The International Journal of Indian Psychology ISSN 2348-5396 (Online) | ISSN: 2349-3429 (Print) Volume 10, Issue 1, January- March, 2022 DIP: 18.01.088.20221001, ODI: 10.25215/1001.088 https://www.ijip.in



Research Paper

Cognitive Processing of Small 't' Trauma among Adults

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ABSTRACT

This study investigates and describes the experiences of adults cognitively processing small 't' traumas in their lives. Through the use of a trauma screening checklist and 10 semistructured interviews, the lived experiences of how adults process and cope with traumatic information in real time, were understood. The topic was chosen due to dearth of studies exploring thoughts and feelings of individuals processing impactful and stressful situations apart from the known physical or psychological disorders and natural calamities or major injuries. Conduction of thematic analysis, led to the observation of codes and themes explaining - factors involved in a situation, thoughts and feelings while experiencing the traumatic event and coping mechanisms, that an individual experienced to make sense of their circumstances. Findings suggested a disparity between the gender ratio of the participants, role of the Indian culture as an influencing power of how an individual processes trauma and a general lack of awareness of the population around seeking professional help for mental health problems.

Keywords: Cognitive processing, small t trauma, cognitive appraisal, traumatic incident, professional help

Trauma is seen as a construct that can hit an individual at any point in time rendering them helpless and with a deep psychological scar. Historically, trauma stress symptoms have been recorded for both, military and civilian populations (Lasiuk & Hegadoren, 2006). At that time experiencing trauma was seen as an "error" in an individual's personality. Trauma, through generations came to be treated from – doctors who practiced homeopathy to focused psychosocial education to a now well-known public health service sector of trauma informed care. The Diagnostic Statistical Manual IV – TR, defines it as a "direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate" (APA, 2004).

Small 't' traumas specifically refer to the ego threatening distressed individuals, leaving them in states of considerable helplessness (Barbash, 2017). Lack of self- awareness hence,

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leads to trivialisation and cognitively shaming oneself for feeling significant distress in such situations. Examples of small t traumas include: non-life- threatening injuries, conflict with significant others or children, infidelity, divorce, conflict with supervisor/boss or colleagues, abrupt or extended relocation/move, planning a wedding, starting a new job, having or adopting a child, legal trouble, financial worries or difficulty, expensive and unplanned home repairs, death of a pet, bullying or harassment, loss of significant relationships (Barbash, 2017). Large 'T' traumas on the other hand, are most commonly seen as events that are associated with development of posttraumatic stress disorder (PTSD) concerning experience or threats of serious physical injury, sexual violence or death. Witnessing large T traumas or those working with the vulnerable population, especially paramedics, therapists, police officers - exposes these individuals to vicariously experience the trauma (Clancy, 2019). Focus of the review of literature will provide evidence of the lack of importance given to small 't' traumas as majorly studies focus on large T and their scarring impact.

Lenore Terr (1999), a child psychiatrist, studied trauma as an event that occurred when an unexpected turn in circumstances caused an overwhelming emotional blow or series of assaults on an individual from the external environment, in a sample of traumatized children. The complicated nature of traumatization was expanded upon as an idea where internal and external resources were deemed inadequate to cope with external realities and threats (Kolk,1999). Psychological processing of trauma in Vietnamese war veterans using the Rorschach Inkblot Test saw emotional numbing, accompanied or alternated with reexperiences of elements of trauma as a psychological response to catastrophic experiences (Kolk and Ducey, 1989).

Cognitive processing of trauma refers to ways in which people think, perceive and understand knowledge and information from the traumatic situation they have witnessed or experienced. Individuals make use of mental processes for analysis of reality and harmonious adaption to it (Vallerand, n.d.). From this, stemmed the notion of cognitive appraisal – an idea advanced by Richard Lazarus in the 1960s. It was defined as a personal interpretation of situations which determines the degree of intensity of an individual's perception in the 'Transactional Model of Stress' (Lazarus, 1966). This has an individual functioning on two levels which includes primarily (interpret the danger as personally threatening) and secondarily appraising a situation (individuals determine they have insufficient resources to overcome an event). When both these conditions are present stress occurs as a response. Cognitive appraisal of trauma is interpreted differently in different genders. Studies show that men are at a higher risk of exposure to trauma in general whereas women suffer risk of exposure to sexual assault and domestic violence specifically (BMC Women's Health, 2017).

Statement of Problem

To explore cognitive processing of small 't' trauma among adults.

