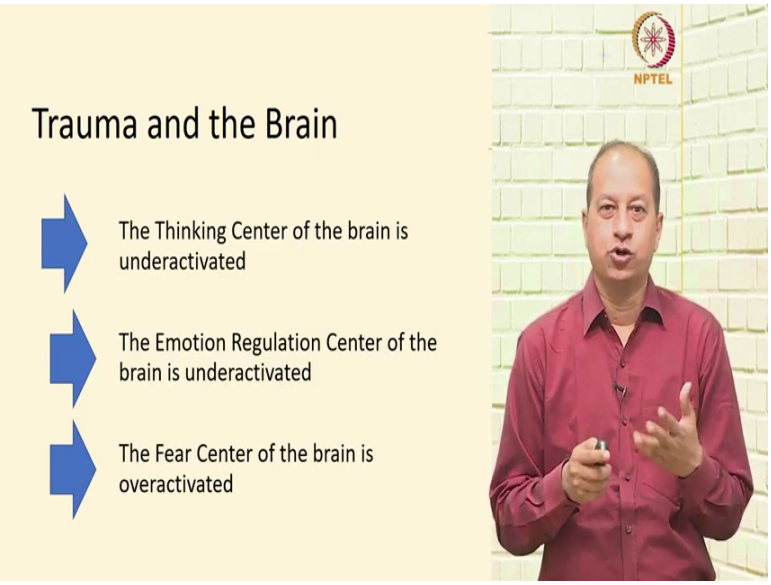

The first is the thinking center that is a Prefrontal Cortex which helps us understand, reason and then think, show empathy and do a variety of things. The Prefrontal Cortex of the brain is under-activated when we are in the grip of trauma. So, if this part of the brain is under-activated that means we will not be able to either judge, understand, resonate, perform our everyday activities properly, because this area is under-activated by the Prefrontal Cortex, which is the thinking center of our brain.

The second is the emotion regulation center of the brain, which is also under-activated, the limbic system is also under-activated. If that is under activated which includes the hypothalamus and the Anterior Cingulate Cortex, ACC, they are severely affected, they are also under-activated, so that leads to some kind of dysfunction in the brain. So, our emotions will also be dysregulated, our thinking will be dysfunctional. And then finally the fear center of the brain that is the amygdala will be over-activated. That means we will always experience a higher amount of cortisol level, which will result in a prolonged sense of danger, threat and fear. So, the fear center of the brain will be over-activated and that will always induce a sense of fear in us. So, we will always experience fear because of that traumatic experience. So, it actually helps us understand the brain system or the neurobiology of trauma so that we can understand trauma well.

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Now, to the most important idea of Unclaimed Experiences. Why have I called these experiences unclaimed, although these are not my phrases. I have borrowed this phrase from Cathy Caruth who has written a book by that title Unclaimed Experiences. So, a well-documented feature of trauma is our inability to articulate what happens to us that is a very important aspect of trauma. We are suddenly rendered incapable of articulating. So, not only do we lose our words but something happens with our memory as well.

I told you about disorganization of memory and we suddenly lose words, there is no connection, because we cannot even think, because our prefrontal cortex is under activated suddenly. So, during a traumatic incident our thought processes become scattered and disorganized, in such a manner that we no longer recognize the memories as belonging to the original event. Now, that is the intensity of disorganization. So, instead what we experience are the fragments of memory that are dispersed as images, body sensations and words are stored in the unconscious, so that they can be activated later by anything even remotely reminiscent of the original experience.

So, that is the reason why people generally avoid traumatic experiences. They want to forget what they do not want to remember, because once these memories are triggered and the rewind button has been pressed, we will begin to reenact aspects of the original trauma and that will affect our day-to-day lives as well. So, unconsciously we could find ourselves reacting to certain people, events or situations in old familiar ways that echo the past. Now, that is a very, very

important aspect of trauma and that is one big reason why we generally tend to forget. We generally tend to unclaim.

We do not want to claim those experiences, because we do not want them back in our lives, and that is the reason why most people remain or keep silent over traumatic experiences especially when it comes to sexual abuse people prefer to remain silent. And then we also avoid our traumatic experiences, anything that brings back the memories of the traumatic experience back is avoided and then we dissociate so much that we also get dissociated with ourselves, but we do dissociate with all those things that bring back the memories to us.

And then remembering most people think that trauma is all about remembering, but trauma is actually all about forgetting, because we cannot forget it is like a glue to which we are stuck. It does not go, it does not leave us. We have to remember, we are doomed to remember the traumatic experiences, and that is exactly what Freud meant by repetition compulsion. There is a compulsion to repeat, to remember those experiences and that is the reason why they return to us in flashbacks, nightmares, in our thoughts, in the images that we construct, in the post traumatic experience period.

