Understanding Trauma with Clinical Psychologist Dr. Ramani Durvasula

This transcript may not be 100% accurate due to audio quality or other factors.

Zain Raza (ZR) Thank you guys for tuning in today and welcome to another episode of Know Your Stuff, where we interview policy experts, researchers and scientists on basic definitions and concepts. My name is Zain Raza and today we'll be talking to Dr. Ramani who's a clinical psychologist and professor of psychology at the California State University in Los Angeles, and if I may say, very humbly: she's a superstar on the internet and has helped create a lot of awareness and understanding around mental health issues. She's also an author and her latest book is called "Don't You Know Who I Am? How to Stay Sane in an Era of Narcissism, Entitlement and Incivility". Dr. Ramani, thank you so much for your time today.

Ramani Durvasala (RD) Thank you, Zain. How are you?

ZR: I'm doing great. Before we get into the topic of trauma, which we will focus on in today's interview, let us begin with your personal motivation and journey. Talk about your journey and personal motivation that led you to pursue the field of psychology.

RD: It was curiosity above all else. You know, I'm the child of immigrant parents in the United States. And I think that sense of otherness often left me a little bit sort of on the outside looking in, which I think always made me wonder: Why do people do what they do? Why do I do what they do? And trying to understand sort of how to integrate my parents' culture with the United States.

I had always been interested in sort of the brain and brain science. And then fast-forward, I ended up deciding to pursue my PhD, I was working with researchers in New York City on HIV, I guess that was in the late 1980s at another pandemic. And so at that time, I got really interested in the relationship of mind, a body of behaviour. And then I went on to UCLA, got my PhD – incredible experience, amazing programme. And then I'd been a professor, but, you know, being a psychologist, almost the only other thing I wanted to be as a child was an astronaut. And I have to say, being a psychologist is every bit as great as an astronaut, because when you think of the number of neurons and connections in the brain, it's a galaxy, and human behaviour is infinite. And it's the one thing we encounter every day, whether we're in the grocery store, whether we're with our families at work. And so, I sort of felt like

this was a great career and a great pursuit for understanding everything going on around me. But most importantly, I think since I was a child, I had a singular motivation, which is, what is the way that I could alleviate human suffering? And so this seems like a great pathway to do it. So that's sort of what my singular goal is. How do I alleviate human suffering?

ZR: That leads me to our next question, which is right around this area. I would like to get your take on the field of psychology. The field has seen so many changes, especially during the 20th century and now due to the rise of the internet and social media age. How do you think this field has developed since you began and has it been able to keep up with the increased use of the Internet and social media?

RD: Oh, I think psychology is one of those fields that is changing as fast as tech is changing. You know, when we talk about psychology, it's always had a history, right? The ancient Greeks talked about it. Ancient man would cut into the skull. They knew that the answers were all up here, you know, and then fast forward to the early part of the 20th century, where for the first time we're having a conversation that there's this intra-psychic process, these emotions matter. And then fast forward again to what really in the most recent 20, 30, 40 years, where the developments have really come up is in neuroscience. We're really understanding how the brain works. We're understanding epigenetics. We're understanding how our environment impacts how genes express themselves, how brain connections are made. We are really learning that this brain of ours doesn't work solo, and so those have been the most massive developments. But in the same breath, I have to say, you know, what happens in somebody's neuroscience lab when they're looking at cellular connections, as of now, doesn't have a lot (in common) with respect to what I see in a therapy office. You know when I'm seeing human pain, me understanding all the dopamine in the world is not going to help me sort of hold that person's hand through it.

So where I think psychology is fascinating is we almost still hold on to our shamanic origins of being present healers. But I think in the same breath, we're very much scientists, trying to find really the kinds of empirical reasons for why people do what they do. And I think that's a really magic middle space that we're in right now in the field. I don't think reductionism is enough and obviously we're not magical. So it's finding that middle ground and that's where we've really made leaps and bounds. But to your point about technology, we're a social species. Human beings need other people. In fact, our brains, our memory systems are contingent on there being someone else. So if you and I are siblings and we're growing up, you must have siblings maybe, I certainly do. My sister remembers things about my history I don't. My mother remembers things about my history that I don't. I view a group of people, a family, a community, almost like the cloud. It's like a big shared hard drive. And we all have each other's memories. We need each other for those memories. And so it's how we organise our world, with other people.

So here we are in a time of technology where we have become a little bit more isolated and

we communicate through technical devices. We look at each other through screens, if we look at each other at all. And I think right now the human brain or the human psyche is experiencing a little bit of malnutrition. And then you add the pandemic on top of that, where all we have is technology as a way to mediate our interactions. And I have to say that as a psychologist, we're sort of building airplanes in the sky. I don't know how this is all going to play out.

ZR: Very interesting. One of the things that I think about psychology that I think is still disputed is whether certain conditions come through nature versus nurture. And for example, you mentioned neuroscience. I see the danger there, although I'm pro-science and I think they should continue research, I see the danger there as viewing humans as hardware where just a little fix over there or there could solve the problem. Whereas, just like you mentioned, the way we organised is very complex. Just before we get into the topic of trauma. Could you talk about how you stand on this topic of nature versus nurture?

RD: It's both. And really this is where those two fields, like I said, sort of the sociological elements of psychology or the psychosocial elements, as we call them, or the neuroscience really come together, is in this field of epigenetics; that genes actually get turned on and turned off depending on environmental conditions. We're about to talk about trauma. Trauma is a great example of that. Another turn on, turn off we see is poverty. And to me, mitigation of poverty globally, maybe is the single most important thing we could do for psychological reasons. If that was the only reason we did it, that would be sufficient.