Rationale of Study

0.5% of the population suffers from psychological trauma on a global level. 89% Indian suffer from trauma and stress compared to the general 86% experienced on a global level. There is a dearth of studies on small t traumas for, they are trivialised and not recognized as life altering events in the first place. Compared to large T traumas, small t is more common and occur on a daily basis. Overlooking such experiences by individuals comes easy due to the tendency to justify the event as normal and cognitively shame oneself into feeling guilty by suppressing feelings to avoid people mistakenly receive their reaction as an overreaction.

A United Nations Report titled "Progress of the World's Women 2019-2020: Families in a Changing World" spoke of how despite divorce rates have shot up in the past two decades, India accounts for only 1.1% of it as it is not recognised as a life altering event. In the Indian context 37% of individuals face bullying (online and in person), 8.5% face harassment or abuse, 8% go through emotionally scarring relationship breakups, 9.3% go through legal trouble or unemployment, 20% face significant distress upon loss of a pet and much more. There is a lack of studies conducted for this topic in the Indian context. It thus, becomes imperative to find out the perceptive capacity with reference to the environment and culture present in the country that may affect how certain small t traumas are looked at. It was of prominent interest to comprehend individuals' understanding, analyses and processing of traumatic emotions and their impact on personality.

Research has found that individuals experiencing any of the small 't' traumas at important times in their lives like brain development in children/adolescents or transition periods in adults (divorce, breakup etc.) can cause significant amount of emotional damage than when they experience one large T trauma (Ogundele, 2018). The need to study this topic stemmed out of gaps found in research studies with lack of concentration on the processing of trauma in real time and outcome brought about post that recognition. Factors like an individual's personality, mood, behaviour, culture, family dynamics and socioeconomics would be taken into account in order to study the topic better.

Significance of the study

The topic in question will be studied in an effort to understand the multiple ways in which individuals cognitively process and make sense of traumatic information that can be emotionally, psychologically, socially or physically impactful and damaging. Due to lack of research on small t traumas – specifically in adults, it would be a contribution towards the field of psychology. This would be with reference to gaining knowledge and facilitating better understanding of dealing with intense information whenever encountered in lieu with a person's personality, family environment and in a larger picture – their culture. Hence, the research will aid researchers and individuals alike in understanding the concept of processing everyday traumas and coping with the aftermath.

Broad Objective

To understand how adults cognitively process traumatic events.

Specific Objective

- To understand how individuals, process traumatic information in real time.
- To bridge the existing research gap. Help add an evidence-based perspective to understanding thought processes and resolve future issues effectively.

REVIEW OF LITERATURE

To explore further into the subject matter of cognitive processing, certain themes were looked at to get a better understanding of the how it has come to be known and where it stands with the research of current times.

Cognitive Processing and Small t Traumas Separation

Multiple studies showed the impact of stress on individuals in settings where separation is involved. A longitudinal study conducted by Stephenson and DeLongis in 2018, looked at appraisal of stress in 170 couples of stepfamilies going through marital separation.

According to traditional cognitive models of stress, participants in families who processed problems as highly stressful were found to be at a higher risk of family dissolution. This stemmed out of the fact that step families are seen as being at a greater risk than traditional families when it comes to marital instability. In addition to these findings, it was seen that risk of a divorce was likely to be low when both partners viewed the situation as serious. Furthermore, the traditional models of stress had to be supported with the elements of social context as well to explain the coping process of separation better. Individuals appraising stress as intense in most situations are at a higher risk of marital split (Seyle, 1956).

Marriage Infidelity

In 2013, two longitudinal studies done on 207 newly wed couples spoke of how partner attachment anxiety is directly proportional to marriage infidelity, such that spouses were prone to marriage infidelity when either they or their partner were high on attachment anxiety and low on attachment per se. Bogaert and Sadava (2002) reported a significant positive association between attachment anxiety and infidelity but no association between attachment avoidance and infidelity using a community sample of people who were in a committed relationship, engaged, or married. Finally, the positive association that Allen and Baucom (2004) reported between attachment avoidance and the number of extra-dyadic involvements in their sample of married participants did not reach statistical significance; hence this study was not able to put forward any important findings in terms of interventions and no other study was able to make sense of any thought processing of individuals while they experienced turbulence in their relationships.

Bullying

Researches have shown how bullying and harassment have long term mental impact on adults. A study conducted amongst college students assessed their level of mental health found bullying to be the strongest predictor of traumatic stress in their lives (Boggart, 2014). This was the case with a number of students to the extent that the statistics surpassed physical abuse, neglect being exposed to community violence. Reviewing 29 studies further ahead, 57% of the victims scored above the normal threshold of post-traumatic stress disorder. The individuals were seen to experience wide range of humiliation along with embarrassment and extreme phases of fear to the extent to which people feel that their safety is threatened or compromised.

