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SRIJAN

Annual Magazine

Department of Psychology



Volume V

From The Principal's Desk



The fifth issue of the magazine published by the Department of Psychology demonstrates the commitment of the teaching faculty to continue its odyssey despite the traumatizing onslaughts of the two waves of Corona. When everything seems down and out, the teachers and the students have rallied together to pen and prepare positive and creative response to discuss and devise the various strategems to cope with the aforesaid crisis. This issue of the magazine is an example of the tenacity and creativity of everyone to keep the hopes and aspirations alive in the midst of the tragedies and setbacks. I wish them best of luck.

Prof. Manoj Sinha
Principal
Aryabhata College

From The Teacher In-Charge



The tragic death of our senior faculty member, Dr. Ravi Bhushan Prasad and the complete nervous breakdown due to the overwhelming attack of the two waves of Corona have had very traumatizing effects on the psyche of everyone. The teaching faculty and the students have picked up cudgels to fight against the adverse consequences, especially the post-corona effects. This issue of the magazine endeavours to decipher and deliberate upon the various fallouts and panaceas to counter the post- traumatic issues. To conceptualize and communicate these subtle and still emerging detrimental effects appeared to be very uphill tasks. But, the teachers and the students have accomplished these feats . They have come up with this 'issue' which is likely to be of great help and guide in overcoming the post-traumatic effects of Corona. I congratulate all the teachers and the students for having accomplished the great task. I wish them all the best.

Dr. R. K. Dwivedi
Teacher In-Charge
Department of Psychology
Aryabhata College

A message from Srijan In-Charge

The past one and half year has been tough for everyone. Mankind witnessed some of the most unprecedented events due to the COVID-19 pandemic. It has changed the way we live, think and act.

The education sector also is responding to the circumstances and undergoing its fair share of changes. The paradigm shift from physical learning to e-learning is indeed commendable. Building up on that, we are now moving towards another innovative learning mode, mobile-learning (or simply m-learning). This will impart a much-needed impetus towards a new pedagogy, albeit the reach of mobile and information technology in remote areas need attention in priority.

Srijan, the psychology association of Aryabhatta College takes pride in contributing to the biopsychosocial development of students, faculties and non-teaching staffs alike by organising various events of academic and social relevance. Due to conditions of lockdown and the other impacts of the pandemic, this time we conducted most of the academic and co-curricular events online. Unfortunately, we could not conduct two major events in the Department, the Mental Health Awareness Week 2020 (MHAW'20) and the Department of Psychology festival 2021 (PSYGALA'21).

As In-charge of Srijan, I would like to acknowledge that the activities and events conducted by the Department of Psychology would not have been possible without the support of the department faculties and students. My humble thanks to the Principal of the college and the Teacher In-Charge of the department for their continued support and guidance.

My co-incharge of Srijan, Dr Ravi Bhushan Prasad, succumbed to the pandemic and left a void amongst us that I cannot imagine being filled in the near future. The Vth volume of Srijan is dedicated to his memory.

The pandemic is in our midst still. I implore to one and all to take all necessary precautions and stay safe.

Dr. Halley S Thokchom
In-Charge, Srijan
Faculty Advisor, Editorial
Department of Psychology
Aryabhatta College

The Editorial Note

We, the editorial team, are extremely delighted to present a piece of creativity and self-expression of our year long work in the departmental magazine for the year 2020-21. We extend our heartfelt gratitude to the department faculties for their constant support and mentorship and our fraternity without whom the moulding of the magazine would not have been possible.

COVID-19 caused an unprecedented disruption to education around the globe. Led by the moto, 'where there's a will, there's a way', we were successful in continuing the legacy of Srijan during these trying times. With the publication of this magazine, we reflect on the year that has gone by and hope that our readers will have an insightful experience reading it.

The Editorial Team



Sarthak Paliwal



Kunal



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Ayushi Verma



Tanvee Shukla



Sejal Mahawar



Ode to Dr. Ravi Bhushan Prasad

'Great men, unknown to their generation, have their fame among the great who have preceded them, and all true worldly fame subsides from their high estimate beyond the stars.' - Henry David Thoreau.

Words cannot completely express the grief that Srijan, the Psychology Department of Aryabhatta College, Delhi University, felt when the grim news of our beloved professor, Dr. Ravi Bhushan Prasad, passing away after fighting a battle with COVID-19 came. A gap was created in our department and in our hearts that no words could explain or any other event or person could fill. Yet words are all that we have with us. Here are some messages that people had to give in his honor and respect.

"Ravi was a kindred soul and a good friend. In the short time that I have known him, I can say for certain that he was a good soul. Always committed to the department and I have always seen him working for it.

He was always calm and composed all the time. I have hardly seen him getting agitated.

He was pivotal in setting up the Department of Psychology in Aryabhatta College. Even though I joined Aryabhatta College as it started, the role that Ravi played in establishing the department and its functioning can neither be denied, nor be forgotten.

I met him on 13th of April, 2021 in the college. He was all fine at that time. We took pictures together that day. And everything aggravated so fast and on 26th, the fateful day, it came as a shock, the untimely demise of Ravi.

When I went to college after that, I could NOT go to the Lab room where we had shared so many memories, activities and lunches together. It was an overwhelming experience.

The demise of Ravi is an irreparable loss. Words are not enough.

I will miss you, my friend. May your soul rest in eternal peace."

Dr. Halley S Thokchom



“I never thought that I would be writing this for my dear colleague Dr. Ravi Bhushan Prasad. He was a highly valuable and respected colleague and a teacher who understood the meaning of the word "team". He was always focused on the benefit of the department. He made many great contributions to the department and helped it move forward in numerous ways. We were truly humbled by his kindness and compassion. His contribution here will never be forgotten. He will be greatly missed and everyone here is saddened by his sudden demise. Our thoughts and prayers are with his family members.”

Dr. Ankit Prakash

“Until we meet again .

How painful it is to know that you are gone forever and never coming back. We think about you always, we still talk about you, you have never been forgotten, and you never will. We are Upholding you in our hearts with great fondness and there you will remain. You have laid a firm foundation and a legacy that will guide us through our lives. You are one of our greatest blessings, the colleague that we called “Father of Aryabhata Psychology Department”. Until we meet again.”


Miss. Soshomi Makang

“The fastest journey on earth is the journey to heaven. It happens in the twinkle of an eye and we don’t even get to say goodbye, and it’s so sad. Sometimes, words are not enough to express our sorrow but our heavenly father hears the panic and the echoes of our heart. No words can ease your loss Ravi Sir...

Ravi was the very essence of compassion, of duty, of style, of humanity. A standard bearer of calmness, honesty and perfection. Such a kind and simple person, truly a well-wisher who had so much patience even in worst of times. For me Aryabhata will never be the same again. For me this department will never be the same again. Today is my chance to say thank you for the way you brightened our lives, even though God granted you but half a life. We will all feel cheated always that you were taken from us so young and we must learn to be grateful that you came along to us. Only now that you are gone we want you to know that life without you is very - very difficult. Many things have been forgotten since you left us, but you will never be one of them....

May the gentle soul of the deceased rest in perfect peace.”

Dr. Neera



“Dr. Ravi Bhushan Prasad was a selfless person who always kept others first before himself. That was one of his many blessings to this world. I am blessed to have known him both as a friend and as a colleague. He was a remarkable and approachable teacher whom every student loved; he was a great friend, someone you could always lean on. Despite his serious demeanour, he was an amiable person who had this humorous side to him with his funny quips and one liner that made you feel instantly comfortable around him. He had ample patience and was someone with whom you could discuss on any topics, be it personal or official, or even politics. I know the pain of losing a friend, a colleague, and a teacher like Dr. Ravi will not go away. It will be with us. And through these memories, we will keep him alive, with us. He was and is still an inspiration to us. Hardworking, quiet, selfless, and sincere. And through this, let us remember him, and appreciate all that he has done. We will be missing Dr. Ravi a lot. And nothing, and no one can ever replace him, and what he has done. He is deeply missed.”

Dr. Thangbiakching

“For me, he was and shall remain to be the embodiment of Psychology. I just wish the world was a bit kinder to him.”

Samyak Verma (Alumnus)


“Ravi sir, the founder of the psychology department of Aryabhata College. Not only a mentor to students but also a great friend to them. You will always be missed sir, always a gem to our department.”

Khushi Bhatia (Alumnus)

“Thank you for everything Sir! I do not have the words to truly express how grateful I am to you. Thanks for making classes fun, I will always remember the way you break down complex ideas into such simple things and also all the artistic diagrams you used. Lastly, thank you for always having faith in me and encouraging me to explore new ideas!”

Nighat (Student), 3rd Year





“It’s hard to say how much sir meant to us. Maybe we realize the true value of a person when we can no longer tell them ourselves. Yet, we attempt to do so with words. Sir always thought about the students, considered giving them education in the true sense, not for marks or grades but for the knowledge of it. The passion he had while teaching will always be something I will remember him by.”

Sarthak Paliwal (Student), 3rd Year

“Dear Ravi sir

I haven't met you physically but you have created an impeccable impact on me. Starting my day with your 'Good morning' voice was the best thing ever. While teaching you used to give us life lessons which I will cherish all through my life. You were one of the best teacher I ever came across in my life.

Thankyou for having those memories with us. Miss you sir.”

Madhumita (Student), 2nd Year

“The memories with you sir will always stay in our hearts. Thank you so much for everything.”

Tanvee Shukla (Student), 2nd Year





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SELF EXPLORATION THROUGH EXPRESSIVE ARTS - AN ONLINE WORKSHOP



Art speaks where words are unable to explain.

- Threadless Artist Mathiole

“Art has always been considered as a fascinating creation of mind and over the time, it did spread its roots in the realm of psychology and therapy and what emerged out of it was Expressive Arts Therapy (EAT). To introduce the students to the concepts of Art therapy and see its ways of working, Srijan, the Psychology Department of Aryabhatta College, organized an online seminar and workshop on EAT in collaboration with Karma Centre and Ms. Suhasini Subramanian, an Expressive Arts based therapist.

In the period of lockdown with people’s mental health at stake, this workshop provided a fresh air of thoughts about oneself and made students aware about themselves in an interesting and innovative way. Ms. Suhasini’s words about Expressive Arts enlightened the students that EAT is not about creating the most beautiful and pretty pictures; it’s more about understanding your own self better and realizing how your life is affected by that knowledge of self. She said that art may had never been directly related to therapies but the way it is being seen now, EAT brings a fresh perspective to see what the mind is capable of creating and what that creation has to do with person’s psyche or inner thoughts.

The interactive session included three activities to be done by students. The first was to draw a self portrait. While it was surely not an easy task to draw oneself, especially if one doesn’t have an artistic hand but still, the results of the activity were surprising for all the students. There was a realization at the end of the activity that even though they didn’t draw themselves perfectly, they were able to highlight those parts of them in the portrait that they felt proud of or felt them as a part of their identity. The drawing was a reflection of their self image and concepts about various features of them – both physical and psychological.

The next activity was much complex where a vessel was to be drawn first and then, the students were supposed to vividly imagine their favorite drinks in their mind. After that, they had to fill the vessel with the drink in the form of feelings or sensation that drink evoked in them. This made students realize that their favorite drink wasn't just refreshing in nature but included nostalgic memories, feelings of joy, hope and happiness associated with them too.