We can think of lifelong challenges that poverty raises in terms of epigenetic connections, prenatally, all the way to the end of life. You address that, you've addressed a huge part of the equation. So what this means now, is that this human brain that seems like a self-contained hard drive, as you put it, is actually very vulnerable to the influences around it. It's not just neurons that are internally contained, all of this is shaped by the world it's in. And we're arrogant if we don't include the psychosocial piece. I don't disagree with you. I think there's an arrogance to neuroscience. There's an incredible importance. But there's also an arrogance.

And like I said, in 2020, when we talk about psychology and the practice of psychotherapy, it is as much shamanistic as it is neuroscience. And when I'm in that room, I have a singular responsibility, which is to bear witness empathically to my client's pain. That is a very, very ancient healing practice that goes well above what happens in neuroscience, but when I do that thing, when I do that, what ends up happening is that neural connections are changing – that empathy, that bearing witness, is actually directly impacting their brain. So these two things are very married.

ZR: Let us return to the main focus of today: trauma. Let's begin with the very basics. Could you first define what it is and also talk about the evolutionary reasons why this mechanism developed?

RD: So trauma is an experience. It can be an event or it can be a series of events that occur, that are not part of the typical human experience, and that bring harm or significant fear to the person experiencing it. So a most classical example would be something like a sexual assault. Right. That is not a normal part of the human experience. it either brings harm, even the threat or witnessing it happening to someone else, even if it's not happening to you witnessing someone be harmed is also considered trauma. Trauma hijacks the brain. We have in our brain a system called the fear network. It involves three elements of the brain, the amygdala, the hippocampus and the prefrontal cortex. These systems work together to, not only monitor the environment and what's going on around us, to remember what the threats are and aren't, to emotionally regulate, and then, for us to make decisions in the face of that. When trauma happens, it hijacks that fear network and it results in a person who perceives paralytic fear in places where it doesn't exist.

So an extreme example of that would be post traumatic stress disorder. Let's say you were walking down the street late at night. Somebody jumps out of a doorway, jumps on you, beats you up, takes your wallet and your phone, does you significant harm and leaves. OK. Your brain is impacted by that experience. The number of neurotransmitters that flow through = you're scared, walking down that street is going to be a problem for you. Walking around at night is going to be frightening for you. By itself, that street is not what harmed you, but your brain will generalise. And if you don't address it over time, being outside of your house at night may become a problem. So now your brain is experiencing everything as a major threat. So your nervous system, your sympathetic nervous system is always running on high alert, you're very on edge, you're jumping out of your chair, you're constantly monitoring your environment. Trauma really hijacks a person. And if it has enough of an impact or it happens consistently, for example, a person who is in a very abusive relationship or is abused as a child repeatedly, that can make some major changes, not only in a person's brain per se, but in their psychology.

ZR: In my opinion, the term trauma is used very loosely today in everyday interaction. Even myself, I sometimes come home and say it was a traumatising experience for something very minor. For example, waiting in a line for three hours. And I hear other people say it in that way, too, I know they don't mean it that way, but it's still part of everyday terminology. I think, therefore, what is important here is to differentiate what may constitute trauma and what may not? Is there a ladder system that measures disability of trauma, or to put it differently, that assesses the various degrees of trauma that one may experience?

RD: Trauma is very perceptual. Right now, I think there's some things we can agree upon. Waiting in line at a coffee shop is never going to qualify as a trauma, unless someone hit you over the head with a hammer while you waited in line. Right? But for example, let's say maybe a car accident, a car accident that might have been relatively minor. Your car got damaged. Maybe you hurt your neck a little bit, but nobody died and you were even able to

work in a couple of days. But for one person, maybe they were a new driver. Maybe they were in someone else's car. Maybe they were in an unfamiliar place. Just that one accident may have had such an impact on them that they, their mind, their body, all experience it as a trauma. So trauma is definitely on a continuum. Obviously, there are things we can agree upon that are trauma: a rape, witnessing a murder, being a victim of violent crime. I think we're all in agreement that qualifies as trauma. At the lower end is where sometimes it becomes very, very perceptual. We look at things like the severity of the trauma. We look at the proximity to a trauma. So, for example, if there was a shooting in your town but you didn't witness it, that's very different than looking at it out your window and obviously more different than being the one who was shot. So there's obviously those things like proximity and the duration of the trauma. Is it something that happened one time: you got mugged in the street, or is it something that's happened repeatedly? Somebody who was abused physically throughout their childhood or is abused physically, repeatedly in an intimate relationship, for example, those kinds of things matter, too.

But I think, again, waiting in a line is not a trauma, being yelled at by a friend, while uncomfortable, may not qualify as a trauma if there wasn't a perception of threat. But Zain, it's that perception of threat that matters. If that person is screaming at you but you also see the glint of a gun in their belt you might say that just being yelled at isn't a trauma, but now you realise they have a weapon or a knife or something, now the anticipatory fear puts it in that grey zone of whether or not it's a trauma. So you're absolutely right. It's very perceptual in the ways we measure it in our research. It has a lot to do with the main question we ask: did you feel that your life was at risk, or the life of somebody close to you was at risk, like your child or something? We use that as sort of a benchmark for whether something or not qualifies as a trauma.

ZR: When something traumatic happens, people that are part of it, not everybody is affected in the same way. Let's take an example. For example, there's a bank robbery and there's 20 people there and some will perceive this as a traumatising experience, while others may come out strong. So what I want to focus on here is the individual. What conditions lead to one person not being as traumatised or traumatised at all while the other gets severely traumatised? Is this perhaps something to do with parenting or psychological strength or the perception mechanism? Or is this just something so complex that psychology cannot distinguish between two people that may have the same environment, same experience, but come out very differently?