Stress

As seen in the above theme, stress has been seen to have major socioeconomic implications in all spheres of service wherein it is a major trigger for depression, low productivity and morale and a contributor of suicide. A cross sectional study, with a sample of 337 employees in Tokyo and Kanagawa organization, given self-postal questionnaires (Tohmiya & Tadaka, 2018) showed that environmental factors such as organisational climate and economic status, others such as self-efficacy and life satisfaction were major contributors towards how individuals cognitively appraise stressful and traumatic events in their life. Traditional organisational climate reported higher rates of stress, low job turnover and satisfaction and depressive symptoms along with the inability to cope. This was because they would be unable to ask for help from supervisors (to not seem incapable of working) which would limit their ability to make changes to their work environment.

Cognitive Processing and Gender

A study done by Dana–Cristina Herta, Bogdan Nemes and Doina Cozman in 2017 on 53 men and 37 women, put forth significant findings regarding role of gender in posttraumatic

cognitive growth in males and females, post experiencing a non-sexual trauma. Use of Posttraumatic Cognitions Inventory and Short Post-Traumatic Stress Disorder Rating Interview revealed that compared to women, men endorsed more negative cognition symptoms. The findings also suggested that women having experienced trauma throughout their lives are prone to being more sensitive, exhibit extreme guardedness and alarmed responses with low coping with traumatic events whereas men are more emotionally in control by using problem solving and interpersonal skills of self-efficacy to cope with distressful situations.

Another study done by Breslau, David, Peterson, Schultz and Andreski in November 1997 displayed no significant results when it came to variation in how different genders experience trauma. However, through documentation of epidemiological surveys the study reported women having a higher rate of prevalence for developing posttraumatic maladaptiveness as compared to men in the long run. Anxiety and major depressive disorders were seen as having played a part while mapping the sex differences.

Cognitive Processing and Coping Mechanism Sleep

A study by Kleim, Wysokowsky, Schmid, Seifritz and Rasch was done to know the effects of sleep after experimental trauma on intrusive emotional memories. A group of 65 women was taken and divided into 2 groups – one was the sleep the other was a wake group. The study concluded that the sleep group experienced less intrusive and distressed sleep as the wake group post experiencing a laboratory-controlled trauma. Even during the course of study fast sleep spindles and rapid eye movement while sleeping was predicted to be related with higher sleep disturbances. In another study duplicated by Kobayashi, Ihori, Mellman, Thomas, Howell et al. the relationship between sleep and adaptive emotional processing was evaluated through narratives of 21 urban residing non-treatment seeking individuals. The results concluded that there was a significant reduction in trauma symptoms when uninterrupted sleep patterns were involved which further helped cope with intrusive emotional memories and flashbacks.

The review of literature for cognitive processing of trauma saw only a handful of studies researching topics of marital separation and stress, infidelity, bullying and abuse with no mention of processing the trauma or any other trauma mentioned in the introduction altogether. Results were based on traditional views of appraising situations, i.e., not asking for help, obeying elders even in times when they are wrong and there is a dearth of studies on small t traumas because people do not report stressful events as emotionally impactful. The studies only put forth information about large T traumas and their impact and implications which leads to development of PTSD. A research gap, hence puts forth the aspect of lack of knowledge in the areas assessing actual cognitive perception and processing of traumatic events in an individual's life. Furthermore, there is an absence of studies that measure post trauma symptoms and coping mechanisms in the Indian context. This obstacle is present because small t traumas are trivialised and not recognised as life altering events leading the scarce study pool on analysing these concepts.

METHODOLOGY

Sample

The sample will be of adults aged between 18-45 years. According to Erikson's identity development theory speaks of this age bracket as the time frame where individuals develop elements of commitment and look for intimate relationships and finding their identity in

relation to others. It is an age where individuals tackle with issues of leaving behind a mark and identity crisis. (Erikson, 1958). Traumas experienced post a divorce or while planning a wedding are on an average, best suited to ages beyond 25 years. Hence, the sample is of the age chosen for the research. Using purposive sampling, 10 participants will be taken for the study for gathering information through semi structured interviews.

Inclusion criteria

- Having experienced at least one small t trauma.
- Participants should be well versed in English.

Exclusion criteria

- Experience of any large T trauma in their lifetime, for instance domestic violence or physical abuse.
- Current to previous diagnosis for any psychiatric or neurological disorder.

Research Paradigm

The study used the interpretivist paradigm, whose central aim is to make sense of the subjective world of the human experience (Guba & Lincoln, 1989). This technique delves into understanding reality from the individual's position in a context. The approach also makes the effort to recognize that realities can be multiple and socially constructed and is of the acceptance that there will exist inevitable interaction between the researcher and their participant.