The last concluding activity was to write a letter to your own self. Some students wrote a letter to their past self, some to their present self or simply a future self. But later it was revealed that the content of letter didn't matter much but the tone of it did. How we usually talk to ourselves in our mind was way different than how we wrote the letter. We often act highly critical of ourselves in day to day lives while the letter seemed optimistic and assuring.

So all these activities not only gave the students an insight into how Expressive Arts work but also, understand their own self with a new and fresh perception.

Thus, it was a fruitful event for all and it taught us what Carl Jung said a long time back, 'Often it is necessary to clarify a vague content by giving it a visible form. This can be done by drawing, painting or modeling. Often the hand will solve a mystery that the intellect has struggled with in vain.'

- Sarthak Paliwal
Psychology Hons. 2nd Year

EXPRESSIVE ART AS AN EXPERIENCE AND APPROACH

"Art opens the closets, airs out the cellars and attics. It brings healing."

– Julia Cameron

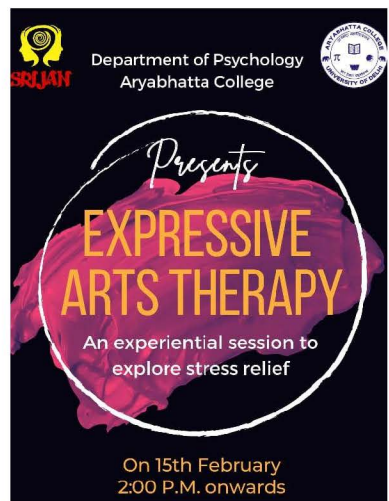
Creativity is a language that enables humans to connect with each other and themselves on a non-verbal level. Expressive Arts Therapy (EAT) is a tool to explore, develop and practise creativity as a means to wellness. It integrates all of the arts in a safe and non-judgmental environment to facilitate personal growth and healing. It enables us to reach into our inner realms, discover our emotions, and express them through visual art, movement, sound, writing or drama. To introduce the students to the concepts of Expressive Arts Therapy, Srijan, the Psychology Department of Aryabhatta College, organized an experiential session to explore stress relief on February 15, 2021. The session was facilitated by Ms Avantika Malhautra. She is a psychologist and an IEATA certified Registered Expressive Arts Therapist as well as the founder of Soul Canvas - Art for Wellness. She has had formal training in a corporate setting and later married her passion for art and psychology by furthering her studies in presence oriented therapies and working in various settings including individuals as well as groups. Ms Malhautra affiliates and works with reputed organizations like TISS and CMTAI on different projects and programs like dance movement therapy and self-leadership therapy. She is creating an impact for change, growth and development by providing therapies in schools, hospitals, therapy centres, workshops and through her practice.

For almost a year now people have been confined to their homes, thanks to the global pandemic. In such sombre times, this webinar came to the rescue to provide us with a refreshing perspective on art as an expression of our feelings and emotions. In the words of Ms Malhautra, any form of art can be used as a therapeutic tool to let go, express, gain insight, and self-empowerment, once these inborn desires are given the right direction. She told us that art isn't merely about the right designs, the great visual feast of understanding or the right performance. It also helps us create a path which manifests our thoughts and feelings in a clearer view so that we can recognize the virtuous ways of dealing with our sentiments and convictions. The focus of expressive arts therapy is on the therapeutic effect of the creative experience. It highlights the human capacity to transform thoughts, emotions, and experiences into tangible shapes and forms.

The objective of this interactive session was to introduce Expressive Arts Therapy as a theoretical approach as well as an experiential process that enhances expression, reflection and insightfulness. The webinar began with a focus on how the importance of art has been emphasized by people since the beginning of time. It has been a salient part of how our mind perceives the world and it's an expression of what we feel while shedding some light on the same. In the words of Confucius, "Tell me and I will forget, show me and I will remember, Involve me and I will understand" Essentially, creative thinking and experiential learning are imperative in one's understanding of the world and self.

During the explication of EAT as a part of the psychological approach to well-being, the participants were briefed about therapy, its elements and the features which make it a success. They got to learn about the pioneers of EAT like Paolo Knill, Shaun McNiff, and Natalie Rogers, and the basic principles on which this therapy functions. Some myths about EAT were debunked and the benefits, as well as the therapeutic changes it brought to physiology and life, were discussed. The participants were informed about various responses to stress and how they can be managed with the help of Expressive Arts Therapy.

Further, the participants were involved in the webinar to offer experiential learning. Initially, they were asked to write down the unspoken things that stressed them out. The exercise helped them gain a little insight into how the mere expression of feelings in simple words could make them feel better. Next, the participants were guided through a beautiful journey of imagination and art into self-realization by Ms Malhautra. With the soothing music playing in the background, the participants were asked to close their eyes and relax as the speaker walked them through the beautiful and majestic paths of nature. Changing forms and routes from one to another created vivid and soothing imagery for everyone.



Upon completing this journey within the scenic beauty of nature, the participants were asked to draw an interpretation of their feelings on a blank page. This subjective picturization was then used to jot down whatever came to the participants' mind thereafter, forming a poem out of it. Finally, participants reflected on how this process made them feel, what challenges did they face during this, and how did they overcome them. Most importantly, they reflected on how these illustrations and poems relate to their personal experiences and how they can heal and grow out of their issues. This was followed by an open interaction among those who were comfortable sharing their experiences with the group.

Towards the end of the session, Ms Malhautra talked about the applications of EAT as a part of her journey as a therapist in the industrial, educational, social service, and mental health sectors. She gave recommendations for further training in Expressive Arts Therapy in India and abroad, for those who were inspired and desired to pursue it further. Some noteworthy self-help books were also suggested for exploring and practising the art of expressing feelings through art itself.

Overall, the productive session not only educated the students about Expressive Arts Therapy but also fostered self-understanding, insight, and awakened creativity. It was a memorable experience that helped participants by giving them a sense of belonging and inner peace via fun-filled and stress-relieving activities. This exposure reflected on something that Pablo Picasso said a long time ago, "Art washes away from the soul the dust of everyday life." Finally, the fruitful and harmonious webinar, hosted by the esteemed head of psychology department, Dr R K Dwivedi drew to a close with an interactive question-answer session and a vote of thanks.

- Udishia Maurya
Psychology Hons. 1st year

THE STRESSED-OUT YOGI: BALANCING MIND AND BODY THROUGH YOGA

As the old age adage goes, “A healthy mind dwells in a healthy body”, similarly it is imperative to understand and apply certain drills to keep ourselves physically fit and strike a balance between the physical being and the mental state. A webinar was hosted by the Department of Psychology, Aryabhatta College, University of Delhi. The esteemed speaker of the workshop Mr Markus Hanna, a Hatha Yoga practitioner, a coach, and a preacher of knowledge, joined us from Germany in the live session on 17th February 2021. He described himself as a student and that he constantly keeps on being one because he is constantly in the process of learning. The session intended to make students aware and teach them about the different techniques to reduce, manage, and be resilient to stress. Our principal Mr. Manoj Sinha enlightened the session with his valuable inputs on mental health and the importance of stress management during COVID-19.



The speaker cited two different techniques that can be employed to deal with stress and to live cheerful and contented daily life, through the yogic perspective. The first technique was focused on giving purpose to labour and cultivating sharp focus and willpower while being calm through breath retention (Kumbhaka) exercises. He also emphasized attaching emotions to the task to enrich its quality of execution. It included five steps with live exercise. The first step was defining the task, the second step included making the task meaningful, engaging emotions, controlled ventilation (Bhastrika pranayama) and finally, holding the breath for a moment and then releasing it were the third, fourth and fifth steps respectively. The students shared their refreshing experiences and reported that they were able to focus better on the reading task provided in the session..

The second technique focused on automatic inhalation and conscious exhalation through the nose and subsequently through the mouth.. In about a couple of steps, it taught the students how to consciously relax the tensed muscles and the “let it go” remedy. The exercise also took its reference from Yoga Nidra (conscious sleeping). It emphasized enlarging the awareness from the tip of the nose to the entire body. This exercise made the audience feel extremely relaxed and rejuvenated.

Towards the end of the session, the speaker provided some valuable inputs about how to continue with this state of calmness and be more productive at work. Some of the main concepts included the power of practice of Hatha Yoga to make the acquired knowledge more valuable and the 30 days challenge to notice a significant change in oneself.. Mr Hanna also shared some of the sources with the audience to keep up with the regular five-minute practice of Bhastrika and conscious breathing.

During the question-and-answer round, he explained how the quest to serve mankind and the tremendous benefits from hatha yoga led him to pursue this path. Self-commitment and thought process helped him to stay focused. He also stated that practice is the golden key to accomplishment. The audience was momentarily pleased by the session. Many of the participants got to add a new and positive lens in their perspective towards stress. The session concluded on a note about creating a balance between the external (body) and internal (mind) as the decisive factor in solving problems.

In the vote of thanks, Mr Hanna was appreciated for bringing in the importance of body posture and how practicing Hatha yoga can help an individual to perform herculean tasks.

- Tanvee Shukla
Psychology Hons. 1st Year

EXPERIMENTAL CLASS ON GUIDED IMAGERY

“Wars begin in the minds of men and therefore it is in the minds of men that the defenses of peace must be constructed”

- Preamble of Constitution of UNESCO

The human mind is a fundamental resource like no other, and ranging from a common man to people who are stalwarts of their respective fields, everyone can testify to its importance. Be it to tackle any common daily hassle or to deal with times like that of a pandemic, the importance of preserving one's mental health along with physical health can also be appreciated. Meditation is one of the well-known techniques to achieve this objective. An experimental class was organized on the topic under the guidance of Ms. Sera Wangdi by the department of Psychology, Aryabhatta College, University of Delhi. Ms. Sera Wangdi is a research scholar at the North Campus, University of Delhi, with an interest in Mythical and Buddhist studies. She is a trained Reiki healer and Vipassana teacher. She has also worked as a counselor and is currently a member of the Ahmedabad Jung center.

The session consisted of a brief view of Buddhist ways of relaxation and meditation followed by a guided experiential practice of few techniques of meditation.

Ms. Sera Wangdi described meditation as a means of transforming the mind. Its practice helps encourage deep concentration, clarity, emotional positivity, and a calm seeing of the true nature of things. She mentioned that in Buddhist meditation belief in oneself and their positive qualities and the search for wisdom is a prerequisite. From a Buddhist point-of-view, it is the enlightenment or Buddhahood. It comprises of three steps namely view, meditation and action. Different techniques in Buddhist meditation can be categorized into two major forms: Calm abiding meditation (Shi-nay in Tibetan, Samatha in Sanskrit), and Insight meditation (Ihag-mthong in Tibetan, Vipassana in Sanskrit).

Calm abiding meditation or ‘Shinay’ promotes the idea of resting or abiding in a calm state. It is a stepping stone leading to insight and it's not the final goal but it is an important step. Ms. Sera Wangdi suggested that there are few guidelines that one should follow in order to develop relaxation skills.

Motivation or the 'why' to do it, is the first guideline. Other guidelines include regular practice, a quiet environment, focusing the mind, effortless and voluntary surrender, proper posture, external and internal guidance, and timing. Overcoming internal and external difficulties, choosing a personally suitable technique, Release phenomena and the right relationship with the world is also necessary to develop understanding and clarity which reveals new insights for a better approach to living.

After providing a theoretical understanding of the topic, participants were involved in a guided practical session of calm abiding meditation. The first step of the process was the 'Flow sequence' where participants were guided to become aware of their surroundings, which was followed by the second step, relaxing of the body. Ms. Wangdi explained three of the many techniques under the calm abiding meditation like Autogenic Imagery, Creating an inner oasis, and Rainbow light relaxation technique. Participants got to understand these techniques in detail through their own experiences during the session.