RD: There's multiple reasons that people have very different responses to trauma. And you're absolutely right, if you had a group trauma, a bank robbery where 20 people were present. And in fact, we have examples all the time, natural disasters, a hurricane, an earthquake, hundreds, if not thousands of people are affected. Some come out with severe post-traumatic stress disorder. Others don't. There's several reasons. There's been a lot of research on that. So we kind of do have an idea of this. We can't predict it precisely, but we

definitely know who's going to be more vulnerable.

Number one, a history of mental health issues: people who have existing mental health issues, depression, anxiety, personality disorders, any of those issues can actually magnify the likelihood that a person may have a stronger reaction to the trauma.

Number 2: a past history of trauma. We do know that trauma can be very additive, maybe even multiplied. In other words, if a person has a history of trauma from childhood, if a person has a history of trauma from other times in their life that can end up becoming quite magnified. So, in other words, let's say a person was assaulted as a child or abused as a child, and then they're exposed to a trauma later in life. The probability is that they're going to have a stronger trauma reaction.

Another piece to this, and an important one, is the perceived control ability of that stress. So, in other words, this is why we see very differently. So in other words, people who are in military situations, they sometimes feel in more control, not always. Many people in the military did develop post-traumatic stress. But if you're just walking down the street and something random happens, you may feel completely out of control. But if it's a circumstance where you may feel you have more control, your perceived sense of control at the time the trauma happened also is a predictor of whether or not you have a traumatic stress reaction.

Other factors go back to what I was saying earlier. Things like the severity of the stressor, the proximity, how long it happened. So the severity would be, were people getting shot and killed in that robbery? Or was it the sense of menace and nobody actually got physically harmed? You may see differential reactions there. So it's all of those things sort of combined. And then we can sort of almost model out or predict whether or not somebody is more or less vulnerable to developing a traumatic stress reaction. And, you know, is it a perfect science? No. So if some people, the very first time they're exposed to a trauma, have a severe reaction. Absolutely. There's actually believed to be, and they're looking at this more and more, are there people whose brains are wired a certain way? So, for example, are there even vulnerabilities that come from a child who may not have experienced direct trauma in childhood but may have experienced poverty, may have experienced neglect, may have experienced any of these things that might also create a vulnerability, because of issues around stress hormones.

So you can see it's a very complicated system. And so to some degree, we can predict it, but since we all don't walk around with our psych histories in our pockets, we don't always know these things, and so by the time the trauma comes, we have to construct it sort of backwards.

ZR: My criticism of psychology, correct me if I'm wrong, is perhaps it lacks of focus on what you mentioned also = the socioeconomic conditions that may lead to trauma. For example, Bangladeshi workers that are working in a garment factories over a long period of time are

subjected to miserable wages, or even in the United States, I was reading on Amazon, how these workers were still delivering during COVID-19, scared, and many of them were paid very poorly before and also during the crisis. And some people are suffering, for example, just to make a living on a daily basis. Do you think these sorts of conditions also create the perfect ground for trauma? And do you think it is addressed enough by psychologists, or do you think is psychology very individual focussed on personal experiences?

RD: I think that what it comes down to is that we have to look at a person holistically. There is a diagram written by this guy named Bronfenbrenner, OK. So it's what we call this sort of a bio-psycho-social model = I might be calling it the wrong thing, but it's four concentric circles. In the middle of the four circles is the individual, the next circle is the family, the next circle is the community, and the largest circle is the society. We need to understand those sort of nested circles to really understand trauma. Because you brought up a very important point, this idea = and we're seeing it so pronounced in the world = where we're seeing so much stratification that people at the top have everything, and the people at the bottom economically have almost nothing. And being treated poorly at work, living under other circumstances, which may not qualify as trauma, but the cumulative disrespect, dyscontrol, the uncertainty, all accumulate to make a person more vulnerable to trauma. In a way, it sort of robs people of resilience because they don't have that sense of certainty and predictability.

Predictability, sadly, has increasingly become a luxury in our world. Often, the less you have, the less predictability, the less certainty and the less control you have. And we know those issues. When you don't have those things, you're more vulnerable to anxiety. I'd be anxious if I don't know what tomorrow looks like. I'd be anxious if I don't know if I'm going to eat tomorrow. In many ways, the pandemic has thrust us into an interesting space, right? We all had certain lives in January and February. None of our lives look like that anymore. But interestingly, many people were classified as essential workers who never got the chance to step away, or having to put themselves into unsafe situations day after day after day. I would argue that that accumulation of exposure, that accumulation of stress, that at some level has a traumatic flair to it because it's inescapable.

ZR: Most Hollywood films, in particular, warp this and show emotional trauma arising when an individual has a horrifying experience on the battlefield, or in other films like Joker, he has a very bad experience and becomes a villain. Whereas Batman confronts his trauma where he lost his parents and he was afraid of bats and becomes sort of a hero. Hence, I've always wondered why people have chosen different routes in their life. For example, I've also seen films when I was younger where someone had a traumatic experience in university or school and turns out to be a killer. What do you make of this portrayal of drama in popular culture? And also, and this is the more important question, what leads to people becoming more negative as opposed to overcoming trauma, and becoming positive? What is the differentiation here?