Method of data collection

A semi structured interview schedule was developed for the purpose of the study. This was done in an effort to have individuals answer questions as authentically as possible and allow space for rich sharing of experiences and information. Semi structured interview aids the researcher as well in having some form of a framework of asking questions yet being flexible enough to make amendments in the interview schedule according to the situation and wherever necessary. Semi structured interview allows participants to express their views in their own terms and helps obtain reliable and comparable qualitative data. Observation was instrumental to assist the researcher in gathering information expressed through nonverbal communication.

Tools of Measurement

Trauma Screening Checklist

A self - developed checklist consisting of large T and small t traumas was curated by the researcher based on empirical evidence and validated by the supervisor. Items 1 through 7 list the large T traumas and 8 to 23 the small t traumas. This was handed to potential participants before the study began and was instrumental in filtering individuals having suffered from large T traumas and did not make up the sample for the study.

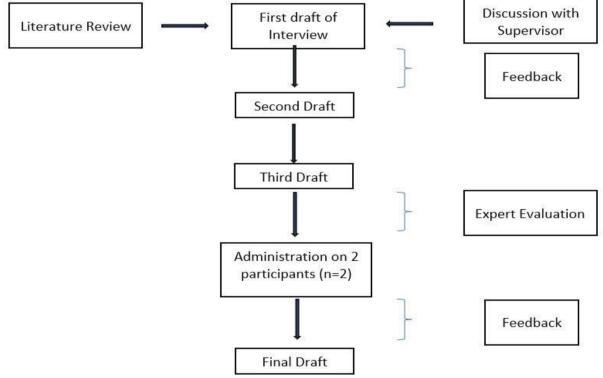
Semi Structured Interview

The semi structured interview schedule was used to gain in depth knowledge of the ways in which individuals understand, analyse, process and cope with traumatic information as and when they experience it.

Procedure

Pilot Phase

Dearth of research on cognitive processing in adults helped in deciding upon the sample. Using purposive sampling, individuals were reached out to through various social media platforms in order to access the screening checklist. This provided basis for filtering out participants that may have suffered large T traumas. Through the careful use of language, a semi structured interview schedule consisting of 10-12 questions was developed. All procedures were approved by the Institutional Review Board of CHRIST University. A pilot study was then put in motion where the checklist and the interview were administered to a minimum of two people. This was done in an effort to understand; time taken for the entire interview (along with closure), appropriateness and validity of questions, check if the question set evoked answers that solved the purpose of gathering information about cognitive processing.



F1.1 Development of the Interview Schedule in the Pilot Phase

Main Phase

After the pilot phase was successful, the screening checklist was carried out to the sample of the population being studied. Here, 10 participants were chosen from the pool of participants who answered as having experienced small 't' traumas from the list provided to them. The semi structured interview was later carried out with these 10 participants that made up the sample of the study and provided in-depth information for the study to take the main course. Informed consent was sought. They were made aware of information regarding privacy of data collected and how it will only be shared with another when permission from the participant will be provided. The participants were provided with the option to skip questions that felt overwhelming to them or discontinue providing information and the interview - brought to a close. In such cases the data collected was discarded and the participant was informed about the same. Participants that completed the interview were subjected to a brief psychological intervention post the interview to ensure proper closure in

case any strong feelings or emotions surfaced during the conversation that the participant was unable to deal with.

The interviews and their recordings that were collected were kept in a passcode protected laptop to which only the researcher has access to. These interviews will later be transcribed and put into an end-to-end encryption as well in order to safeguard the participant's privacy and maintain their anonymity. This data would further be audited by expert supervisors' post which analysis would begin and the results interpreted.

Data Analysis Method

Thematic analysis includes identification of themes, i.e., patterns in collected data that are of interest and importance and address issues brought up in research. It helps in the analysis, organization, coding, description and reporting of rich data collected through observation or interviews or other methods of data collection (Braun & Clarke, 2006). One of the most prominent benefits of this method is flexibility. This characteristic allows modification for collection and analysis of a complex account of data as there is no requirement of detailed theoretical and technological knowledge of other qualitative approaches. It holds space for organizing large amounts of data under the formation of codes and themes (Braun & Clarke, 2006). With the use of interpretation, the life experiences of the participants will be analysed, coded and grouped together in order to establish similar patterns of processing and coping, if any. Inter-rater reliability helps increase the validity of the method in use as homogeneity of scores given by two coders is analysed and the less the discrepancy between scores greater the validity and objectivity in the results.