'Vipassana' or Insight meditation was explained after this stage. She mentioned that it is based on the idea 'to know thyself'. It is meant to assist one in achieving self-realization. Vipassana means to see, to see in an objective way, to observe inside. It is a practical way to understand your problems and suffering and to help solve them. It focuses on things as elementary as the breath which keeps you alive and helps eradicate the conditioning which makes us suffer. The duration of these practices may vary from few days to several weeks to be effective, but one can inculcate these practices in daily routine for better results.

Ms. Sera Wangdi ended the session with a prayer and advice to practice these techniques regularly. The session was overall indeed a learning experience that provided a better understanding of different meditation and relaxation techniques and provided insights like how simple activities such as breathing can help one keep themselves mentally healthy and focused. The participants experienced the effectiveness of the practices firsthand with the calmness and peace of mind it resulted in. It will be no exaggeration to say that it shall be beneficial even in long run for those who wish to continue practicing being mindful of themselves and the environment.

- Kunal

Psychology Hons. 1st Year

TRAUMA – A COLLECTIVE EXPERIENCE IN THE PANDEMIC

Years from now on, when the pandemic may pass, and life would return to normalcy or whatever would be considered normalcy, we may find a mask or an empty bottle of sanitizer lying in a corner of our house. At that moment, we may sigh imagining the horrific times of the past, the sheer helplessness, and panic that had spread all around us, but our body may do more than just 'sigh'. Our body remembers things. It remembers feelings, emotions, memories attached to things or events. Our body, at the sight of the mask, may start feeling tired or fatigued or may make us feel lazy without our understanding. That is not something that will happen to just one person but probably, to many of us. This is what the pandemic will leave us with. The memories of the ones we had lost and collective trauma.

Trauma is a reaction to a tragic, unprecedented, and unprepared situation that can have a deep impact on one's mind and body equally. It can make people helpless, generate distorted self-image and esteem, and even create various issues in the future.



The reason for choosing Trauma as a central theme of our magazine this time was to create a much-needed awareness and dialogue concerning trauma and its various facets. Trauma has been researched, talked about, and discussed by psychologists in past. It had been represented in cinema, poetry, novels, and various other forms of art. Various famous personalities had been identified with Post Traumatic Stress Disorder (PTSD). But still, we are not able to understand the complete dynamics of trauma and in what ways it can manifest itself in people. The experience of trauma is unique in each person so it is hard for psychologists to create generalized concepts regarding trauma or create therapeutic methods that could heal everyone in the same way. Also, at the same time, the term had been misused and misinterpreted multiple times by various people and media.

That is why there is a need to introduce young stakeholders to the idea of trauma, what it means and where it had been rightly represented. This issue of the magazine will give readers a chance to be introduced to trauma or for the already aware audience to be briefed about unique connections of certain elements with trauma. Such knowledge may help people understand the collective experience of trauma the current population is seeing and facing together.

Also, we have attempted our best to maintain sensitivity and respect for the topic and the issues raised in our articles. We do not intend to glorify trauma or make trauma an entertaining read. Our intentions are purely academic and meant to create public awareness.

- Sarthak Paliwal
Psychology Hons. 2nd Year

ROLE OF TRAUMA IN SCHIZOPHRENIA (SPECTRUM) DISORDER

Introduction

Schizophrenia is a chronic, severe psychological disorder (disturbances) that affects how a person thinks, acts, expresses themselves, perceives reality, and engages with others. It is a severe neuropsychiatric disorder that affects about 1% of the population, where an individual loses touch with reality. There has been a combination of factors responsible for the cause of schizophrenia. These range from neurobiological to psychosocial triggers. These work in conjunction to regulate the flow of stress. A more elaborate phenomenon termed stress sensitization refers to early stress that can sensitize individuals to future stress in a way that may modulate their risk of psychotic experiences, and may control the intensity of such psychotic experiences (YUJI et al., 2007). According to World Health Organization (WHO) reports, 70% of the general population across 24 countries have experienced traumatic exposure consistent with DSM-5 criterion A, with an average of 3.4 trauma exposures per individual (Baron et al., 2016). Since not every conceptualized traumatic event exposes everyone to developing psychotic symptoms, this makes the defining factors of trauma applicable to only a certain part of the population and does not deal with the variegated stress sensitivities in individuals that might lead to other negative life events being called traumatic.

In a study, it was found that participants have stated that consequent losses post the event are in fact what results in Psychological Trauma and play a key role in the development, maintenance, and treatment of their experiences manifesting symptoms relating to hallucinations (Chatziioannidis et al., 2019).

Imbalances in a series of complex chemicals in the brain known as neurotransmitters have also played a significant role in the development of schizophrenia. In particular, overstimulation of Dopamine and hypersensitivity of D2 receptors (to prepare the body to combat the biological damage) have been the major contributors. In addition to these, the involvement of glutamate chemicals can be linked to schizophrenia reactions (to the stressors like prenatal complications, gene mutation, brain injury, etc.) (Seeman & Seeman, 2014), (Howes et al., 2015).

Since schizophrenia appears to run in families, it is possible that some families create social environments that put their children at risk of developing the disorder. Intriguing clues are provided by research on setbacks among schizophrenic patients (recurrences of the disorder after a period of relative normality). It was found that patients are more likely to suffer relapses when their families adopt certain patterns of expressing emotion. Specifically, patients are more likely to suffer relapses when their families engage in harsh criticism ("You are nothing but trouble!"), express hostility toward them ("I'm sick and tired of taking you!"), and show a surplus of concern for their predicaments ("I'm trying so hard to help you!"). Over the course of a year, nearly 48 percent of relapse families exhibit this conceptualizing pattern.

There is only about 20 percent of families, that do not show this pattern (Baron et al., 2016). It is imperative to note that such patterns of communication that contribute to the onset of schizophrenia can not be firmly devised. But studies suggest that harsh criticism induces emotional turmoil in those who receive it, and this, in turn, serves as one source of stress that pushes vulnerable people closer to the brink of this serious mental disorder.

Childhood trauma

Childhood trauma is defined by the National Institute of Mental Health (USA) as "the experience of a child of an emotionally painful or distressing event, which frequently results in long-term mental and physical effects." It denotes any ferocious, dangerous, or potentially life-threatening event that occurs to a child (usually 0-18 years of age). The episodes may include any event (occurring repeatedly) like- bullying, domestic violence, or childhood neglect (Gianfrancesco et al., 2019). These can be associated with physical changes in the brain structure that correlate with health traits, resulting in individuals who are sensitized to future life stress.

Insecure attachment has been the major factor in the mediation of this kind of association. This type of trauma is linked to a variety of other adverse early experiences. Therefore, the question remains whether childhood trauma is a cause of schizophrenia or just associated with the condition. There is no black and white answer to it, as trauma can never be solely responsible for the occurrences of psychotic symptoms but can strongly facilitate it clubbed with other factors.

Treatment

The social and psychological distress of schizophrenia is incredibly huge, both to patients as well as to their families and society. The severity of early life trauma has been proportional to the psychotic symptoms in individuals. Often maintenance factors such as cognitive distortions and attenuated affective responses are developed, in the situation of traumatic loss and apparently no care. In situations where there is a persistent lack of access to care, it appears that these maintenance factors are exacerbated and contribute to persistent psychotic experiences.

However, it is undeniably true that trauma experienced after the onset of schizophrenia can exacerbate psychotic symptoms, particularly if it results in the development of a co-occurring trauma disorder, such as PTSD. As this condition (illness) is terminal, but recognizing strengths and abilities will help the patient to find activities and careers that interest him or her. Patients reporting psychosis have confirmed that trauma-focused interventions have a positive effect on their well-being and symptom management.

Therefore, therapies focussing on the loss of valuable and associated feelings might alleviate distress and enhance coping with psychotic experiences. Finding support among family, friends, and professionals is another big factor that can help in reducing worsening symptoms and manage challenges posed by the symptoms (Gianfrancesco et al., 2019).

There has been a persistent need to employ trauma treatment in comprehensive care for schizophrenia. Socio-economic conditions have been the major issue that hinders the availability of psychological therapies among a significant section of society as these individuals due to their economic status could not afford professionals or therapists. Many findings suggest that treatment should be personalized and that individual care plans should be developed (Vallath et al., 2020).

Two of the basic therapies could be:

Psychosocial therapy- Since schizophrenia is by characteristic involves multiple impairments in social role functioning, excess rates of medical illness, and poor quality of life, here psychosocial intervention may play a crucial role in improving the treatment of the patient.

Psychosocial treatment can help in learning coping skills to help the patient manage some of the challenges caused by the disorder. These developed skills can help to complete school, hold a job, and maintain quality of life. Social Skills training, Family psychoeducation, cognitive behavioral therapy, and cognitive rehabilitation have been the four most empirically supported approaches.

Types of psychotherapy are as follows:

1. Individual psychotherapy- This kind of approach involves an individual and therapist. Here, both sides work together to deal with actions and thoughts, distinguish between what is real and what is not. This helps particularly in managing day-to-day life.
2. Cognitive enhancement therapy (CET)- The objective of this therapy is to locate and recognize triggers, social cues, and other stimulators that lead to distortion of thoughts and consequently improve and organize an individual's memory, ability, and feelings. It also combines computer-based brain training and group sessions. This therapy is also known as cognitive remediation.
3. Cognitive behavior therapy (CBT)- It is the aptest form of talk therapy. Like CET, the therapist will guide the client to handle different voices and hallucinations. Some of the best results are found when CBT sessions are combined with medication.

Coordinated specialty care- It has been a comprehensive approach to treatment that combines medication and psychosocial therapy. Also, adding family integration, education, and employment counseling. This type of care aims to reduce symptoms, manage periods of high activity, and improve quality of life by promoting shared decisions taken by the client and the team of specialists to formulate a personalized treatment plan (Vallath et al., 2020).

Even though there is no permanent cure for the disease. But a suitable lifelong treatment can help in leading a healthy and productive life.

- Tanvee Shukla
Psychology Hons. 1st Year

TRAUMATIC INTERPERSONAL RELATIONSHIPS

An interpersonal relationship is an association or a strong bond between two people. According to an extensive study conducted by Harvard, it is essential to form good, supportive, satisfying relationships for a happy life. But the question is, why do we need good interpersonal relationships to have a happy life?

Everybody needs someone to fall back on during a crisis. Two brains are better than one while facing an issue, and it is nice to have someone who accepts us with all our faults and motivates us to become better. The need for belongingness and love, according to Abraham Maslow, is an emotional as well as a social necessity. Humans strive to be loved and accepted by their groups. If we go by context, an interpersonal relationship can be with family, friends, romantic partners, and professional colleagues. And it is somehow safe to say that our contentment doesn't depend on the number of relationships we form but on their quality. If these relationships become traumatic, they can lead to a lot of mental, emotional, and physical damage.



In psychological reference, trauma is an emotional response to a threatening and distressing situation, where a person is harmed either mentally, emotionally, or physically. More specifically, a person loses his/her mental and emotional stability because of a traumatic experience and needs time and support to recover. Sometimes, initially, the issues seem so petty but gradually become too troublesome to deal with.

What are these distressing experiences in interpersonal relationships that can lead to trauma?

Some red alerts in a relationship are avoidant partners, neglectful and uninvolved friends, burnouts, emptiness in romantic relationships, and lying about trivial matters. There are also compatibility issues that make the relationship unhealthy.