RD: There is a danger in how trauma has often been portrayed cinematically. There's a danger when we only view it at the most extreme. What's interesting is that the conversations about trauma and post-traumatic stress have really only arisen since World War 2, when people were coming back from World War 2, they called it, they would come back shell shocked. That was the term they used. And it was the syndrome of shell shock what would really then transform into post-traumatic stress disorder. And there were actually a lot of politics around it in the United States and how veterans would get their health care and all of that. But it was at that time we started identifying this experience of trauma and then expanded it, because I have to be honest with you, until then, there was a lot of treating trauma historically as like, "that's just life, you know, these things happen in life. And she's been a little bit off since that thing happened to her." Right. Not viewing it as trauma and a psychological experience. But in movies, when we focus on trauma, we tend to focus on things like severe assault, a war, sexual assault. Those are the kinds of things that get focussed on. And while those are obviously all traumas, there are many, many other things that qualify. But the other issue is, is how quickly people can just be put together and everything's fine and it's not quick. Healing from trauma is a process and it is a process. It doesn't mean it can't happen, and all of us who do trauma-based work, we see that it requires paying attention to the research, being consistent, early intervention, as soon as possible, as close to the trauma. We try to bring people in to start working it through.

But the next point you raised is absolutely critical, which is, whenever we view trauma we almost 99% of the time view it as this experience that destroys a person. There is burgeoning, promising literature on post-traumatic growth. Now, some of that work has its roots back in Victor Frankl's work and other existential psychologists and psychiatrist writings since World War 2 who have said, from suffering can come meaning and purpose. Don't create suffering, but it'll come to you. And most of us find suffering and some might find trauma. Frankl's work was particularly transformational in this way, because he's saying under the worst conditions of trauma, people who had survived concentration camps, there were some who were actually, in their recovery process, able to derive some form of meaning out of it, make some meaning out of their suffering, not what happened to them, but out of their suffering. And those were people who actually ended up having better outcomes in life. He himself had survived the concentration camps. So I think that this idea of post-traumatic growth, a lot of it has to do with meaning. It has to do with purpose. It has to do with social connection. It has to do with getting treatment. Yes, it may have to do with pre-existing resilience features. But I have to say some of the lectures I've heard on post-traumatic growth, some great research out of South Africa, great research in the United States. Obviously, some of the anecdotal reports, Frankl's work since after World War 2, has shown us that to me = and I tell this to my clients all the time, "you've been through trauma, to me you're a warrior. You're a survivor, you're a fighter. You are definitely not a victim to me." I won't even use that word. I think it becomes part of somebody's tapestry. But you have to do the work. You have to create a safe space and hold space for someone to talk about it and help them work it through. So I think that's an absolutely essential piece. To me, it can be an important part of the

healing journey. But we do often see growth in people, when they have the opportunity to get the treatment and intervention that they need.

ZR: The next question is based on the media and news. And as a journalist, I have always wondered about the implications of my work. Every day there's horrifying news coming out, whether it's police brutality, wars abroad, or death rates of the corona pandemic . What is your opinion on the consumption of such news? On one hand, it is vital for journalists like me to keep the public informed, while on the other hand, I know it negatively impacts the social health of people. For example, I've heard people talk to me and say, "Hey Zain, I like the work that you're doing in acTVism Munich but I just can't take the negativity all the time, and I need to have some space between the news that is coming out daily." Because we don't have formats like good news, for example, or solution-oriented news. People don't click if it says 20 people got healed today from the coronaviruses. People click when it says a 1000 people died today. So what should we do with this dilemma where, on one hand we try to inform people, while on the other hand we're scaring people?

RD: I would say this, number one, I think part of the problem is how we link monetisation and media. Right. You know, in the United States, there's that old yarn "if it bleeds, it leads". People want that. You know, sadly, that's what sells. And news agencies are in the business of making money. That's a fact. And as long as those two things are linked, sensationalism is what's going to sell. Nobody's going to go to a performance, "hey, come see a bunch of ordinary people walk across the stage." You're absolutely right. So what that means is, let's go back to that point of controllability. I tell everyone, we don't have a lot of control these days, and I view the world as almost a circle. What's outside the circle? What's inside the circle? Everything inside the circles is what you can control.

You can't control the pandemic response. You can't make a vaccine. But what you can do is turn off the news coverage, put yourself on sort of a restricted sort of news diet, as it were. Allow yourself 30 minutes, maybe 20, 30, 15 minutes in the morning, 15 minutes in the afternoon. Turn off the notifications where the news is constantly popping up on your device, because I think that what is happening is people are getting too much information. They are getting paralysed. They are getting anxious. They are going down all these dark alleys and getting more and more news. And after a while, it's all conflicting with each other and it's confusing. So I do tell people to choose the most reliable news sources, you know, give yourself 15 to 30 minutes a day and then you call it done, because that's the controllability predictability piece. You can control that. You can predict when you're going to look at the news. This thing's going to be raging and rolling on whether or not you're reading about it or not. And that's where that meaning and purpose piece comes.

Fill the rest of your day with meaningful, purposeful, affiliative activities, whether that's a distance to visit, whether that's a Zoom call, whether that's reading, working, doing something that matters to you, or that you have to do. And do those things. And then you can

create some kind of balance. We live in an age where we're overwhelmed with information. It's a massive contributor to anxiety. And after every natural disaster, natural event, mass shooting, you name it, psychologists always say the same thing. Please turn off the news for a little while, because otherwise the anxiety is going to build up to a level that it really feels destabilising. And, to your point about trauma, all of this anxiety-provoking news is actually even more triggering for people with histories of trauma, for whom modulation of fear is very challenging at times. So all of these fear-oriented stimuli hitting someone with a trauma history is really actually a recipe for a person feeling very destabilised.