Ethical Considerations

Confidentiality and Privacy

Participants were made aware of privacy and confidentiality of the information being provided by them. Awareness was brought about around the voluntary nature of participation. This was inclusive of freedom of withdrawal of the participant at any point in the study because of being overwhelmed or unable to handle discomfort caused by questioning. Permission was taken from the individual to share their data with a third party in case the need arose. The audio recordings were taken in an appropriate recording instrument. Once downloaded onto the laptop, the recordings were put in end-to-end encryption and erased from the initial device. Transcriptions and data analysis of the interviews was stored on a laptop under anonymity and were passcode protected. Three years post completion of the study, the data will be erased completely from its storage place.

Beneficence and Non-maleficence

Dealing with a vulnerable population, these elements were taken care of through careful mapping of conversation and language used during the interview. An effort was made to resolve any issues that arose during the course of the interview as unplanned triggers provoking harsh memories or anxiety occurred at times. Some participants were exposed to a mindfulness/short counseling session post completion of the interview to assist in dealing with the discomfort caused. No participant was referred for professional help post the interviews. Rapport formation and trust generation helped in reporting of honest thought, statements and feelings by the individuals involved.

RESULTS AND DISCUSSION

Results

Following are the themes and sub themes that came about for cognitive processing of trauma post conducting a thematic analysis on the data gathered through semi structured interviews (Fig 2).

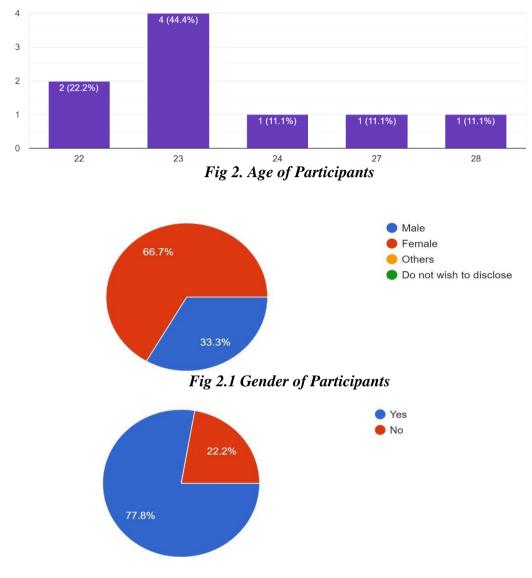


Fig 2.2 Seeking Professional Help

Appraisal of traumatic incident

This theme consisted of the sub themes of factors involved in the experience, the participant's state of mind at the time and the type of feelings they had while going through the particular situation they were in. Most of the participants reported feeling hurt, confused or unable to make sense of their surroundings while describing the traumatic incident they experienced. Almost all the participants had a sense of sadness and loss of happiness through the initial days of their incident taking place. "*I was in a blur for six months. I think I stopped looking forward to things*", "*I remember being so sad and hurt over this that it made me realise that she never really did give me the security that we are good friends*…", "*I didn't know how to react. I wasn't happy, nothing made me happy*." Considerable number of responses mentioned being at unease or unaware while experiencing the event. The

participants mentioned being in a blur due to the sudden nature of the turn of events where the confusion around trying to figure out reasons for the incident taking place made processing all the more troublesome. "*I just felt that we had been off, I don't know, we had started to space out a lot*", "*I didn't know that something was happening, but I, just there was a sense of, unease the entire time.*"

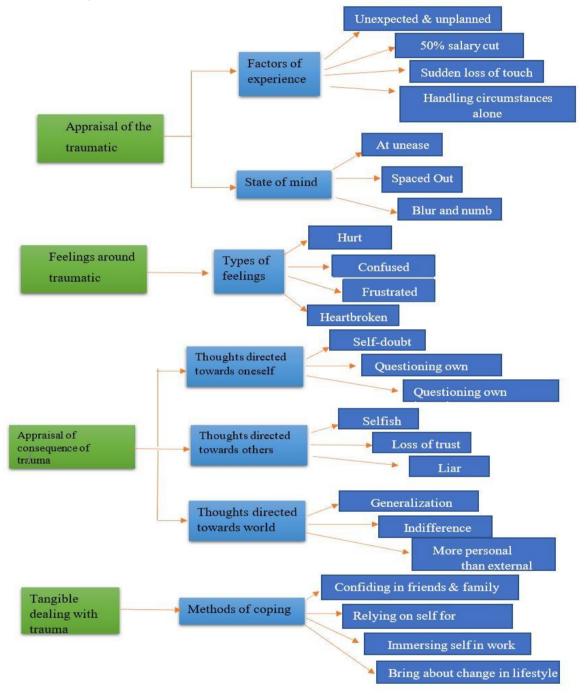


Figure 3. Themes, sub-themes and codes

The intense circumstances experienced were gradual in nature for 40% of the participants yet were highly impactful on the participants, proving that it was as hurtful as being equivalent to a sudden event. This put forth the thought process that even though the participants had a sense of unease around their traumatic situations, they were still caught off guard with certain unexpected twists in their incidents that made it hard for them to make sense or process their experience.