People fail to appreciate each other, and constant negativity leads to conflicts that hinder their intimacy. Some people also suffer from the forgiveness void. They compromise because of societal pressure rather than forgiving their partner from the heart. With a constant fear of not having any other good partner, they keep going, and this vicious cycle of forgiving their abuser and then getting inflicted with abuse over and over again drains them.

They fail to understand that the problems don't just go away if we ignore them but snowball into a significant issue. An unhealthy relationship is abusive, stifling, and affects our self-image and self-esteem. Physical and sexual abuse are not the only ones harmful to people, emotional and mental abuse is what breaks the person from the inside.

The Consequences of a Traumatic Interpersonal Relationship

A person who has gone through an interpersonal trauma tends to lose trust in people because of the negative emotions and pain that they have faced initially from someone very close. People have inflexible negative beliefs about society and are not interested in social rewards anymore. A study conducted to investigate the dynamics of trust in interpersonal PTSD used 'Trust Games', a task from behavioural economic literature, to test the participants' trusting and cooperative behaviours. The study concluded that there was reduced trust towards the cooperative partners, in individuals who suffered from interpersonal trauma. Due to the previous trust issues in a relationship which are generalized making them insensitive to social rewards (Bell et al., 2018).

Another effect of interpersonal abuse is fresh trauma. People who have been traumatized recently due to interpersonal conflicts and abuse have a greater tendency to become alcoholics and addicts. Alcohol plays a significant role in interpersonal abuse due to people's misconception that it helps them deal with their problems (Stein et al., 1997).

Proximity in a relationship is crucial, but when there is distress, it becomes a problem. Traumatic events in close interpersonal relationships lead to the expression of pain and problems through oppositional and defiant behaviour (Price et al., 2013).

If an unhealthy interpersonal relationship can cause so much trauma, why don't people nip it in the bud?

Traumatic interpersonal relationships harm self-esteem. The victim starts normalizing the abuse going forward and is less likely to take a strong step. When the abuse comes from a family member, it becomes hard to identify it and the individual starts feeling as if they are at fault.

Another problem to be addressed here is that of revictimization, that is, being the victim of abuse again and again. It might be hard to trust the victim but people have to realize that no matter how many times the abuse is inflicted it is never the victim's fault.

It's also difficult to end an unhealthy relationship because before the abuse started, the victim had loved their abuser and it is not easy to let go of the rationalization that the love is still there.

The bottom line is, people need to be sensitized towards these issues and have to learn to identify the red flags. No relationship is abusive from the beginning, but an individual needs to start identifying those red flags as and when they appear. An individual has to find their inner voice to avoid these destructive patterns, which is possible only when they build up their confidence and self-esteem.

- Ayushi Verma
Psychology Hons. 2nd Year

MALE SEXUAL ABUSE AND TRAUMA

“Males take a longer time to identify that they’ve had a harming, abusive, traumatic experience”

While our society is aware of female victims of sexual abuse, male victims are often neglected or forgotten due to shame and stigma. Traditional masculinity ideals, stigmatization, and cultural biases play an extensive role in sweeping the trauma resulting from male sexual abuse under the rug. Males are more likely to be blamed and scorned when they disclose that they have been assaulted. As a result, male victims fear coming forward and are less likely to seek help. Males are expected to be strong and thus, are less likely to be seen as victims. Additionally, their disclosure of sexual abuse is also perceived disdainfully as compared to their female counterparts. About 1 out of 6 males have experienced sexual abuse in the U.S. (Cook & Ellis, 2020) but the tragedy has been downplayed either by cultural biases or the victims’ unwillingness to disclose their plight. Abusers can include partners, females, military personnel, co-workers, someone of authority, neighbours, or even family members (Muller, 2017). Even the research on male sexual abuse is limited because male victims don't come forward as they perceive themselves to be strong, tough, self sufficient and it goes against the masculine roles. They internalize the blame, hide their vulnerabilities and wear the coat of shame. Even if they do disclose having been sexually abused, people around them are reluctant to believe that even men can be raped, sexually assaulted. Thus, male survivors are met with invalidation or victim blaming (Elkins et al., 2017) questioning ‘how could they let that happen?’, ‘how can someone do it to a boy?’, or ‘why would someone abuse a guy?’.

The psychological aftermath of sexual abuse is severe as victims are at the risk of contemplating suicide, suffering from post-traumatic stress disorder, depression, and are more likely to abuse alcohol/drugs. The male victims get aggressive and irritated easily, they experience damaged self- image and increased sense of vulnerability (Muller, 2017). They feel adequate and take comparatively more time than female victims to come to terms with their victimization. As a result, they are unable to seek timely treatment.

Moreover, the support services for female survivors are specially designed with crisis centres, shelter homes, and therapy centres. But for male survivors there are no such specific, trauma-informed support resources (Elkins et al., 2017). Stigma, perceived negative social consequences, shame, rejection, limited resources due to low mental health literacy, doubts, and lack of knowledge lead to delayed and often nonexistent mental health services for survivors of male sexual abuse. Many male survivors disclose their experience of sexual trauma after about 25 years and sometimes they just dissociate and do not fully register about what they experienced (Cook & Ellis, 2020). They deny the connection between the sexual abuse and mental health consequences as the social pressure of being invulnerable and adhering to societal norms is far greater.



Male survivors fear forming and maintaining close relationships or establishing intimate relationships and are reluctant to discuss their past abuse experience. Many of the survivors feel unsafe around others. They are afraid of being inadequate and dread becoming fathers for the fear of abusing their children. Moreover, the survivors feel insecure about their masculinity and personal identity. Traumatic experiences can also disrupt the progression towards Erikson's stages of development; the survivors find themselves unable to trust others and struggle with forming close, meaningful relationships (Turmel & Liles, 2015).

After being sexually abused the person's psychosocial development is challenged and it impacts emotional, social, and psychological development in both the short and long term (Kia-Keating et al., 2010; Thimm, 2010). In order to feel safe, male survivors might shut themselves off. They isolate themselves and develop cognitive schemas to protect themselves from further abuse. Withdrawal and isolation can further develop anxiety, post-traumatic stress disorder, depression, and suicidal ideation. They repress and deny their vulnerable emotions; instead, they find it easier to express anger. Male survivors carry their trauma with them and find it difficult to come out with it (Turmel & Liles, 2015).

Male sexual abuse survivors can build successful relationships with others by accepting that they have been victimized. This process includes clear communication, willingness to change, building a positive self-image, and being emotionally intimate. Also, it is essential for professionals, family members, friends, and other people to provide help, support, and to take the victim's trauma seriously by accepting that even males can be abused and that their disclosure of sexual abuse needs to be addressed. Adequate attention should be paid to harmful male gender roles, awareness regarding male sexual abuse should be increased, and supportive, healing environments should be provided even to the male survivors to facilitate healing.

- Jahanvi Khurana
Psychology Hons. 3rd Year

TRAUMA AND FALSE MEMORIES

A common saying that you might have heard is “People change, memories do not.” But is that always true? Or is there a possibility that memories can lie too? Can memories of events that never actually happened exist somewhere in our mind?

In psychological terms, “false memory refers to cases in which people remember events differently from the way they happened or, in the most dramatic case, remember events that never actually happened”. (Roediger & Marsh, 2009) Remembering one or two details differently than it happened in an otherwise intact memory is one thing, but a whole another thing is to induce a memory of an incident that never took place.

Our Memory is nothing like a video camera that records every minute detail of an experience without the slightest error. Instead, memory is a reconstructive process. Whenever we recall an event, our memory is bound to be based upon some more or less accurate memory traces and our mind will often fill in any gaps without any active deliberation or us being aware of it. So, by and large, we are able to recollect the gist but not every little detail.

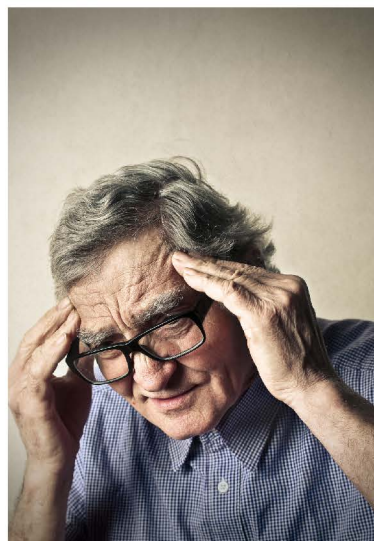
But, under some circumstances, it is possible that we create entirely false memories for events that never occurred. This astonishing counter-intuitive finding has been shown in the many well controlled scientific studies wielding a wide variety of techniques. There have been a number of studies that have been conducted to examine the impact on people's memories for surprising, traumatic, and collective events when leading questions are asked regarding those events. It is now a well established fact that false memories can be created by mixing actual memories with propositions coming from others. The others may include family, close relatives or your peers.

Memories are often ever-changing. They are never permanent and mostly pliable. While the concept of false memories can be very intriguing, we should be apprised of the fact that they can be dangerous too. “False memory syndrome (FMS) is a condition in which a person develops a series of traumatic memories, mostly of childhood, which are objectively false but the person strongly adheres to and believes them to be true”. (Santos & Costa, 2016).

In this condition, the patient's identity and relationship with others is severed. FMS is a rare disorder and faces some major diagnostic challenges. The pseudo memories developed are generally activated during therapy sessions or while presenting testimonies as eyewitnesses.

Experiences of trauma are not immune to general memory distortion. Individuals suffering from PTSD and depression are more susceptible to producing false memories. Memory aberrations are one of the most notable characteristics of PTSD and depression as people with these disorders tend to recollect emotionally negative memory experiences way better than the positive ones. In clinical settings, when a patient is asked to recall his childhood experiences, it is possible they produce false memories and narrate incidents that never even happened. For instance, they might claim that they had experienced sexual abuse by their babysitter or a relative. These are the dangerous implications of false memories as they lead to false accusations. (Loftus, 2005)

Different methods are implied to bring repressed memories back into the conscious mind like hypnotic regression, guided imagery, and dream interpretation. These are based on certain notions of how the human memory works. The therapists using these certainly believe that memories for traumatic experiences are automatically deported to the unconscious mind as a defence mechanism. Another belief is that, although such memories lose the ability to be consciously accessed, they still employ a damaging influence, consequently leading to a wide range of common psychological problems including anxiety, depression, eating disorders and low self-esteem.



Another interesting question that builds is whether people are likely to remember an event as being more traumatic than they initially experienced it. It may come to you as a surprise that this actually happens all the time! So much so that you would have done it without any conscious recollection of it.

When people suffer a traumatic event, they tend to engross themselves in the most negative aspects of the incident. During therapy sessions when they have to recall those events, their memories are automatically filled with some excruciating experiences that might not have even occurred. They are more likely to recall the most traumatic and emotionally disturbing episodes. Importantly, they do so with high confidence. (Strange & Takarangi, 2012)

While it might be implausible for people to believe, everyone has false memories of some sorts. Our memories are usually not as unwavering as we think and false memories can form pretty easily, even in people who certainly have very good memories.

There has been enough evidence to ascertain that victims of a traumatic event, be it a single episode or a prolonged period of stress, do not always remember the events consistently or accurately. The inaccuracy of responses, in most cases, increases with the severity of the trauma. The debate on how traumatic events affect our memory rages is ongoing. One should be aware of the fact that these memories can be perilous, outside of academia, in therapeutic settings and the legal arena too. Being cognizant of these sensitivities is compelling.