So, although we try our best to use the ostrich syndrome as a defense mechanism that does not help, silence, avoidance, dissociation, forgetting, repetition compulsion, all these things do not help, so that is one big reason why people do not want to claim their traumatic experiences. No one wants to go back to that particular moment in time, which caused that particular irreparable loss to the person's mind; so that is the reason why people do not claim these experiences.

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That brings us to the idea of coping with trauma because it is very, very important that we also know how we can cope with traumatic experiences or traumatic disorders. One of the most popular coping techniques that is employed in traumatic or recovery from trauma is this talk therapy, a CBT technique, that is Cognitive Behavioral Therapy.

So, talk therapy is extremely important. We have been talking about talk therapy right from the beginning of the course. How it is so important. Name it to tame it. So, when you talk about it you are actually creating impressions. You are giving it shape, you are giving it dimensions and thus you are getting to know it better so that you can understand and cope with it in a better manner.

And then the Exposure Therapy is very, very important therapy but it is performed under the supervision of experts and in manageable conditions as well, that means a trauma victim is made to relive the same experiences again in which the trauma victim is taken to the same place the same kind of environment is created so that the same emotions are aroused and released.

So, that can lead to catharsis. So, exposure therapy is again extremely popular but it has its discontents as well. Then grounding is very, very important technique. This is something that people can practice even in the absence of an expert. Grounding actually grounds you. When

somebody is faced with trauma the person actually loses ground, because you are disorganized, you are fragmented, you lose ground.

You are disconnected with your environment, your reality. So, it is very important that you are grounded again. So, trauma victims generally tend to return to that point of trauma. They live there in that moment. So, it is very important that they return to the present moment through their bodily sensations, especially sensory perceptions.

So, grounding can be done when you suddenly take note of things around you, try to hear the sounds, you suddenly activate your sensory perceptions and you live in the present. So, when you do that you do not return to the past time and again and that will gradually dissociate you from the past not from the present, something that trauma victims do.

So, grounding is a very important coping strategy for trauma. And then again, this associative awareness is a very, very popular technique these days, that is done to help the autonomic system of our brain to return to normalcy. If you remember I told you that trauma victims generally experience one kind of emotion, that is fear, heightened fear, because of the higher cortisol level.

So, the association of awareness helps them restore the parasympathetic nervous system, which has been overpowered by the sympathetic nervous system and when that happens they can return to normalcy. So, this is practiced quite popularly. And then we come to time perspective therapy. It is popularized by Philip Zimbardo and his friends. So, this time perspective therapy gives you a better idea of what time means, for example those people who are past positive they will focus on positive aspects, good old days of the past.

So, past negative people will focus on the negative aspects. So, the present fatalistic people leave everything to fate. So, time perspective therapy is also a very, very popular therapy, which gives you a sense that time can cure. So, this is widely accepted now. And then finally, and this list is not exhaustive, I must tell you, there are various other therapeutic practices that are employed. EMDR therapy, Eye Movement Desensitization and Reprocessing Therapy, which happens when, in the presence of a therapist.

The trauma victim is made to recall the images of that trauma experience, while following the movement of the, the hand movement or the object movement of the therapist with his or her eyes. So, this is a very popular technique, very successful technique, which is in fact popularized by Francine Shapiro. So, this is again a therapeutic technique that is available to trauma victims. So, these are some of the therapeutic techniques, that can be used to help us become resilient and return to life and move on in life and that is how we come to the end of this lecture.

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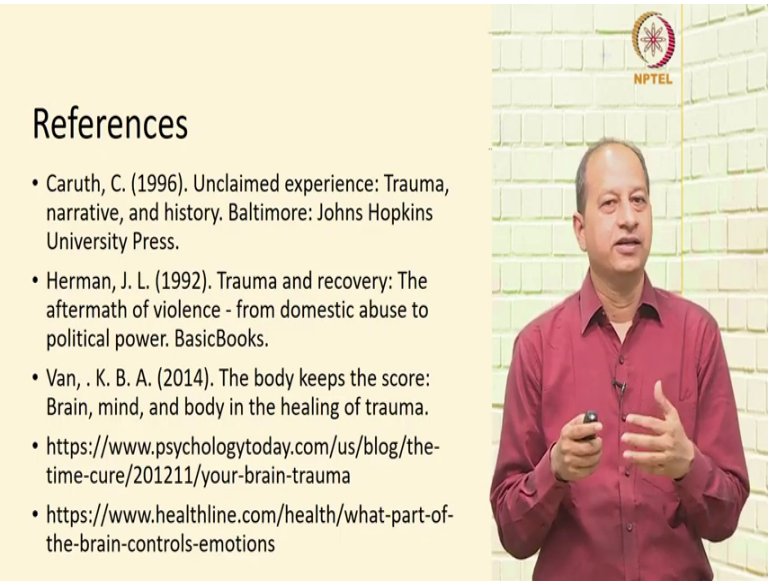

I hope you have liked our discussion of trauma, its causes, its types, its aspects, its impacts and finally the coping strategies that we need in order to cope with the onslaught of trauma. So, thank you very much for joining me.