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Evaluating Dreams and Analysing Emotional Situations among victims of Childhood Abuse

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Abstract

We are all too aware of how commonplace it is for children to be neglected or abused nowadays. Similarly, most of us aren't shocked to learn that studies have shown a correlation between child abuse (whether physical, sexual, or psychological) and the emergence of mental health issues later in life. Many psychologists and psychiatrists use metaphors and theories of personality to describe these types of cases. It's possible that the systems that helped or protected the youngster are now working against them. Perhaps a "wounded kid" inside the adult was the result of stunted psychological development caused by maltreatment in childhood. Too frequently, such explanations minimise the effect of early abuse when they may give meaningful understanding and help patients in treatment. They make it simple to tell those who have been wronged, "Get over it," in effect. Children with traumatic stress in children are individuals who, after experiencing one or more traumatic incidents, have long-lasting emotional and behavioural responses that continue to interfere with their everyday life.

Keywords: Dream, content, dreaming, abuse, neglect, childhood, maltreatment, trauma, ACE

Introduction

Early childhood abuse, even if it just takes the form of psychological abuse, has long-lasting deleterious consequences on brain development, according to studies of the topic. Patients with mental disorders who suffered childhood maltreatment have distinct brain abnormalities. More and more evidence suggests that these aberrations are at the root of the patients' observable personality characteristics and other symptoms. Sigmund Freud was the first to discuss sexual abuse of children in a clinical setting in his book The Aetiology of Hysteria (1896). Many of his young patients, he believed, had been sexually molested as kids by parents, older siblings, or other family members. He also stated that his unique technique of analysis proved that their hysterical or neurotic symptoms were caused by suppressed recollections of childhood maltreatment. Psychoanalysis began with this notion. However, Freud gradually backed away from this hypothesis, saying that he no longer believed that childhood abuse was as common as he had stated. He developed the more nuanced idea that alleged recollections of sexual abuse as a youngster were really suppressed sexual desires. The prevalence of actual abuse in the childhoods of psychiatric patients and the significance of abuse in psychopathology have been largely obscured by this hypothesis, which has dominated psychiatry for over a century. Parental physical abuse was mostly unreported until C. Henry Kempe's 1962 publication of The Battered Child Condition sparked a media frenzy that ultimately led to mandatory reporting legislation. Medical journals began publishing more and

more accounts of sexual abuse or incest in the 1970s. Research that may be considered scientifically sound on the topic of sexual abuse of children appeared in print by the 1980s.

The news often features accounts of severe neglect and physical abuse, reminding us of the horrible brutality that adults perpetrate on children. There is a wealth of literature on this topic in the medical literature, and physicians who have become hypersensitive to the issue are more likely than ever to assume that childhood abuse is at the root of a patient's present-day symptoms. However, the issue is quite genuine despite the occasional frenzy and incorrect application of the diagnostic.

Psychiatric Disorders Complex

Childhood sexual abuse, physical abuse, or emotional abuse may all contribute to long-term mental health issues. Victims may have internalised symptoms like depression, anxiety, suicidal thoughts, and post-traumatic stress disorder or externalised symptoms like aggressiveness, impulsiveness, criminal behaviour, hyperactivity, and drug misuse as a result of their negative emotions. It is crucial to identify susceptible children as soon as possible following the trauma because of the unique risks to development associated with traumatic events in young children. The identification of children and the connection of them and their families to services is a community-wide effort that relies on a wide range of resources, such as healthcare systems, Early Intervention programmes, child welfare agencies, Head Start and other child care programmes, and early education systems.

Some of these structures have begun integrating inquiries regarding past traumas as part of their intake and/or evaluation processes in an effort to better respond to the needs of their clients. For instance, inquiries regarding family violence are included in certain procedures. Targeted inquiries regarding past injuries, deaths in the family, and major health issues are just a few examples of what might be asked as part of other procedures. Providers in the paediatric health care system see most young children on a routine basis, giving them several chances to spot signs of trauma in infancy and early childhood. Therefore, medical professionals may play a pivotal role in reducing risks and increasing protective factors after trauma exposure in young children. Accident prevention advice may be provided, and interviews with families should include inquiries regarding times of stress and trauma.

When evaluating a kid for trauma, it is important to take into account both the presenting condition and the child's developmental stage. Standardised evaluation instruments, interviews with parents and other major carers, and direct observation of parent-child interactions are all good ways to collect this data. When conducting a clinical evaluation, it is important to take into account all relevant aspects of the traumatic event.

1. Child and parent/caregiver responses
2. Alterations in the kid's demeanour
3. Stabilising factors in the child's and family's surroundings
4. The strength of the child's first connections of attachment
5. Capacity of parents and carers to promote their children's mental, emotional, and social growth

Developmental delays (in areas such as gross/fine motor, speech/language, and sensory processing) should also be evaluated in young children as they may indicate the need for further evaluation and/or services from a specialist (such as a therapist for occupational therapy, speech/language therapist, or physical therapist). Consulting and collaborating with such experts is usually a good idea.

Adverse Childhood Experiences (ACEs)

Adverse childhood experiences (ACEs) is an abbreviation for "adverse childhood events." The Centres for Disease Control with Kaiser Permanente undertook a large research (including 17,000 people) that led to the creation of the term ACE. The majority of people who suffer from ACEs have experienced 10 specific types of trauma. If a person has encountered a number of these problems, they may be dealing with developmental trauma or complex trauma. They also face a greater danger of developing illnesses that are physical as well as mental.

Abuse, neglect, and other types of family dysfunction make up the 10 ACEs of trauma. The following are

examples of them:

a. violent treatment

b. Misuse of sexual power

c. Abuse of the emotions

d. Neglect in terms of physical care

e. abandonment of feelings

f. Illness of the mind

g. Abuse of substances

h. Punishment for Abusing Your Mother

i. Illness of the mind

j. Having a family member who is currently incarcerated

k.