- Sejal Mahawar
Psychology Hons. 2nd Year

TRAUMA AND THE GENIUS MIND

Please read the following article with the understanding that trauma cannot be glorified in any manner. The people who have developed an art out of their trauma too had suffered terribly. We do not propagate the glorification of trauma in any manner.

'There is no great genius without a touch of madness.'

-Aristotle

It was a fine morning on January 3, 1889, in Germany when a man, taking his usual walk through the city streets witnessed a merchant whipping his horse. The man immediately ran towards the horse, hugged its neck, and began to weep. The man was later on taken to an asylum as people believed him to have lost his sense of reality and a bit of his sanity as well. This is the incident that is often linked to the beginning of the passage of Friedrich Nietzsche's insanity and his demise that followed a few years later. While people speculated various reasons for the reason behind the triggering of the insanity of the genius German philosopher, the most important which stands out was the resurfacing of the horrific memories of human behavior that Nietzsche had witnessed and the trauma it had instilled in him. Being a man of deep introspection and some of the most radical thoughts, he had seen the degradation of human minds and society, and perhaps there is a chance that he was affected by this transferred trauma leading him to lose his sense of mind.

Many years later, when scholars and researchers begin to recognize many other psychological disorders associated with genius minds and artists, an interesting thought came into people's minds – Does creativity or genius require some sort of disorder or trauma? While many outrageously denied such a theory, some scholars went on to dwell deeper in this topic.

Life histories of many famous artists like Beethoven, Van Gogh, Michael Jackson, Sylvia Plath, etc. revealed that at one point in their lives, they have faced some traumatic experiences in the form of either sexual or physical abuse, mental or physical disability, and so on. These traumatic experiences of the past were, in one way or the other, expressed through the art in which these artists were engaged in.

Sylvia Plath, a renowned poetess of the 20th century, suffered from clinical depression and even committed suicide. In one of her works, she says “Dying is an art, like everything else. I do it exceptionally well. I do it so it feels like hell. I do it so it feels real.” Her poems are considered dark, emotional and highly indicative of her suicidal tendencies and past trauma.

Although we have enough examples to tell that many genius artists had faced traumatic incidents in past but we still do not have an answer to the question, 'does trauma makes a genius mind?'

James C Kaufman, a psychologist working on creativity gave the term ‘Sylvia Plath Effect’ to explain the relation between mental illness and creativity. Through his studies, he pointed out that female poets were more likely to be suffering from depression and are more likely to commit suicide. When his theory was published in news journals and articles, people started assuming that almost all female poets suffer from some kind of trauma or depression. Kaufman, in the late years of his career, realized that he had made this generalization way too early and wasn't totally right. But by this point, the damage had been done.

A pair of researchers, Paul Thomson and S.V. Jaque went on to study the relation between childhood trauma and creative potential and figured out that people with adverse childhood experiences and traumatic memories showed far greater creative potential than the rest of the people. These people were anxious, afraid, fantasy-prone, and had a transformational sense of the self.

While on one hand, the knowledge given by Kaufman and Thomson & Jaque's works make us feel intrigued by this relation of trauma and genius minds, it also becomes a mean of romanticizing and popularizing traumatic incidents in the youth. Movies, songs, poetries, and novels had done their fair share to propagate the idea that to be different, one needs to feel intense pain and anguish. A highly grossing Bollywood movie, *Rockstar* (2011) talks about a side character explaining the main lead that in order to make good, ‘soul-touching’ music, one needs to have their heart broken first and feels intense pain. Another Hollywood movie, *Joker* (2019) while addressing mental health concerns glorifies the acts of an anti-social and psychotic personality whose famous quote ‘All I have are negative thoughts’ gains support and admiration from fans.

People don't realize easily but they start appreciating negative, depressing, dark ideas and content. They adore poems highlighting depression. Many young people, venturing on their passion of writing poetry get drawn to these dark concepts and start forming their personalities in such a way. Studies even reported people getting attracted to alcohol, smoking, and drugs too due to these notions.

What we need to realize at this point is that trauma doesn't guarantee artistic genius. It does not alleviate a person to the status of a world-class poet or musician. Skills, determination, and hard work are the true determinants of any fame or recognition in any area of life. Getting into the negative habits of life doesn't ensure that your creation will become popular or you will be claimed a genius by the public. It is the work of the genius that makes him/her stand out, not their experiences or struggles.

Speaking of the link between trauma and creativity, the only plausible explanation can be of the ego defense mechanism, Sublimation given by Sigmund Freud which talks about expressing internal conflicts and anguishes through a socially acceptable, probably an art form. People who had faced a traumatic incident in past often find it hard to get it out of their system. They are constantly troubled by nightmares, panic attacks, and constant reminders by any triggering stimuli. In such cases, when the mere thought of remembering the painful experience can be frightening, art comes as a rescue. Art allows a comfortable and safe expression of those memories and enhances a person's coping abilities with those issues. That's a reason why Art therapies are gaining popularity in the modern world.

So, to conclude with another quote by a famous artist, Mathiote that tells that creativity, genius, and trauma may not have an obvious link between them but art is truly a bridge that helps people struggling with trauma cross the hardships of life with ease.

'Art speaks where words where words are unable to explain.'

- Sarthak Paliwal
Psychology Hons. 2nd Year

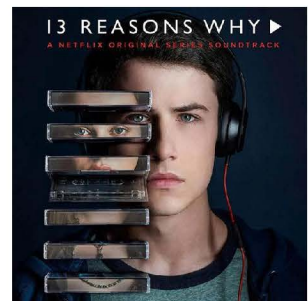
TRAUMA PORTRAYED IN TV SHOWS: DOES ART REALLY IMITATE LIFE?

"Everything affects...everything." "Some people come into our lives and touch our hearts so deeply that we will never be same again."

How mesmerizing do these quotes sound! They make us wonder about the beautiful sequence of cause and effect in which life works or for a psychology enthusiast that how does this operate at the level of our psyche. It is indeed an interesting topic to contemplate. However, this effect or this touch is not always positive. Sometimes, these are painful, sad, a state from which one wants to escape, heal and move on, like in the case of trauma. American Psychological Association (APA), defines trauma as “an emotional response to a terrible event like an accident, rape, or natural disaster.” Exposure to trauma often results in clinical outcomes like Acute stress disorder(ASD), Post-traumatic stress disorder (PTSD) among other generic responses.

A traumatic event is one that threatens injury, death, or the physical integrity of self or others and also causes horror, terror, or helplessness at the time it occurs. Unlike what is commonly believed that trauma is often the result of the direct experience of any particular traumatic event, it can also be the result of learning that the traumatic event occurred to someone close and can surface due to a sequence of events rather than just a single occurrence. This is exactly what is portrayed through the character of Clay Jensen in Netflix's *Thirteen Reasons Why* (13 RW). It is said that art imitates life, although this imitation can often be scary, it is crucial as it provides a glimpse of what happens in real life.

The series based on a YA novel by Jay Asher, tells the story of the suicide of a young girl, Hannah Baker, events leading to her such extreme decision and its potential effect on people around her. But it is much more than just the story of one character as it deals with other traumatic events like rape, witnessing the shooting, murder, terminal illness affecting the lives of Jessica, Tyler, Justin (other characters) and others, and the interplay between their stories.



The characters of the series seem to deal with traumatic aftermath in their own ways, with mixed emotions, dealing with different stages of grief of losing Hannah and Others from acute to complicated, along with fighting the stigma to get the conversation started, trying to find the reason and 'what ifs' to their traumatic experiences (Tal Young, Iglewicz, Glorioso, Lanouette, Seay, Ilapakurti, & Zisook, 2012). In an interview with Harvard Health Publishing, clinical psychologist Dr. Jack Jordan states, "Suicide can shatter the things you take for granted about yourself, your relationships, and your world". The risk for the survivors is also increased, as we see the protagonist Clay Jensen dealing with survivor's guilt. Studies suggest suicide can have traumatic effects on close ones like friends and family as well as the opposite is also true that traumatic events can lead to suicide, and the traumatic dimension of suicidal behaviour on self can include phenomena like difficulty in cognitive processes and destructive identifications (Briggs, Goldblatt, Lindner, Maltsberger, & Fiedler, 2012).

'13 Reasons Why' has been praised for shedding light on mental health and traumatic experiences young people face, such as bullying and sexual assault including by many experts but some also voiced its depiction of suicide to be inaccurate and potentially dangerous.

Another popular TV show which depicted trauma and mental health more accurately is NBC's 'This is us'. It covers a wide range of mental health issues from anxiety to panic attacks, addiction, abuse, depression, and trauma. The story revolves around the members of the Pearson family, three siblings- Kevin, Kate, and Randall, and their parents, Jack and Rebecca, while each of them dealing with their own share of life, and even intersecting or clashing with others at times. The story proceeds further as it also connects to past events through flashbacks.



THIS IS US

The realistic portrayal of this show and the discussion of daily hassles to as much detail as possible is what gained this show its popularity. Randall is dealing with his anxiety attacks, which later is revealed that his daughter, Tess is also facing the same issue. The three siblings along with everyone else try to deal with Jack's death. Kate and her husband Toby tries to tackle the stillbirth of their child. Nicky, Jack's brother, has served in the Vietnam war.

These big traumatic events also produce small, immediate to delayed emotional, physical, behavioral, cognitive, or existential reactions, (Center for Substance Abuse Treatment, 2014) even seemingly negligible ripple effect, which can affect one's life in a major way such as when Nicky is unable to watch loud hockey game as it reminds him of war, or as after Jack's death Kevin spontaneously marrying Sophie, Kate dating a much older guy. The show pictures how the grief of loss can stay with a person for much longer than mere days or weeks. The stigma associated with mental health and the state of denial of potential trauma like the terminal illness of Randall's biological father is displayed. It shows how these traumatic experiences of the loss of someone complicate the formation of new bonds, like the effect of Rebecca's second marriage on the family.

These TV shows also attempt to sensitize people towards seeking help, be it from family or close friend or a professional. The last season of 13 RW is majorly based on Clay Jensen dealing with his trauma and mental health and talking to his therapist after he has a complete mental breakdown as a result of a combination of factors. It shows how important it is to get help when needed and how it can further affect your current life, if not dealt with through the character of Randall Pearson when he first refuses to get therapy and how it later affected him and his wife, Beth. These shows seem to support the idea that the trauma of an individual also affects others in the family and develops in societal or cultural contexts, therefore it is important to consider the role of close relationships in healing trauma (López-Zerón & Blow, 2017). Mental health issues like depression, anxiety, trauma are also one of the bitter truths but an integral part of human life nowadays, but people are not as aware or accepting towards it as they should be, rather they have stigmatized these issues. As shown through these TV shows, reaching out for help is not easy and indeed healing can be a time taking process, so in order to be able to continue the dynamic of bonds and life in a better way, accepting the grief, loss, or trauma and seeking help is the first step.

There are several other shows which can be added to this list, which captures trauma through different lenses, in different scenarios. Marvel's Jessica Jones, despite being a superhero show deal with abuse, rape and PTSD in a real and humanizing way, and explores the life of a survivor to some extent and her healing process. Another show, Unbreakable Kimmy Schmidt follows the story of a woman as she adjusts to life in New York City after being rescued from 15-year imprisonment in an underground bunker by a cult. It shows her experience of living with trauma and PTSD through a comic lens but succeeds in portraying the truth.