ZR: What do you make of this term called generational trauma, where one generation just genetically passes on trauma to the other? I've read some articles on it online. I don't know how solid the information is. It kind of senses, a little bit of fear. If I, for example, am born in a war torn country and I just am passed on something from my family directly, maybe in terms of the way my family behaves towards me, or indirectly through genetics, and I can't have any control toward it. What has your research or your assessment being on this term called generational trauma?

RD: So generational trauma is actually a little bit more subtle than what you're saying. It's not like my father had trauma. I'm gonna be bornwith trauma. It's not that at all. What ends up happening is when we look at intergenerational cycles, it's much more subtle. For example, the mother who carries a pregnancy in a refugee camp, in a war torn country, under conditions of trauma. We are going to see that she has a less hospitable, as you will, prenatal environment for that child. She has more stress hormones going through her body that are going to affect foetal development. Those epigenetics I was just talking about. Now the baby is born. The baby has two very stressed parents. Generationally what happens is trauma can also beget other behavioural patterns, too, like the likelihood of relationship violence, you know, exposure to other community violence, exposure to the other violence in the child's world. So by generational trauma, it doesn't mean that you're just born and it's bad luck, well my parents went through trauma, now I have traumatic stress. It's not that at all. It's that trauma begets this entire cluster of issues, including poverty, including instability, including the greater likelihood of violence exposure, whether in the home or outside of the home, a greater likelihood of poor education unless the family is able to transition away from that.

So if the parents grew up and married and even had their children in an area of war or conflict or violence and then managed to move their young family into a place that's safer, they migrate to that new place, generational trauma may argue that some of the leftover impacts, the parents having those post-traumatic stress profiles then can appear in their behaviour and how they parent their child and how they treat their child, which isn't optimal for the child and can impact the child. Now, if those parents migrate, and they get the support they need, and they're given parenting training, and therapy, and the assistance they need to build a safe and happy space, and are helped in assimilating and adjusting to their new society, we could mitigate those impacts.

We don't do these things. We take people who are already traumatised from one situation, move them into another that's allegedly safer, and then just sort of leave them there to flounder and figure it out. We have to support people. That lack of empathy and that lack of compassion is something that's hobbling our world right now. If we could cut that through all of our policies, we would have so much of a safer, healthier and frankly, I think more and more even economically enriched world. But when the people making the decisions want all the wealth for themselves with little regard for the people who are vulnerable, we're going to keep playing up these generational cycles in perpetuity.

ZR: One of the things I always hear has been to talk to people. There's a lot of comparisons taking place. For example, if I say look at this immigrant family that came here and they were traumatised and they could make it and they're suffering, then I usually hear, "Well let's look at the other immigrant family. They made it through." Or if I talked to some other people that didn't get their university application done due to depression, then I usually hear it doesn't matter, the guy or the girl has to stand up and do it because I did it and I came from a background which was much more difficult. I had to work overnight. So my question is, should we be comparing? Because the argument for that would be comparison is good because it sets sort of a social standard, while on the other hand, I could see it's not differentiated. What is your take? Should it be a mixed bag or does this fall on the one hand or the other?

RD: Comparison is in general, not very good, because you don't know my backstory, you know very little about me. So if you started comparing yourself to me and vice versa, I know very little about you. You can see how very quickly we can get ourselves into a really tricky space. I think that this is, again, where I'm talking about empathy and compassion, that if I see something, see someone struggling who didn't get the application in on time, the immigrant family that didn't make it. Instead of saying, well, I'm so much better, having to create a sense of superiority over that person, to stop and wonder: what is it that they may be struggling with. I'm a university professor. That's my job, if a student's not doing well. I'd have to break it down and say, what might be happening here, and it could be any number of things. But this sort of dismissiveness, this unempathic rejection, this invalidation that has become so normative in a competitive society is something we enable all the time. I do agree you can have a standard. You can also even have a deadline. And maybe somebody wouldn't make the deadline, but maybe ahead of that deadline, we would need structures in place, whether they be reminders, whether it's identifying high-risk people, a person who has a history of depression will also be experiencing things like apathy and amotivation, which make it harder sometimes = to the point they don't even feel like they're worthy of making the application. And so that's the sort of thing where mental health should be consistently built into schools to help guide that person.

I don't view that as weakness. I actually view it as a tragedy if we don't support people,

because this idea of mental illness as a disability is a load of you-know-what to me. I think that all of us bring gifts. People who have struggled with mental health issues often are the ones who come up with unique solutions to problems, who create tremendously beautiful creative work, who write about the depths of the human experience in a way many other people can't get in touch with. We need all hands on deck as human beings. But right now, we live in this world where it's competitive. I'm superior to you. It's almost sort of like this Darwinian game of Survivor, where everybody is trying to gobble up all the resources for them, view themselves as somehow better. Again, that sort of authoritarian competitive stance, it's doing nobody any good. That sense of, really, entitlement is the only word I can say is, "I suffered more so I should get more" = really doesn't account for it. Until you fully know another person's backstory you don't get to say that. And so you want to take the deep dive and learn that person's story, then you and I can talk.

ZR: I would like to talk about coping mechanisms and assessing trauma now. How can you assess trauma? In other words, what behaviours or coping mechanisms develop that an individual should be aware of when he or she is traumatised?