Feelings around the traumatic experience

Narratives indicated that participants felt constant stress while going through their worrisome situation where feelings of sadness and disappointment were apparent.

Participants across the interviews reported feeling confused, tensed and being heartbroken for instance, "I was hurt and broken and could not make sense of what to do at that point of time. I was confused about it all", "I was really stressed and tensed. I was worried for my parents", "I was numb. I was hurt and broken and could not make sense of what to do at that point of time." Majority of participants placed stress on feeling hurt, betrayed, confused or lied to with respect to their individual experiences. "The lies the manipulation that is required in order to fool the other person", "Seeing that it just made me feel odd as to why she would lie to me and for what joy", "I pushed him to be secretive or something like that. I thought I was not open enough that he felt the need to lie to me." Along with the feelings spoken about, feeling terrible, frustrated and irritated with the situation were also experienced. "Pretty terrible one it was, it really was", "so overall, quite stressed. A lot of frustration."

Appraisal of consequence of trauma

Another prominent theme that came up was of the consequence of trauma. This included the participants answering about immediate thoughts that they may have had towards themselves or others or the world in general. Majority of participants spoke of questioning and doubting their worth. Here, the participants mentioned being extremely hurt that their confidence went down in their relationships and they felt inadequate their own existence. They reported guilt and blaming themselves over how their own actions might have caused damage in the situation they experienced and that worsened the circumstance of others too as well. For instance, "You start losing yourself worth number one you think you're worth nothing if you get cheated on, you start questioning your body", "I spent a lot of time just thinking about what my actions were and if my actions were the cause of this", *Ouestioning my way of giving myself to people because clearly, I was doing something* wrong." Another narrative that came up while analysing interviews was that the participants reported feeling as though they are losing faith and trust in others and treating others with suspicion thinking that they are out to hurt the participants. "I thought everyone is a liar and that they cannot be trusted", "I learned something that I still repeat to this day that you can never predict human behavior", "In my case I know people around me can rely on me to help them but I don't think I can say the same for others with utmost trust, "I was doubting those around me as being selfish and if given a chance, would drop everything and put themselves first." The interviews were equally divided between having a perception of change towards the world in terms of generalization and also a certain amount of indifference to it. The indifference for one participant was due to the participant's looking at the experiences as being more personal rather than being related to anyone outside their own individual agency. "If you've noticed, I don't say anything bad about all the other person because that's just not me and also I think it's sort of for myself."

Tangible dealing with trauma

The participants reported multiple ways of coping with the high stress situations they had experienced. Majority spoke of confiding in friends or family for support and if they did not, initially, then they would have wanted to if their circumstances were to be revisited again. "I confided about this in my friends and family and I ranted, ranted to most of my friends", "I did have friends that I turned to, to vent and my sister knew about it as well so that made it easy", "eventually took support from friends and family. I spoke about my feelings as much

as possible and that helped." One male ("But in terms of this specific situation and be specific problems, I feel like I kind of generated uh support for myself") and female participant ("I am not someone who depends on friends or anyone for support usually") proved to be an exception to this where both of them admitted to handling circumstances on their own as they are not of the personality to depend on another for support to get through situations. Another female participant mentioned immersing herself in her academic work to distract self from the circumstances ("we had community service coming up and we had street play and all of that coming us so and yeah, a lot of assignments and stuff so I just like full on went into it completely"). A participant reported changing her lifestyle and working on her sleeping and eating patterns as a method of coping and feel better; "And then one thing I started was focusing on my sleeping and eating habits, because they were going haywire." Almost 80% of the participants did not seek therapy for the particular event the categorized as traumatic or otherwise as well.

For 40% of the participants the event was gradual. 6/10 felt that the circumstances were a blur which caused confusion and unease – making the intense situation being experienced difficult to appraise. Maximum number of participants (70%) had feeling of being hurt, sad, confused and betrayed while experiencing the situation they were going through and its consequences. Appraisal of the traumatic incident saw a decline in the self-worth and confidence in 50% of the participants. Self – doubt came across as a major code under the sub theme of thoughts towards oneself, for 40% of the participants. The interviews were equally divided between having a perception of change towards the world in terms of generalization and also a certain amount of indifference to it. For more than half the participants confiding in friends and family proved to be an essential coping mechanism. The sociodemographic details put forth that 60% of the participants were female, 77% did not seek professional help and the average age recorded between participants was around 23 years.