TV shows are one of the many mediato reflect reality through a narrative. Sometimes, these portrayals are accurate, sometimes far from the truth, whereas at times, it stays in between. According to a report of the USC Annenberg Inclusion Initiative and American Foundation for Suicide Prevention, several mental health issues ranging from mood disorders to PTSD, addiction, Suicide, etc. have been portrayed in media, but majorly it is muted in popular TV shows and films, and even if it is portrayed, its central theme is topics like stigma and suicide (Smith, Choueiti, Choi, Pieper, & Moutier, 2019). Although with the presence of audience with more awareness and coming of new shows, a wider variety of topics are being explored with time in a more realistic way.

- Kunal
Psychology Hons. 2nd Year

WHEN THE HELPER NEEDS HELP

"Empathy is about finding echoes of another person in yourself."

-Mohsin Hamid

There's plenty in humanity who choose their field of work because they are intrinsically empathetic and this compassion drives them to make the world a better place. They have the potential to feel the echoes of another person's pain in themselves and they know how it feels to be suffering. But what happens if these echoes get stronger with each passing day? Do they make those who are empathetic weaker? Is empathy a double-edged sword, wielding both help and harm? Anyone who engages perceptively with survivors of traumatic incidents, torture, and material relating to their trauma, is potentially affected, including social workers, educators, therapists, firefighters, policemen, doctors, and other health professionals. The prolonged indirect exposure to a traumatic event through first-hand account or narrative of the event results in a derivative traumatic effect on these professionals which is called vicarious trauma. The term Vicarious traumatization (VT) was coined by Pearlman & Saakvitne (1995) to describe the profound shift in worldview that occurs in helping professionals when they work with individuals who have experienced trauma. For instance, an oncologist may get worried even when someone in their family exhibits the slightest indication of an upset stomach thinking it can be pancreatic cancer because he sees patients daily who could have been cured if they had been diagnosed sooner. It is a process of change resulting from empathetic engagement with trauma survivors.

People whose jobs bring them into intimate contact with the people who experience different types of acute trauma: homelessness, child abuse, domestic violence, substance abuse, community tragedies, natural disasters, physical trauma, and situational tragedies may feel like their work has gotten to them due to their constant exposure to the sufferings of the world. They undergo a kind of osmosis where they absorb and accumulate trauma to the point that it becomes a part of them and their view of the world changes. In most cases, it happens because people, rather than keeping in touch with their heart which keeps breaking, again and again, build walls around themselves. They ignore the importance of self-care.

How do you recognise vicarious trauma?

Sometimes these professionals might come across someone who looks like someone close to them or someone who is going through something which they might have been through or seen someone go through in their family. These things have a psychological effect on people and the helper instinctively becomes curious and involved. This leads to emotional over entanglement of the workers with their dependents and they face difficulty in maintaining professional boundaries with the prospects. They overextend their help and try to do what is beyond their role as a professional worker. These working individuals may experience lasting feelings of rage, resentment, and grief about their patient's victimisation. This also steers to bystander guilt, shame, and feelings of self-doubt. They start questioning their authenticity of work and themselves. People increase their workload by thinking about their clients outside of work and barely pay attention to their current setting which affects their personal life and family. Such professionals undergo loss of hope, decreased sense of purpose, and feelings of disconnect from others and the world, in general. They develop a pessimistic and cynical perspective on everything. When they start getting overwhelmed by these elements they become isolated and start to cut themselves off patients and avoid exposure to their clients at work and start slacking off. All of this stress might lead people to substance consumption, altered eating habits, insomnia, and physiological issues such as headache, rashes, heartburn among a few. If a professional worker experiences any of these signs, it could indicate that they are suffering from vicarious trauma.

How can you cope with it?

Maintaining compassion for others as well as ourselves is of paramount importance as you explore your response towards trauma. You can use a wide range of strategies you might have evolved, consciously or unconsciously, to contend with the trauma you have witnessed in your workplace. The first step towards dealing with this kind of trauma is to acknowledge the effects of trauma exposure within ourselves. Heighten your observation of self: recognise and chart your signs of stress, vicarious trauma, and fatigue. Accept those feelings and work on them. Look after your physical and mental wellbeing and take care of yourself emotionally. Remember to take regular breaks from constant work and engage in activities that promote self-care like journaling, pursuing hobbies, spending time with their loved ones, etc. Seek social support from your colleagues and family.

Therapy sessions are a good form of self-care that allows time to focus on one's thoughts and feelings and provide a safe space to examine them. It is widely considered to be essential for those who are frequently exposed to traumatic material to receive appropriate training and supervision. Many mental health professionals also recommend connecting with other professionals who understand the experience of working with trauma. Sustain a healthful work/life balance and take time for your interests outside of work. Be realistic about your capacities as a professional and don't be a wishful thinker. Make sure you provide your dependents with the utmost quality of care they deserve and tools for them to fight their battles but do not make it your responsibility to benefit them in their personal lives beyond your reach as a professional. Do not internalize your client's struggles and make them your own. The goal is to find some way to bear witness to trauma without surrendering your ability to live fully.

The depth, scope, and causes are different for everyone but the fact that people are affected by the suffering of others, that they react to their exposure to trauma, is universal. The irony is the certainty that empathy is the medicine this humanity needs to survive in harmony yet if not attended to it's a poison that alters and possibly damages the fundamental beliefs of a helper. This quandary of civilization can be very well summed up in the subsequent words of Friedrich Nietzsche, "He who fights with monsters might take care lest he thereby becomes a monster. And if you gaze for long into an abyss, the abyss gazes also into you." Those who are fighting against the chaos of suffering should look to it that they do not inflict that chaos upon themselves. And when you find yourself amidst the darkest of whiles, you seek the integral strength to get through those times. In the end, it all comes down to having hope for a better tomorrow.

- Udisha Maurya
Psychology Hons. 1st Year

SOUND OF METAL FILM REVIEW: TRAUMA THROUGH THE LENS OF DISABILITY

Apart from Riz Ahmed's platinum blonde hair and angst-fuelled, absurd tattoos, what instantly grips the viewer is that the film does not waste any time in getting to the point. Without building up too much, Darius Marder's *Sound of Metal* shows the protagonist, Ruben, lose his hearing just a few minutes after it begins. Ruben is a heavy metal drummer who is touring America in an equipment-laden RV with his girlfriend, Lou, who is a heavy metal/grunge singer. The movie opens with raucous music performed by the duo in front of a crowd. It's as if the director is trying to set the contrast with the subsequent silence in the film.

One can only imagine the impact of a sudden onset traumatic sensory disability on a professional drummer, whose sense of hearing is crucial to his livelihood and passion. Trauma, as defined by ICD, is a stressful event or situation (either short- or long-lasting) of an exceptionally threatening or catastrophic nature, which would be likely to cause pervasive distress in almost anyone. Other definitions put forth by different researchers also specify that it is the person's subjective experience that determines whether an event is traumatic or not (Giller, 1999; Saakvitne, Gamble, Pearlman, & Lev, 2000).

A disabling hearing loss has been defined by the WHO as one greater than 40dB in the better hearing ear. Hearing loss is often described as an invisible handicap, particularly in social realms (Kaland & Salvatore, 2002). So, only a person living with it knows how debilitating it is. This is exactly what has been demonstrated in *Sound of Metal*. The director has done a marvellous job with the audio design of the film, which enables the viewers to not just sympathize but empathize with the hard-of-hearing protagonist. The sound of the movie alternated between how Ruben heard things post-hearing loss and how he would have heard things before hearing loss.

The psychological consequences of hearing loss and deafness vary depending on the age of onset, the severity of hearing loss, etc. For late-deafened adults, it's traumatic because they have already developed a personality that does not incorporate hearing loss.



It is a very disorienting experience for them since their jobs, families, and personalities were already adjusted to a certain normal. Rapid losses (as was the case of Ruben) are more disorienting than gradual losses. Hearing loss in late-deafened adults can also cause an identity crisis since they are unable to comprehend this newly developed identity. A typical external situation can be unnerving for them and elicit a “reactive” depression and/or anxiety response. These adults often mourn the loss of their hearing as they go through Kubler-Ross’ five stages of grief – denial and isolation, anger, bargaining, depression, and acceptance (Kaland & Salvatore, 2002).

Ever since Ruben’s first visit with the doctor where it is revealed that he has lost 70-80% of his hearing, the viewers are taken on a narrative arc of “deafhood”, a term used by Deaf Scholar Paddy Ladd, which refers to the journey of becoming deaf. The protagonist’s reaction to the news is naturally anger, frustration, and denial. While the movie majorly focuses on Ruben’s sudden onset hearing loss, it also touches on quite a few other disabling mental health conditions. For starters, Ruben is a recovering heroin addict so his sobriety is also at stake with his suddenly deteriorating quality of life due to hearing loss. The movie also glimpses at his dedicated girlfriend, Lou’s own mental health issues. Her self-harm scars are shown at the beginning of the movie and her subsequent battle with her deteriorating mental health due to living with a frustrated person with a recently acquired disability.

Victims of traumatic disability often use previously existing coping patterns to manage the crisis of sudden disability. Their psychological response is more influenced by their interactions and total environment than the nature or severity of the disability (Lilliston, 1985). Ruben had a high chance of relapsing due to emotion-focused coping with his sudden onset disability. Lou then has the right mind to contact Ruben’s previous therapist and find a group home of deaf and hard-of-hearing addicts. It is at this home that we see a wide range of deaf people, with an attitude that contrasts with that of Ruben. He believes that getting treated for deafness and getting back to life as he knew it is the only way to go, which is why he is so attached to the idea of getting cochlear implants that come at a hefty price of \$40,000. Whereas the group home director Joe, and the other deaf people in the home, live with the ideology that deafness is an extension of them and not a disability that needs to be treated. This positive mindset has a protective effect on the mental health of deaf people, as is also conveyed by Joe when Ruben first meets him, and he tells him that it’s not the disability that needs to be cured, it’s what’s in the mind that needs treatment.

Sudden loss of a sense can devastate a person's life if appropriate help, both practical and psychological, is not given. People who become deaf in adult life usually have a purely negative reaction to it. Deafened people undergo bereavement and if they don't work through it, they are likely to be left with anger and denial (du Feu & Fergusson, 2018). In many ways, the film has shown how a restless soul is forced to find peace and calm. The seemingly odd exercise prescribed by the group home director Joe required Ruben to wake up early every morning and sit with silence in a room that just had a desk, chair, notebook, pen, and some breakfast. A man who had been used to heavy metal sounds before his disability now had to get used to pin-drop silence. The restlessness and frustration are palpable in Riz Ahmed's extraordinary acting that makes extensive use of body language and very few words. One would think that silence would make a movie boring or unwatchable but the actor's wide, expressive eyes and posture portraying a spectrum of emotions have the viewers glued to the screen.

For a brief period of time, we do see Ruben adjusting to this new world of disability, especially after learning sign language and mingling with other hard-of-hearing and deaf adults and children. However, the possibility of returning to his previous life with the help of cochlear implants never leaves his mind. As a result, he sells his RV and his equipment and gathers the required money. He took the step despite knowing the risks and as it turned out, the implants were a bad choice. Due to his decision, which goes against the group home's ideology, he is also asked to leave the home. Ruben now finds himself away from the safety net that was the group home and in a world driven by sounds and people with functional hearing.

Even with aid or implant, speech reception is not clear and background noise is intrusive. Group conversations can be almost impossible and the sound of music is just noise. In this situation, a deaf person who has undergone surgery can manifest symptoms of depression (du Feu & Fergusson, 2018). The party scene in the movie demonstrated how, despite getting the cochlear implants, all Ruben could hear was jarring static distortion that made things worse. The final scene – a gripping, intense, and powerfully emotional one – showed that in order to appreciate silence, one has to experience noise. At the same time, the movie also made the viewers appreciate the functioning senses that they take for granted all their lives.