RD: So in a person themself. So there's two approaches. One is in the person themself who's experienced trauma and the other is people who are watching that person. The things we might look for are changes in mood and affect. The person might seem more depressed. They may become more irritable. They may become more apathetic, sort of not interested in doing anything. They may have low energy. They maybe become more anxious. They may be more on edge. Their sleeping will be affected. Their appetite will be affected. They'll be less engaged in their usual routines. They may stop going to school. They may decide to stop going to work. They might sleep till three o'clock in the afternoon. They may avoid contact with all other people. They may not join a family at a meal. They may not want to join their friends' Zoom call or get together or anything. So you'll see a gradual almost pulling away out of life. You talk to trauma survivors. They'll often feel that after that experience happened, they almost had an experience so different than everybody else, they feel very isolated. They feel that no one's going to understand them. And in some cases, they even feel as though their life is going to end quickly. So sometimes you might even see in some trauma survivors that they start engaging in risky behaviours. They may do a dangerous sport. They may drive too fast. They may have sex with strangers. I mean, a whole host of things = use drugs = that put them at risk. And you may also see the person engaging in behaviours that will help them numb. They may drink alcohol. They may use drugs, again the sleeping. They may engage in things = sit in front of the television for 18 hours a day = that allow them to numb out because they don't want to feel. Those are the sorts of patterns we would typically see someone acutely who has experienced trauma, which is why I make that point. As soon after a trauma as possible, a person should be getting mental health services. A lot of people will do things like, tell me about it, tell me about it, tell me about it. And that might feel a lot of pressure for a trauma survivor. The other thing, though, is the biggest mistake people make with trauma survivors of trauma, "Oh, it's gonna be OK. It's gonna be OK. You know what?

You got to cheer up." And they'll say all this positive nonsense to them and really invalidate their experience. The most important thing you can do if you are close to someone who has gone through a trauma and is surviving a trauma is hold space for them. Give them a safe space where you're not making them accountable. You're not telling them to cheer up. You're not telling them to get over it. Again, holding space, letting them be, being okay with their experience, because many people almost feel damaged by their trauma = they're not damaged at all. Something happened to them, but they often start integrating it. And it's that all of those things culminate in a person who does, like I said, slowly, sort of cuts out of life and cuts out of other people.

ZR: What about your take on providing solutions from family members, friends, and even I've heard of a lot of groups, self-help groups, where people go, for example, to try to do radical honesty or trying to sit around the campfire to talk about these problems that they've faced. On one hand, you have that aspect in your personal network, while on the other hand you have the psychologists who have been professionally trained and can diagnose and provide you a solution. So my question is basically, with the former group you have sort of emotional support where people provide you: "It's gonna be okay. I'm there for you", and everything. And some people get stuck there because although it may be important or not, some people can get stuck there. For example, people in my friends' circle have come to me, and I'm not sure if they were traumatised, but they have had experiences like being together with a narcissist for a long period of time, and I've gotten the feeling that I'm just here to fill up your batteries. When I tried to provide solutions the person didn't want to hear it. They were just trying to get some energy out of me. While on the other hand, should people go to the psychologist first? Should they go to the family members? Could you provide a proper approach system of how people should deal with emotional or solution oriented approaches?

RD: So let me tell you this right now. Don't offer solutions. It's the worst thing you can do. OK? It's not your responsibility to fix it. It may help you feel better, like you've done something. You know, what's a lot harder, is to sit with someone's pain. And you were given a relationship with someone who survived a toxic relationship, OK. You got to remember that a person in a toxic relationship has experienced no validation for a long time. They're in a relationship with somebody who consistently invalidates them. Who gaslights them. Who doubts their reality. So when they talk to other people, you saying you need to end this relationship, that's no use to them. They already know this. What they need, and you said, I feel like I have to fill their batteries. Yes. And you're their friend. So that's what you need to do, is you need to be empathic. Be present. Be compassionate. Validate their reality. That's friendship. And if a person says, I don't want to do that, then you need to let that friend go because that's what they need. And let them find friends who can give that to them. So I think that what we and again, my job as a therapist is actually sometimes to hear the same story 500 times, but I don't view that as a waste of time. I view that as a letting go. And when people don't leave these toxic relationships, they spend 167 hours of a week being invalidated and 1 hour a week with me being validated. It's definitely off-balance.

We live in, especially in the West, in the western world, we live in too "fixie" a culture = to fix everything. Do this. Join this group. Here's a brochure. Here is a website. Get this app. No, we are so afraid of negative feeling states. Now, obviously, when negative feeling states spin out of control, anxiety disorder, major depression, post-traumatic stress, that's when it has to come to my office. But for most of us, when we're having a bad day or a negative mood like, Oh, I don't want to feel like this, I don't want to feel like this, and we have to fix this. I said, "no, you don't." Negative moods are as much a part of life as positive moods. Hold some space. They will pass. There's something to be learnt there.

In fact, I would believe evolutionarily negative moods were often assigned to the system. Get some time for yourself. Go do something. Be alone. In fact, people like Charles Darwin actually tried to argue that. He tried to argue that that depression has to be evolutionarily adaptive. He himself was depressed, because so many people are depressed. He thought it might be a moment for people to go be by themselves and figure it out on their own. But instead of thinking, "we got to figure out a way to cheer you up", the best way I think we could say to someone is, "that it sounds like you're having a tough day. How can I hold space for you? How can I help?" And they might say, "I don't know." And say that, I'm just going to sit here with you and we can just sit here quietly and that's OK. That is something we as helpers and supporters need to learn to be there for others. And then when it's our turn, we need to be clear that that's an OK thing to ask for.

