Trauma & Addiction: Crash Course Psychology #31

Crash Course: Psychology
https://youtube.com/watch?v=343ORgL3kIc
https://nerdfighteria.info/v/343ORgL3kIc

All right, so you might have read "The Hobbit" or "The Lord of the Rings," you have probably seen them, you've definitely heard of them. But not everyone knows the story of their author, J.R.R. Tolkien. Tolkien was an English World War One veteran. A reluctant soldier, he joined up with a sense of duty and he lived through the bloody battle of Somme suffering tremendous shock, guilt, and loss during and after the war.

It took Tolkien years to processes his experiences. To help him do it he turned to writing fiction and in time he constructed a world that helped him and all of us better understand war, human nature, loss, and growth. His novels were the bi-product of trauma and they're among the more beautiful reminders of how it can affect us.

Most of us will experience some kind of traumatic event in our lives and most of us will exhibit some kind of stress related behavior because of it, these symptoms usually fade but for some those reactions can linger and start of disrupt their lives or the lives of those around them. These reactions can develop into full blown psychological disorders including post-traumatic stress disorder and, in an effort to cope, sometimes addiction, but it doesn't always have to be that way.

Ultimately, Tolkien was able to harness the effect of his trauma and shape them into something important and to reclaim is own life because there is such a thing as post-traumatic growth too.

As it does with many other things psychology approaches trauma related disorders with different perspectives but they all tend to ask the same questions.

How do you identify and diagnose these disorders? And how do you treat them, so that the patients can recover? -- With the understanding that they might never be the same as they were before the trauma, but they can still be healthy and happy.

In a way, psychology helps patients ask themselves, what Tolkien asks his readers, and what Frodo asks when he is finally safe back in the shire "How do you pick up the threads of an old life? How to go on, when in your heart, you begin to understand that there is no going back"

It could be September 11 or a serious car accident or a natural disaster or a violent crime that you survived but are still haunted by. Trauma comes in many different forms and sometimes it can stick with you.

When it manifests as nightmares, flashbacks, avoidance, fear, guilt, anxiety, rage, insomnia, and begins to interfere with your ability to function it can come to be known as post-traumatic stress disorder or PTSD.

It was once called "shell shock" a term used to describe the condition of veterans, like Tolkien in World War One but PTSD isn't limited to veterans. It's defined as a psychological disorder generated by either witnessing or experiencing a traumatic event. Its symptoms are classified into four major clusters in the DSM V.

One of these clusters involves re-living the event through intrusive memories, nightmares, or flashbacks. The second involves avoiding situations you associate with the event, while the third generally describes excessive physiological arousal like heart pounding, muscle tension, anxiety or irritability, and major problems sleeping or concentrating. And finally we have the fourth major symptom cluster: pervasive negative changes in emotions and belief, like feelings in excessive guilt, fear, or shame -- or no longer getting enjoyment out of what you used to.

PTSD patients may also experience numbing, or periods of feeling emotionless or emotionally "flat" and dissociation, feeling as if situations aren't real or are surreal, feeling like time has slowed down or sped up, or even blacking out.

We have been discussing how anxiety or mood disorders can affect a person's ability to function and how that impairment itself leads to more suffering and dysfunction.

When any of these disorders is left untreated, sufferers may start to feel desperate to find some way to cope and one way may be substance abuse. Unfortunately, addiction and trauma can go hand in hand and it can be hard to recover from one without also dealing with the other. According to the US department of Veteran's Affairs more than 2 in 10 veterans with PTSD also struggle with substance abuse problems and 1 in every 3 veterans seeking treatment for substance abuse also have PTSD and across many studies between a third to a half of women in treatment for substance abuse have experienced rape or sexual assault.

For a long time most psychologists understood PTSD through the lens of fear conditioning or the unshakable memory of being in mortal danger and the learned responses that stem from that memory. But clinicians have also begun to recognize that for some the disorder can also be a kind of moral injury widening the focus to include hauntings not just of violence done to a person but also what that person did or did not do to others.

Brandon was a combat drone operator in the air force he enlisted at 21 years old and spent 6 years sitting in a bunker in the American South-West watching Iraq and Afghanistan from surveillance drones.

He watched soldiers die and people get executed. He also watched kids play, people get married, goats grazing -- and when the time came he ordered hellfire missiles to strike military targets or people who had no idea they were even being watched.

Although he was half a world away from combat, he ultimately suffered the psychological trauma felt by many on the ground soldiers. He was diagnosed with PTSD. Brandon suffers no fears for his own safety, but still experiences the same intrusive memories, nightmares, depression, anxiety, and substance abuse of many emotionally traumatized combat soldiers. So do a lot of other drone operators.

But why do some victims or trauma suffer from PTSD while others seem able to move on?