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THE JOKER : ANALYSING THROUGH THE LENS OF CHILDHOOD TRAUMA

A villain that both fascinates and terrifies us: The Joker. It became immensely popular and controversial at the same time. One can't help but watch it and be intrigued by the portrayal of the Joker's character.

This psychological thriller film, released in 2019 and starring Joaquin Phoenix in the first role takes place in 1981 in Gotham City and follows Arthur Fleck, a failed stand-up comedian who lives with his mother (Dema & Tillot, 2020). He officiates as a sign-spinning clown in a shoddy business. The film is set against a backdrop of social misery and class inequality. There's a stark difference between the rich and the poor who live in different areas of the city.

We discover an isolated, apprehensive, and uncharismatic man (Arthur Fleck). He seems to be suffering from psycho-behavioural disorders and seems depressed. There is a strangeness in his behaviour and he remains socially withdrawn. He suffers from fits of laughter that occur during inappropriate times in social situations. He also has psychotic symptoms with visual delusions (Demas & Tillot 2020).

Arthur is an aspiring stand-up comedian and a clown who is disregarded by the society. He suffers from physical as well as emotional abuse all his life. As a child, he was abandoned by his biological mother and adopted by Penny, his foster mother who suffers from Delusional Psychosis and Narcissistic Personality Disorder. Penny's Boyfriend abused Arthur as a child while Penny was in the delusion that everything is fine. This brings a duality to Arthur's character. She often told him that he is a happy child while he was really sad from within. Arthur can be seen scribbling 'PUT ON A HAPPY FACE' multiple times in the movie which presents itself like an irony. Parents determine, to a large extent, not only how we perceive the world but also how we perceive ourselves.



This may explain his choice of a job where he looks happy to others and tries to make them happy while suffering from deep inside. As a result of the childhood trauma, he develops a condition wherein he bursts into fits of uncontrollable laughter in various social situations. The episodes are typically precipitated by an intense feeling of nervousness, anxiety, or shame. A single episode may last longer than a minute and gradually increases in intensity and loudness. The condition is called Involuntary Emotional Expression Disorder (IEED). It is also known as pseudo-bulbar effect and it involves Inappropriate involuntary laughing and crying due to a nervous system disorder (Work et al., 2011).

Laughter, the external expression of joy, is therefore in misalignment with his internal state of emotions. This pathological laughter also works as a defence mechanism to keep him away from interacting with the world which he perceives as brutal and deceitful.

The experiences he has in his life support his worldview. He begins to like the girl who lives next to his house and has a delusional love affair with her. But she never likes him that way. His employer Randall gives him a gun for his protection but when once the gun falls from Arthur's pocket in a hospital, Randall lies that Arthur bought the gun himself illegally and he is fired because of this. Arthur once performed his stand-up routine in a night club which goes poorly and his Idol, popular talk show host, Murray Franklin, mocks Arthur by showing clips from the comedy routine on his show. It leaves Arthur heartbroken (Putri et al., 2020).

Since both he and his mother are delusional, it is impossible for Arthur to determine reality from fantasy. As per the mother, he is the son of a famous man and the result of a glorified secret romance. It is at the state hospital that the beautiful fantasy world which was reality for him, is completely shattered. He learns about his adoption and the condition of his foster mother. By watching his foster mother's interview video, he is also reminded of the childhood trauma he underwent whose memories must have been repressed.

During childhood, children learn by observing their parents who they take as their role models (Wiese & Freund, 2011). Arthur grew up getting abused by her mother's boyfriend who was cruel and abusive and who represented a father figure in his life. This is exactly what Arthur learns and identifies with.

Arthur goes on a killing spree wherein he kills anyone and everyone who ever wronged him in any way – Randall, Murray, and his own mother.

Several symbols are highlighted in the movie. The choice of the clown to symbolise tragic-comedy is the most striking and disturbing at the same time. The clown becomes the counter- symbol to laughter and mystifies violence and tragedy, just as in Stephen King's 'It'. The broad smile on the clown's face stands in complete contrast to the sad emptiness within him. A link between Mental illness and violence has been shown, although it is not to support the stigma.

Also, it is interesting to note that Arthur always wanted recognition from people. He couldn't get it in the field of Stand up comedy but his killings especially that of Murray who he killed during the shooting of his own TV show brought him immense support from fellow clowns who were already out raged and had taken to the streets to protest after Arthur shot and killed three rich business men who were assaulting him because of his uncontrollable laughter. In this way, his psychological needs of support and recognition get fulfilled but in a negative manner.

At the end, when Arthur gets arrested, an ambulance hits the police patrol car to get Arthur released and it happens. He stands up on the hood of the smashed car and sees the anarchy he's helped unleash. After a lifetime of being neglected and abused, Arthur Fleck is now someone who is not just being noticed but celebrated. He undergoes a transformation from being an introvert to him accepting his newly found self: Confident and Impactful. He stands atop the car and uses the blood from his mouth to draw a Joker smile across his face. He preens for the crowd, a hero, an idol, a criminal celebrity.

Although Arthur got what he wanted, his ways of attaining fame and justice were absolutely unjustified. Instead of seeking justice in a lawful manner, he took matters into his own hands and killed people including his own mother. Why Arthur did what he did can be understood psychologically but it can't be used to rationalise his actions. Remember? He is the Villain that both fascinates and terrifies us. A villain not a Hero!

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ANDREA KLEINE'S 'EDEN' - BOOK REVIEW: CHILDHOOD TRAUMA

“In the end your bruises become scars and they make you who you are”

Eden and Hope had well adjusted to the fact that their parents had separated. They had no issue in trekking back and forth by bus between the house they lived in with their mother, and their father's house because both the parents refused to take the ninety-minute drive for that. The book begins with the teenage sisters being abducted from a bus station one day by a stranger, making them victims of a hideous crime, which remains a mystery until much later. “It was like watching the end of a movie”, Eden says. The horror they witnessed changed their lives, but in contrasting ways.

The National Institute of Mental Health (USA) defines childhood trauma as “The experience of an event by a child that is emotionally painful or distressful, which often results in lasting mental and physical effects.” Many studies have reported the occurrence of childhood trauma in a large proportion of the adolescent population, which has directly been linked to several academic problems, as well as mental and physical health problems later in life. Despite this, the effects of trauma—including post-traumatic stress disorder (PTSD), anxiety, and depression—often go undiagnosed in children. (RAND, 2019)

The book then jumps to 20 years later, when Hope - the narrator, is a 35-year-old struggling playwright who just lost her mother to cancer. Considering her childhood suffering, this event would have fueled her trauma. She hasn't seen her sister, Eden in years and has no idea of her whereabouts. One day, out of the blue, she receives a letter from the DA's office asking to tell them details of what happened to them years ago, to prevent the kidnapper's parole. Their parents had closed the case, without consulting the girls. This was enough to set Hope out on a search for her sister. The story keeps tossing between the present and the past from here, with Hope recollecting everything that happened that day.

The book gets a little boring towards the middle, when Hope sets out for the search of her sister but is able to hold onto the interest of the reader by revealing bits about the day of the traumatic incident.

Evidently, Eden and Hope survived the crime and both responded differently to the traumatic event. Hope fixates so much on it that she can hardly move forward in life, Eden on the other hand, doesn't let that traumatic event define her, and refuses to consider its importance. One thing that makes the novel stand out is its focus on subjectivity - because trauma is internal and unfalsifiable, it triggers different responses in different people. "PTSD is a multifactorial phenomenon that includes features of a traumatic event itself, the individual experiencing it, and his or her subjective reaction to it" (Michael Weinberg and Sharon Gil, 2015).

Eden soon becomes inclined towards radical anti-globalization politics, moves to a commune, starts talking about self-sufficiency and not letting the events from her past define or control her. She has nearly forgotten that she had experienced something so traumatic. This is a classic case of dissociation. "Dissociation, or an alteration in consciousness resulting in an impairment of memory or identity, has also been observed in children traumatized by physical and sexual abuse" (Kluft, 1985; Putnam, 1984). While Hope, as pointed out by almost every character in the novel, is fetishizing what happened, and letting the trauma obstruct her success in life. While her ex, Noreen criticised her for letting the trauma stick, we all know that Hope was not to be blamed for it. The book highlights how, we as a society, have such little knowledge about trauma and how to deal with it. It's like a competition of how much one has suffered that is enough to validate their suffering. When Eden left for boarding school, Hope was the only one who had to bear the pitiful looks of people when she went back to school. She didn't want to be labeled as a victim but had been victimized.

Their parents had always been ignorant, and their indifference towards the incident was a contributing factor to the lack of resilience in the girls, especially Hope. Studies have highlighted that children who experience sexual abuse tend to recover quicker if they have a supportive, caring adult (ideally a parent) consistently in their life. The children of uninvolved parents generally perform poorly in almost every area of life. These children tend to display deficits in cognition, attachment, emotional skills, and social skills. (Kendra Cherry, 2019).

It is discovered that their father had forgotten to pick them up that day, and a guy named Larry, who claimed to be his friend asked the girls to come with him. Hope was reluctant, but Eden agreed to it without a second thought.

Her parents never really talked about what had happened and the suppression did not allow Hope to confront the difficult emotions. “Childhood emotional neglect is a failure of parents or caregivers to respond to a child’s emotional needs”. Because their emotional needs weren’t validated as children, they may not know how to deal with their emotions when they occur. (Miberly Holland, 2019). Hope remembers every detail of the hellish weekend. After picking them up, Larry takes them to a house where he apparently intoxicates them. The next thing she remembers is that they were in the woods, tied to two different trees, only wearing their underwear and bras. Eden is not conscious and is taken away from Hope’s sight by Larry. She is not sure if they were raped or not. After 2 days of that horror, Hope manages to rescue them both by dragging her subconscious sister and running.

This provides an explanation of Eden’s running away and her indifference towards Hope. She had to be rescued by her younger sister and she didn’t like being rescued. What happened was equally traumatic to Hope but she never really confronted her feelings - her only concern seems to be Eden’s attention. Her ex-girlfriend, Nooreen said “it’s so difficult to be with someone who doesn’t admit to their pain”. The writer of the book, in an interview, mentioned that trauma has something which infantilizes the victim and disempower them by reminding them that they are broken and need to be protected, which reinforces everything. A study revealed that children with PTSD tend to re-experience the traumatic event in their minds - they may either avoid anything that reminds them of it or re-enact their trauma somewhere. (Amy Morin, 2020). This is a fair explanation of the play that Hope writes where two girls are tied to a tree and one of them disappears, never to be seen again.

When Hope manages to finally find her sister, only to realize that she does not want to talk about the incident, she comes to a realisation - “I wonder if I was holding on to what happened because for some reason, it made me feel less alone, because somewhere I always had Eden”. She found that her accumulated menagerie of people didn’t put things in perspective for her. Hope’s trauma actually did define her and she never fully recovered from it. The book brings into light the importance of acting on childhood trauma, by showing the consequences of failure to do so. Children can generally recover and grow out of traumatic experiences with the help of proper support and guidance from caregivers and the society.