ZR: How to approach someone who has trauma but is unwilling to take it seriously? That's something I also hear about people from partners, for example, that are trying to be supportive, as you say, and saying, hey, maybe we can go together to get you help. And the person is just denying and getting more and more stubborn and saying, "I don't want to. I'm not crazy. I don't want to go to a shrink." You know, there's still a perception in many circles in our world, or in our country, in our society that, going to a shrink means you're crazy. Even though I personally believe even healthy people should go to a psychologist just for self-reflection purposes. But how do you get to a partner who is trying to get his husband or wife to go to a psychologist? How do you motivate somebody like that?

RD: I would say that no one is that don't make it a direct aspect. You got to go see someone. Right, because it almost feels like, I don't want to deal with this anymore, you need to go talk to someone else. I think it becomes integrated into a more supportive conversation. You know, when you're saying to them they're talking and sharing their feelings and say this sounds very, very hard. And you tell them, "what's striking me is that there's so many things you used to love to do and you're not doing those things you love to do." And you help them. You want them to be a stakeholder in this decision making. Right. And I think the challenge is that we as a society have to learn to get more comfortable with other people's discomfort. And I think that the challenge is people are saying, oh, this is too big for me, they've got to go to a psychologist, I don't want to talk about this. And it becomes very much a command or it's

dismissiveness vs. "I'm seeing so many changes in you and you used to love to paint and you're not painting anymore. Are there things you think could help? How could I help? Do you even think anyone else could help? Like, let's think about this together, because I want you to get back to that enriched life." Now, I'm not saying that someone's necessarily going to say, "Well, yes, you're absolutely right. I'm going to go to therapy." But I think if it's a more gentle approach, that helps a lot. If somebody asks you that question and say, I don't know what to do instead of being exasperated and say, "for God's sake, you should go to a therapist.: And say that, "you know, there's a lot of things we could think about here. I think the one thing that's going to be very important is that this is actually beyond what I know I can do well for you. And I know this would actually be going more smoothly for you if you could find someone to talk to."

So I think that it's to not make it from a point of exasperation, but from a point of collaboration, that is where you're going to get a lot more success. And it goes to that original point, this idea that people only go to therapists if they're crazy. Listen, I have worked, will work, do work with a lot of people. I would not call one name for them crazy. I think these are incredibly sane human beings that are courageous enough. Going to therapy is about courage. I think it's about self reflection. I think it's about wisdom to get into a room and be willing to be able to trust and be vulnerable. That makes you the strongest person in the place if you're able to do that. And so I have to say that I think that that's really where, to me, if we can reframe how therapy started, but we're not there in our society yet. And I think that to the degree it feels collaborative rather than a command, a person may be more likely to sort of go along with it. And the final piece is that, you know, Victor Frankl has this great quote. He says, an abnormal response to an abnormal situation is normal behaviour. And that's what I often tell people, like (if they say): "I'm abnormal." You're not abnormal. If I was going through what you're going through, I'd be doing some things the same. I think that we're so used to, "people should just quickly dust off and get back to life" that we have to remember that when people are going through terrible times.

Right now, it's certainly all of the United States and other parts of the world to differing degrees with the pandemic = none of us have normal lives. So a lot of us are behaving in ways that feel abnormal. And that's what we have to remember. This pandemic in some ways is a collective trauma that is affecting everyone differently. But none of us are behaving in our usual ways, for the most part. To me, that's not because everyone has gone mad. It's because we're all in an abnormal situation. And I think that if you can let someone know there's absolutely nothing wrong with you. You've been through something very difficult, very difficult. And the fastest way to get you healed again, if you had a broken leg, we wouldn't let you sit on it for two months. Right now, we just need to almost give you a sort of a psychological tuneup. Would you consider therapy?

ZR: What do you make of this term called projectionism? There are certain psychologists, I don't want to name them, that talk about projectionism as a way to cope with some inner

imbalances or void or perhaps traumas in which they then project their problems onto the government or the top level. Especially in the field of activism and social change. I do notice, for example, that certain people have come here, but still their lives are not together. They're struggling just to clean their room or simply to fix certain things in their own social network, their relationships, but yet, want to change something in society. Is projectionism a sort of a way to cope with a trauma or certain imbalance?

RD: It can be. I think it's an interesting example, like you can't keep your own house in order. You're angry at the world. You're going to blame these structures. Here's the key. I actually agree to some level, the way we've organised the world, these corporate structures, our governmental structures, they're obviously not working. OK. We are very stratified, unequal, unjust society, globe, right now. OK. I think many, not all obviously, would agree with that, but I agree with that. The issue then becomes, how much we take personal responsibility for our piece in it. And that personal responsibility starts Zain with how we treat the people around us. If you're going to go yammering on about this CEO, this president, this prime minister, this cabal, all of that, great. But if you're mistreating the people in your close spheres, your partner, your parent, your friend, I ain't buying that. You have got to keep your side of the street clean. Humanity starts at home. Do not start trying to bring down the CEO of Apple. If you're treating your wife or husband or children badly, get your house in order.

Say I'm angry. That's the reason I'm treating my wife badly cause I'm mad at a corporation. I am not buying that. That is victim talk. I am not hearing that. I judge people on the way they treat the people closest to them. That's where we begin. And if you are treating them badly and claiming to be on some activist rant, that feels like narcissism. That does not feel like activism.

ZR: Overcoming trauma, can it be done by itself? And in particular, I am asking this question because we have this sort of arrogance in Western society to project what we have here on to other societies. For example, I'm from Pakistan, and people don't even have awareness on mental health issues, you know, over there. So what do we do about it? So many people that are suffering, they don't have the mentally resources to deal with, or even societal resources like government structures, a social system and going to a psychologist is only reserved for the upper class. So within that framework, can a person overcome trauma itself? And if not, what can we do to support these people?