Following are pictorial representations of the average age of the participants interviewed, their gender and whether or not they sought professional help for the trauma they were dealing with.

DISCUSSION

The idea behind conducting the research on small 't' traumas was to focus on how the events have affected the individuals rather than focus on the event itself. In light of this, the findings revealed an array of methods that individuals use in order to process highly stressful and intense situations. Furthermore, the most used coping mechanisms of isolating oneself in the face of difficulty or confiding in friends and family were also brought to light. Major themes that came up were of appraisal of traumatic incident, feelings around traumatic experience, appraisal of consequence of trauma and tangible dealing with trauma. Stress, confusion, feelings of hurt and whether the trauma was sudden or gradual were major factors that came up as having an effect on the participants and how they cognitively appraise their situation. The findings corroborated the fact that stress and other factors in an individual like self-esteem and image and self – efficacy has major implications in an individual's life to the extent of triggering low productivity and morale, anxiety and even depression or extreme amount of sadness (Tohmiya & Tadaka, 2018).

Majority of the participants did not accept the situations they had gone through as being traumatic experiences. This came forth as a major difference between processing a large 'T' trauma compared to a small 't' trauma. Therefore, making the processing of trauma a slow

series of events. The participants displayed an attitude that their traumatic experiences were not intense in terms of their impact and provided rationalizations for the same as the events were not physically disastrous to them in their opinion. This viewpoint of the participants was supported by a study done by Elyssa Barbash in 2017, where she reported individuals overlooking and minimizing their experiences by justifying them as common and thinking that they are overreacting. According to her this was seen as an unhealthy way to cope as it came out in the form of avoidance. She mentions how individuals overlook the 'accumulated effects' small 't' traumas can have on their functioning, causing significant amount of distress eventually. The lack of awareness and acknowledgement among the participants with respect to the impact of their situations in their lives came from looking at the circumstances more as 'personal stressors' that everyone comes across in life categorized as not being 'enough' to be able to cause psychological and emotional dysfunction within themselves (Barbash, 2017). This is in lieu with the fact that research shows that acceptance and empathy are difficult to garner in individuals due to the misconception that small 't' traumas are less impactful and significant than life emergencies. This in turn leads to maladaptive coping mechanisms of bottling emotions and attempting to manage situations without the help of support systems or otherwise professional help (Clancy, 2019). On the contrary, the current study found these events to be life changing for individuals in terms of how they view themselves, others and the world.

Due to this attitude of trivialisation, almost all participants (while trying to process and make sense of their realities) saw modification in their attitudes such as - reduction in trust, open mindedness towards new relations, self-confidence – as welcomed change that would act as protective factors in the future and prevent further or damage of any kind. Majority of the participants processed their traumatic events with hurt and confusion, loss of sleep and appetite and with the thought that they were deserving of such fate. All the participants mentioned blaming the circumstances on themselves and feeling guilty for the events that transpired with the thought that they were responsible for their partner cheating on them, or rationalizing the stress that came with an abrupt moving of cities or an extended relocation or loss of a significant friendship in their lives. They mentioned being blank and unable to make sense of their surroundings and situations for 3 to 5 months after the incidents took place along with some participants feeling the after effects up to a year or more. Such a thought process of holding one's own self accountable for the wrong that emerged in the situation, came out to be an aspect that was seen as an unhealthy coping mechanism for the individuals as it led to a massive reduction in self - confidence and esteem in participants that led to isolation from friends and family.

All participants expressed that they had thoughts regarding how they could have been more loving, giving or understanding in a situation in order to prevent the trauma they experienced and continued to have consistent relationships in life. The participants also reported thinking how they are not worthy of love or being understood because if they were then the trauma they experienced would not have happened to begin with. This thought process led to isolation from friends and family due to having a strong belief that no one could understand their pain or that they were not worthy of care from their support system. It also made majority of the participants suspicious of others and their intentions towards them while they were in the process of making peace with their environment. Some participants reported having trouble with sleeping as they were reliving the trauma every time they would sleep or had time to themselves and ended up prolonging their period of recovery by being unable to move on from shaming themselves into being answerable for the situation, they were in. These reactions and ways of processing were similar to that of processing a

large 'T' trauma as seen in a research article by Wesley Gallagher where changes in viewing others and the world, having a hyper nervous system or experiencing guilt, shame and sadness were common factors experienced while making sense of one's situation and surroundings.