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COVID 19 PANDEMIC: A CALL FOR PSYCHOLOGICAL RESTORATION

Keywords: Pandemic, Environmental restoration, cognitive flexibility, attention fatigue, neural-plasticity, demoralization

With the outbreak of the pandemic across the world we have come to a halt and it has introduced a prolonged sense of stillness and remoteness that is beyond our expectations. It has caused collective distress and for some pre-dispositional vulnerabilities are triggered, paving the way for the typical course of illnesses. There is a need to understand this collective distress because it reflects the attitudinal and behavioral misfit and our inability to fit in, might be the reason for it. The inescapable demands like lack of activities to fill the days, boredom, sense of emptiness, unproductive self are some of the psychosocial fall over of the pandemic and it requires attention as it is necessary for the person to maintain a healthy mental state during this period and to redefine the pandemic. To address the stated intentions, understanding the restorative nature of our psyche will help us to dwell upon the beneficiary aspects that are equally offered by this prolonged sense of stillness and remoteness. It can also be said the outbreak of COVID 19 is a call for restoration. The process of restoration occurs at different levels of human functioning, interpersonal (within an individual), interpersonal (within a relationship), terrestrial (with earth and nature), and metaphysical realm. Within psychological studies, it is studied under various rubrics dealing with the notion of innate potential, prevention, recovery, and renewal.

In psychology, it is defined as “A rubric covering processes through which people renew physical, psychological and/or social resources or capabilities diminished in ongoing efforts to meet adaptive demands”. This process of renewing the resources more deliberately and intentionally is required to lower the negative impact on one’s functioning. In literature psychological restoration has been categorically implied and studied under three main areas: 1) Environmental psychology 2) Brain and Cognitive Rehabilitation and 3) Psychological intervention/psychotherapy. The concept of restoration in all these areas can be situated in the current state of remoteness with high restrictions and curtailment.

Restoration of Brain

This new and remote environment has imposed us to change at the neuronal level. Demanding our brain to restore its capacity to form new habits and skills that can increase adaptiveness in order to function in this typical situation. Perception of remoteness and newness can be understood as the misfit between our learned habits which account for nearly half percent of our behavioral repertoire and the challenges imposed by these new changes. Research has found that 40% of what we do or behave are habits and it emerged as the result of our brain constantly seek for an economical and energy-efficient mode of functioning, meaning that, the brain stops fully participating in decision making when habits emerged. Our functioning is based on the connectivity of our brain, these connections are formed over a period of time across different situations. We transit to this new remote environment with behaviors and habits which already have connections and well-established reward systems based on the pre-pandemic environment e.g.: going to Pizza hut for a delightful meal. But with the pandemic, we are forced to rewire our brain for new connections because the well-established reward systems had defunct and many of the learned gratification behaviors no longer instrumental.

It also implies that brain functioning will change as the situation deviates from the familiar and known ones. This capacity to change and form new neuronal connections or brain Neural-plasticity is responsible for habit formation and also more importantly new learning. This feature of the brain is the innate biological driven mechanism that facilitates in learning a range of motor skills, language, verbal, and non-verbal skills. This brain capacity for the formation of new habits and introducing new learning are restorative as it can engage in learning a more adaptive wider range of habits and behavior. Rehabilitation of brain injury is based on the principle of neural-plasticity and rewiring of the brain after injury. The reason to restore the innate capacity during this pandemic is based on the notion that the current crisis is the culmination of problematic habits practiced collectively by humans for an extended period of time. Restoring our brain to form new connections and habits that are morally appropriate, environmentally wiser, conserving the resources and behaviors that will not lead us in conflict with nature but in sync with nature.

Psychotherapy: Restoring our morale

With the outbreak of the COVID 19 pandemic, de-stabilizing the state of equilibrium has caused emotional instability, a sense of ambiguity, and demoralization. Heightened sense of demoralization is induced within oneself and some samples of the population are more susceptible to experience in an aggravated form, especially frontline health workers, low wage laborers, and certain racial and ethnic group (Chinese and NorthEast Indian). One of the broad aims of psychotherapy and psychological interventions is restoration. As a therapeutic aim, it is to bring back the components of the self that was once functional or the state of emotional stability and keeping the anxiety at bay. Regaining the morale or sense of mastery and combatting demoralization is one of the primary goals to achieve the restorative value. Aggravated demoralization is one of the original symptoms in disorders like depression and anxiety disorders and in some cases, apart from the original symptoms, some symptoms are the result of demoralization (hopelessness, helplessness, self-loathing). With prolong ambiguity imposed by the pandemic the state of demoralization in the individual has heightened and mental health has come under strong threat. This state of demoralization is characterized by a feeling of inability to cope with life situations, loss of self-confidence, feeling of failure, self-deprecating attitude, feeling of incompetence. This subjective incompetence coupled with distress that cannot be adequately explained or alleviate and forcing us to look of an alternative that can boost our morale and sense of mastery over one's life. And it has become very much a part of our daily mental activity with the demand of our attention.

Environmental Restoration

We have come to an understanding that the outbreak is man-made crisis and the germination of the threatening virus is due to aberrations and failure to regain balance in the ecosystem. Within this, there is disconnection and affiliation to nature which can bring us more harm than we can imagine. The term "Environmental restoration" was given by Kaplan and it encompasses that exposure to natural environment protect people against impact of the environmental stressor and offered physiological, emotional, and attention restoration more so than urban environments (Kaplan 1989). Features in the environment that are natural allow renewal of personal adaptive resources to cope with the demands of everyday life is the restorative environment. With emerging clinical conditions that are derivatives of nature like 'Nature deficits' and "Bio-phobia" reflect a deprivation and deficits of nature in the psychological makeup of the person and it can act as a threat.

The condition of Nature deficit is a clinically recognized condition where there is loss of communion with other living things. It is observed in children who spend more time indoors, which makes them feel alienated from nature and more vulnerable to negative moods and reduced attention span.

The claim that nature offers and allows a restorative state is shaped by two theories: 1) Attention fatigue Theory (ART) and 2) Stress Reduction Theory. Kaplan's (1995) Attention Fatigue Theory is based on assumption that exposure to nature can restore attention fatigue. Attention fatigue is a common phenomenon of an inability to sustain attention for a long period that results from directed attention to maintain the focus and inhibiting other forms of simulations. This form of attentional pattern and inhibitory style leads to cognitive inflexibility. The impetus behind this cognitive inflexibility is due to the way of living in the modern world. Modern lifestyle is highly susceptible to attentional fatigue as it is characterized by highly focussed, narrow, inhibitory nature, with an excess amount of time spent indoors along with virtual reality. These features can suppress our instinctual drives and it can unlearn our predisposition to pay attention and respond positively to natural content or any configuration that is favorable to survive during evolution. This cognitive inflexibility is demonstrated in numerous studies using a comparative experimental design based on the performance on Trail Making Test (TMT). The test requires switching the rules back and forth between sets of rules (numbers and letters). Total time taken and accuracy are considered in determining cognitive inflexibility or flexibility. Results are highly consistent in showing that after being exposed to nature it enhances cognitive flexibility than those randomly assigned to another comparison group, typically urban setting. Narrowing down, this experimentation on how nature contributes to cognitive mechanism is the cognitive flexibility which is lower when one is experiencing attentional fatigue. The functional cognitive feature that can be restored from the natural environment is cognitive flexibility to combat attentional fatigue. Moreover, humans are driven to restorative places (natural vegetation, museum, religious places, monastery) due to mental fatigue.

The second theory, Stress Reduction Theory (Ulrich 1983)) emphasizes the connection between nature and physiology. Nature offers visual contents and scenes that provoke positive emotional responses and imaginations that are favorable as compared to artificial configurations like busy streets.

These features allow quick recovery from stress by switching the level of physiological arousal into a more energy-conservative state. The tendency to respond rapidly with positive emotions to some environmental configurations called natural allows for physiological deactivation and mobilization of energy by the parasympathetic nervous system (PNS) can take place. Ulrich (1993) also argues that human beings are biological and evolutionary prepared to respond to certain environmental configurations as humans evolved over a long period in the natural environment. Based on this, intervention studies have also demonstrated how restorative experiences offered by natural setting is effective in caring for a range of physical and mental health problems. Studies have demonstrated that natural environments is beneficial for people suffering from affective disorder by improving the memory span and improvement in affect (Berman et al). Exposure to greenery also serves as protective benefits on mental health and decreases the risk for anxiety and depression (Beyer et al.,2014; Mass et al.,2019). The benefits of nature are being undermined through excess alterations of the environment. This undermining and neglect lead to radical environmental mutation which suppressed human psycho-evolutionary predispositions to instinctively respond, and it is leading to the rise of nature conflicting problems, and the pandemic is representing this conflict in a mammoth way.

Pandemic: New Learning Experience

The understanding of psychological restoration as a concept of recovery and renewal of resources can be applied to this current crisis. The pandemic is a trajectory of conflicting human-nature relationship, self with low morale and collective and rigid bad habits. These trajectories are addressed in different domains like biopsychology, environmental psychology, and psychological intervention. Moreover, it helps us to draw the generalisability of psychological restoration in a scenario like the one we are living.

To move forward from the state of uneasiness and remoteness brought by the pandemic, learning new habits and behavior offers hope and efficacy to improve the current demoralizing and conflicting condition. New learning experiences can enhance morale by enabling us to rediscover potentials that were ignored in the process of meeting our daily demands and following the modern life routine. Characteristic that pave the way for any behavioral and attitudinal change is emotional arousal.

At this point, the pandemic is offering us emotional arousal which is the impetus for any desirable change. Emotional arousal is essential for changes in at least three ways: it supplies motive power to undertake the effort and to undergo the distress involved in attempts to change one's attitude and behavior, and it facilitate attitude change as it enhances sensitivity to environmental influences. The emotional arousal triggered by the pandemic is clearly unpleasant leading to the search for alternative ways to look at oneself, presenting problems and developing alternate values. Any behavioral and attitudinal change related to human brain, natural environment, and a crisis of subjective incompetence will help us in addressing the trajectories of challenges highlighted by the pandemic. We are imposed to face the challenges and to endure the distress that is involved in changing one's attitude and behavior. This change can facilitate in enhancing sensitivity towards the influence of the natural environment on our wellbeing, more apt in dealing with solitude, and a better understanding of neuronal connectivity as the foundational for any behavioral change. Deliberate and intentional rediscovering this potential of neural-plasticity of the brain, psycho-evolutionary and physiological benefits of natural configuration for human beings, and ability to reclaim morale by oneself by going through a state of despondency are the psychological restoration apt for unusual times like this. Thus the experience we are going through calls for psychological restorations, both at individual and collective levels by reusing and redirecting the potentials within the radar of moral appropriateness. This global pandemic can be looked at from the lens of already existing knowledge of human behavior and the shared identification can serve as an advantage for collective reorientation. Even though research on this topic is ongoing and in many cases, far from settled.

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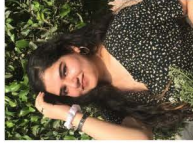
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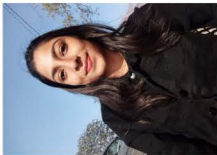
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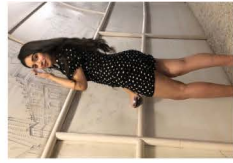
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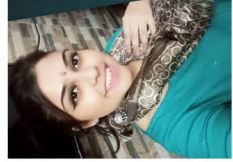
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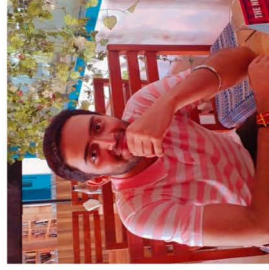
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