RD: Zain, you bring up a huge public health crisis. WHO has identified mental health as a massive public health crisis. We tend to reserve that term for pandemics and infectious diseases. But the reason, the fallout of something like a pandemic or anything else is the mental health crisis. And one of the greatest elements, pieces of this mental health crisis, is the lack of available mental health workers. My family's from India. So I completely resonate with a crisis that's also happening in Pakistan. There's an absolute lack of mental health workers in South Asia and frankly, throughout the world, I'd even argue in the United States,

believe it or not. So, and when there is access to mental health, it's often expensive, it's difficult to reach, sometimes the providers aren't able to handle a whole range of issues, people don't know how to pick a mental health provider. So this is a massive global public health crisis.

Do I think someone can figure this out by themselves? Not completely. I think if a trauma is pretty significant, if it's not addressed, it's almost like, can a bone heal itself? Yeah, in some cases it can, but it won't heal right. And that arm or that leg, is really not going to work properly, a person's always gonna have a little bit of a limp. My job as a psychologist is to help people heal in a way that they don't have that little bit of a limp, or at least we can agree, can hide it a little bit and they can get through life as optimally as possible. But the fact is what's happening, and this is where I see some potential utility to the internet, is that more and more and more of us = certainly I put out a lot of free content = there are people who put out low cost content is that at least there's more more information online that gets to many people that could direct them to important books, to important resources.

There are techniques that can be self driven like meditation and mindfulness work that can definitely help address issues around anxiety. But I mean, listen, I think that works to a point. And I think those are great tools to sort of keep in your pocket, but when it comes to big ticket issues like trauma, especially if it's been complex trauma that's played out for many, many years, I don't think this is somebody who's in a position to fix this on their own. I think there are many courageous NGOs out there that attempt to address gender based violence, that attempt to address mental health. These NGOs are overrun. They simply can't even provide the level of service they need to everyone because they're underfunded, there's a few of them. So I wish I could say something more optimistic here. I'm being a realist. We have a crisis. We have we have an issue. We know there's a solution. And because of stigma and bias, we're not implementing the solution.

If I had but one dream, it would be to go into regions this world like South Asia and create a massive mechanism of training, even lay level. To do some very basic, simply holding space, being present, not judging = a big part of mental health treatment is to sit with someone in a room and to not judge them. And unfortunately, in too many of these situations, particularly when the trauma is viewed to a stigmatised lens in a given society, a great example would be sexual assault against a woman, that woman is the one who is often blamed and faces even more stigma from her culture. That trauma is even worse sometimes than the original trauma. And many times if a mental health worker isn't trained, could retraumatise that person. Do I think someone can magically self help themselves. No. I think there's some wonderful workbooks out there and all of that when it comes down to brass tacks. Those workbooks are meant to be used in conjunction with therapy and with therapists who are properly trained and understand how to talk about trauma in a humane, respectful, informed manner.

ZR: To my last question, I would like to get your take on a universal basic income, and as a

psychologist, your perspective on it. Getting the basic needs such as rent and food expenses, electricity, perhaps even internet provided for free. Do you think that could alleviate a lot of experiences that people have on a daily basis = I'm not talking about the Western countries, but at least in developing countries = overcome the conditions that they face on a day to day basis that may lead to trauma? What is your take on a basic universal income?

RD: I think the basic universal income is its first step, but I think it goes far beyond that Zain. We need to educate people. We need to give people education, education they can see through that. That will result in jobs and jobs, training of sustainable jobs, where they're not vulnerable to the vagaries of the weather, for example, farming and other agricultural pursuits. Where they're not as vulnerable to the vagaries of much more tyrannical power structures. And I can't highlight enough how important it is to get women educated and much more financially independent. It's those interdependent economic cycles that have kept many women imprisoned in abusive relational situations.

Simply educating women could be the single most powerful public health intervention in addition to making therapy available. I don't think this is just about a universal basic income. It's also about the sense that I get up and I can do a job, and upon doing that job, I'm able to take care of the people I care about. It's a way of also creating a way that when people have young children, that there can be a person who is financially providing somebody who's also taking care of children, but that there is a way to ensure that when there are tough moments = the economy shifts or something = that there's a way for those people to live in a way that feels respectful, that feels safe.

We know that under conditions of trauma, when enough stress is placed on the system, that's where things can crack. And we can see, for example, intrafamilial violence, gender-based violence. A lot of these trends come up and a lot of these are sort of reinforced by these problematic economic structures. Right now, the way the economy of the world is devised is, it's very cruel. If you can't figure out a way to make money, well then you deserve to suffer. It's punitive and it's harsh. It's narcissistic. I'll be frank with you, it is unempathic, it is cold, it's entitled, it's dismissive, and it's invalidating.

Yes, I think universal basic income is a huge first step. But I think this is much, much more. This is about much, much more collaborative compassionate business structures, this is about education, this is about jobs training, and this is about the fact that too much of the wealth of the world is stratified in the hands of too few. This zero-sum game approach to economies is unsustainable. It's disrespectful and it's cruel. These big, beautiful brains of ours know how to be humane. We need to start using them.

ZR: Dr. Ramani, author, clinical psychologist and professor of psychology at the California State University. Thank you so much for your time.

RD: My pleasure. Thank you, Zain.

ZR: And thank you guys for tuning in today. Don't forget to subscribe to our YouTube channel by clicking on the bell below and to donate so we can continue to produce independent and non-profit news and analysis. I'm your host Zain Raza. See you guys next time.

END