The research looked at tangible ways of dealing with trauma- an area that saw participants mentioning whether or not they had sought professional help to deal with their thoughts and feelings around their respective intense situations. This came up to be a significant and interesting factor in the current study while looking at small 't' and large T traumas and the difference in processing people might have between the two. Due to the variance in perspective while viewing both the traumas, individuals failed to recognize their situation as impactful and causing them psychological harm hence, failing to looking for professional help. Majority of the participants reported mentioning that although they were under severe distress, they felt like they had to be resilient enough to get through and process their situation as it was something that they 'should' be able to deal with given that the nature of the events was not too 'damaging' in a larger sense. Supporting this was the attitude of the participants where a section of them mentioned statements like 'they got lucky or they could have had it worse' while explaining their thoughts around processing their trauma. 2 out of the 10 participants reported feeling as though they were unable to share their concerns with their family because the members – although welcoming of letting the participants speak to them - did not quite understand the depth of their situations and the slight discomfort nudged the participants to refrain from sharing their troubles with them in the future. Often, poor family environments tend to be associated with less focused on emotional seeking of support where there is a lack of cognitive processing and restructuring and an increased chance of conduct and emotional problems (Rodriguez, Donenberg, Emerson, Wilson, Brown & Houck, 2014).

Lack of sharing of emotions within family members due to fear of being judged as weak can be seen as a prominent prevalent feature within the Indian context. This can be due to the fact that male members of the family are expected to be masculine, good at hiding emotions and vulnerabilities that they tend to end up bottling their emotions. The analysis of the interviews included seeing a gender disparity in the participants when it came to speaking about trauma along with culture playing a role in the emotional expression of the participants. Only 3 out of the 10 participants were men. Compared to the woman who were a part of the study, the male participants had to be probed more in order to get accurate emotional expression from them around the event they were experiencing. Kelley and colleagues concluded that males are conflict-avoidant compared to women who are confrontational when it comes to conflicts. The former thus, has trouble dealing with emotional problems to the extent that it may be extremely upsetting - an observation that was made while conducting interviews with men around infidelity and their troublesome circumstances at work. Another reason could also be that compared to women, men show lesser emotional expressivity, specifically for positive emotion and internalization of negative emotions (Chaplin, 2015). In the Indian context, men are usually encouraged more to express "masculine" emotions like anger or rage instead of getting in touch with their sensitive and emotional side as being vulnerability is seen as a sign of weakness and a feminine quality.

Along with this comes the Indian society's generic view of minimizing difficult situations due to lack of awareness and of putting the onus of responsibility on the individual to 'toughen up' or have basic resilience to get by these 'normal' situations in life. An emerging

factor intwined with the lack of recognition of the impact of the small 't' trauma in the Indian context was the stigma that exists around mental health and asking for help. Throughout the study there is an undertone of failure to recognize the situation as impactful and to seek professional help or support from friends and family. This was corroborated by a research study done in South India regarding perception of stigma towards mental health. 74% of the total sample of 445 participants that were taken for the study were unaware of the name of the mental illnesses that existed. Majority of the stigma was found out to be among people who had a high financial earning in urban areas who reported that they would not ask for help under the pretense of being seen as mentally unstable in the society (Venkatesh, Andrews, Mayya, Singh & Parsekar, 2015)

Limitations

The most apparent disparity was that of gender within the study. Had the participants of different genders been in equal numbers, a relatively accurate comparison could have been made on the processing styles of the same. The Coronavirus pandemic led to a lack of connection with the participants as the interviews had to be taken in an online mode through video calls. This led to limitations in recording the body language of the participants at time and weak network along with dropping of calls or impasse of the videos or audios led to disruptions in the flow of the interview conversations. Hence, the interviews became time consuming as compared to their expected time estimate.

Implications and Future Scope

This study has vast potential in terms of mapping cognitive processing of traumatic incidents, still. This line of study would help in bringing about awareness in individuals through psychoeducation programs to aid in recognizing small 't' traumas as traumatic and to normalize seeking professional help immediately and readily in their situation so as begin their healing process in a healthy manner, in the Indian context. For future research purposes a larger sample size, opportunity to conduct face to face interviews, clubbing the current topic of study with also emotional processing of the same events would help the research area grow further. This would help in bridging the research gap between large T and small t trauma along with adding onto the research pool of the disciple of psychology. Dearth of studies on small 't' trauma provide evidence to the fact that more researches need to be conducted in order to understand the impact of various small 't' situations on the lives of individuals along with its lasting effects in order to understand processing and coping mechanisms in a better manner.

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Acknowledgement

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Dhawan R. & Sinha A. (2022). Cognitive Processing of Small 't' Trauma among Adults. *International Journal of Indian Psychology*, *10*(1), 856-872. DIP:18.01.088.20221001, DOI:10.25215/1001.088