Well, its psychology so the risk factors are complicated. Some findings suggest that there may be genetic predispositions making some people more vulnerable than others. We also know that context and environment matter, for instance, someone who has experienced childhood abuse might feel on the one hand more ready to deal with difficult and traumatic experiences. But on the other hand they might be more likely to default to the suppression and avoidance in which PTSD suffers frequently engage, which as we've discussed in previous episodes often makes psychiatric symptoms worsen over time.

As far as what's going on in the brain, PTSD shares some similarities with anxiety disorders. For example the brain's limbic system may flood the body with waves of stress hormones like cortisol every time images of the traumatic event bubble up uninvited into consciousness. And we've already talked a lot about how the amygdala and hippocampus are involved in those classic fight or flight reactions, which when prolonged can be really rough on the body. In fact, neuroimaging suggests that trauma -- or the chemical processes set into motion by trauma -- might actually damage and shrink the hippocampus. Since this region is also associated with how we consolidate memories, this might explain how memories associated with trauma could fail to be filed away as long-term memories and instead remain vivid and fresh through flashbacks and nightmares.

If there's any silver lining to all of this, it's that some people may actually experience positive change after a trauma. Treatment and social support help some sufferers achieve post-traumatic growth, positive psychological changes resulting from the struggle with challenging circumstances and life crises.

That's in part what Tolkien did. Though he suffered great trauma and loss on the battlefield, he was eventually able to use those experiences to drive those powerful, allegorical stories. Stories that helped not just himself, but many readers of all ages around the world.

It seems that while whatever doesn't kill you might not necessarily make you stronger, sometimes it really does.

But suffering can feed on itself. Many victims of trauma try to cope through whats colloquially called self-medicating and some can end up with substance abuse or dependence issues.

Psychologists define addiction or dependence as compulsive, excessive, and difficult-to-control substance use, or other, initially pleasurable behavior that begins to interfere with ordinary life, work, health, or relationships.

This could mean over-consuming drugs or alcohol, or compulsively gambling, eating, shopping, exercising, or having sex. People with addictions may not even realize that they have lost control of their behavior for some time.

Addiction can refer to having a physical dependence, a physiological need for a drug, that reveals itself through terrible withdrawal symptoms if the use stops or reduces. Or psychological dependence, the need to use that drug, or complete that activity in order to relieve negative emotions.

People with addiction can sometimes be stigmatized as pleasure-bound hedonists who have no self-control, but people often compulsively use substances or do things in reaction to stress and other psychological problems. For various reasons they have been prevented from coping in other ways or maybe they just never learned how.

So in this way addiction itself is often secondary to the more complicated matter of how a person deals with stress and difficult emotions or what kinds of difficult situations they've survived.

Few will dispute that much of what makes addiction possible is chemistry, but people are different -- from their life experiences to their biological sensitivities. So people respond in different way to different drugs and behaviors. Many people can drink casually or gamble once in a while without losing control. Others simply can't.

People in recovery from addiction may also have different needs. Some will need to be completely sober and never again touch that drug or do that thing. While others may in time be able to regain enough control to use again in moderation.

Likewise, some folks can kick the habit on their own while others do better with or need support from professionals or support groups.

Researchers and groups like Alcoholics Anonymous debate whether addiction is a mental illness -- like a "software problem" related to thoughts, behaviors and feelings -- or a physical disease -- a "hard wire problem" related to biology and genetics -- or both, and even whether addiction and dependence are the same thing.

Either way it can be hard to recover from an addiction if you don't get the underlying problem treated. But some people believe that you can't treat the underlying problem without first getting the addiction out of the way.

While this controversy too continues, many are moving toward a model of treating both at at the same time. The so-called Dual Diagnosis Model of treatment.

Addiction that's rooted in deeper psychological issues -- especially in emotional trauma like PTSD -- often require some version of dual treatment to untangle both issues.

The good news is while PTSD and substance dependence may be distressing and complex, people can begin to heal given the chance and the resources.

We're amazingly resilient creatures. When nurtured with the proper support and practice, we can overcome a lot.

Today we talked about the causes and symptoms of PTSD and how trauma can affect the brain. We also looked at addiction, physical and psychological dependence, the relationship between trauma and addiction, and why they can require dual treatment, and we touched on post-traumatic growth with the wisdom of Frodo Baggins.

Thanks for watching especially to all our subscribers on Subbable who make this show possible. To find out how you can become a supporter and help us do this thing just go to subbable.com/crashcourse.

This episode was written by Kathleen Yale, edited by Blake de Pastino and our consultant is Dr. Ranjit Bhagwat. Our director and editor is Nicolas Jenkins. The script supervisor and sound designer is Michael Aranda, and the graphics team is Thought Cafe.