Adverse childhood experiences (ACEs) produce toxic stress levels that mould how you think about yourself and how secure you feel in social connections. Additionally, they raise the probability of future health, mental, and interpersonal issues.

Adulthood may be difficult for children who endured the 10 ACES of trauma. Adverse childhood experiences (ACEs) increase the risk of

a) Substance misuse, especially alcohol and drugs, may lead to a greater propensity to smoke.

b) Sedentary behaviour increases the risk of gaining weight.

c) Challenges in the job market.

d) Disorders of the body and mind, such as cancer, diabetes, cardiovascular disease, and stroke.

e) Having a greater potential for acquiring a sexually transmitted disease or other STI.

f) Suicide attempt.

These stem from previous traumas, anxieties, and false ideas that you are currently carrying with you rather than anything happening in the here and now.

Your nervous system may be moulded and reshaped by trauma. It's not healthy to try to ignore or forget these traumatic events, since doing so might cause lasting mental and emotional harm. You act this way because, even though you're an adult now, you still carry the emotional scars and fear of your younger self.

When trauma has not been processed, the neurological system reacts as though the threat is there. It is unwilling to relax its defences. This is one of the ways it guards against harm. This may go on covertly in the background. Then, those memories resurface in the form of nightmares or anxiety whenever you see anything that reminds you of that moment.

Your personality may be gleaned from your first dreams. Your truest hopes and dreams for the future will come forth without any effort. The old adage that "a youngster will always tell you the truth" is generally true. Nightmares and anxious dreams are typical after experiencing trauma because they mirror our conscious thoughts and feelings. Trauma survivors may find themselves reliving identical emotions and physical experiences in their disturbed dreams.

The purpose of this research was to investigate the role of the strength and valence of emotional imagery in preserving children's mental health from the detrimental effects of trauma experienced in the military. Three hundred and forty-five Palestinian kids and teens (aged five to sixteen) were split into two groups: those who had experienced significant trauma (from Gaza) and those who had not. Using a five-night dream journal, they detailed their nocturnal visions. The findings corroborate the hypothesis that children who saw or experienced extreme combat trauma dreamed of more vivid and unpleasant emotional pictures. Children may be better able to maintain their mental health if their dreams have strong positive and neutral emotions. Traumatised children whose dreams had powerful, pleasant emotional imagery recovered from their ordeals more quickly than their non-traumatized peers. Similarly, children who had dreams that had low negative valences or reduced anxiety when dreams featured intense emotional pictures did not show an increased risk of developing anxiety and aggressive tendencies after exposure to wartime stress. Possible markers of children's progress in coping with traumatic situations are examined, with a focus on the emotional aspects of dreams.

Another research looked at the correlation between childhood mistreatment, such as neglect or abuse, and bad dream emotions and themes in later life. Psychological studies have linked anger and unpleasant dream motifs to childhood abuse and neglect. A lack of positive dream feelings and an increase in negative themes like aggression, negative psyche-description, threat, and stress were found to be significant predictors of childhood abuse experiences, even after controlling for current stressors and depressiveness.

Life Long Scars of Childhood Trauma

Our findings raise the issue of what processes could explain the link between childhood abuse and adult dreaming. There are potentially two different yet complimentary interpretations. According to the continuity theory, our dreams are a direct reflection of our conscious ideas and feelings. Indeed, multiple research back up the idea that dream content is influenced by the dreamer's real-world experiences.Changes in the dream content of people who have experienced childhood maltreatment may reflect their waking-life emotional as well as cognitive experiences and processes, as childhood maltreatment has long-lasting and profound effects on an individual's inner life, as evidenced through more overall psychiatric as well as somatic symptoms, depressive moods, nervousness, aggression, thoughts of suicide, and diminished self-worth in adulthood.

The so-called "mastery hypothesis of dream function," which proposes that dreams play an adaptive purpose in the mental processing of events, is another possible explanation for the links between trauma and dreaming. Since this method is hard to test, there is little hard data to back up the theory.

An application of the mastery theory to the study of trauma suggests that the dreaming state facilitates the processing and integration of traumatic experiences.

Two distinct dream types for dealing with stress have been identified, according to some psychologists:

(a) An orderly progression in which issues from the day are revisited, analysed, and ultimately solved.

(b) terrible dreaming that rehashes the same terrible experiences over and over again without making any real forward towards resolution.

A reduction in severe feelings of anxiety and a shift in dream content away from replicative or particular elements of the traumatic experiences are seen as indicators of good trauma therapy in this hypothesis. Thus, links between traumatic experiences in infancy and dreams with negative undertones may indicate a continuous emotional-cognitive process of mastery seeking. Unfortunately, this theory cannot be decisively addressed based on the results of the current investigation.

Research indicates that those who were abused as children are more likely to have nightmares and other nightmare-like dreams as adults. No conclusions can be made regarding the direction of causation from the observed relationships. Therefore, additional prospective longitudinal investigations are required to investigate if and how nightmares change over time in response to stress.

Impact of Trauma on Dreams

Even if there isn't universal agreement, scientists have long pondered the link between traumatic experiences and dreaming. The father of psychoanalysis, Sigmund Freud, provided an early viewpoint by positing that dreams provide a window into the unconscious. He theorised that dreams prevented sleep disturbances caused by suppressed desires.

Theorists postulated that traumatic experiences might be revisited in dreams in an effort to be processed. Nightmares were commonly seen as a sign of inability to cope with or overcome the stress. Other studies hypothesised that traumatic events triggered dreams because the mind reprocessed feelings of guilt and shame over the incident into feelings of terror.

Even though science has advanced much since Freud's time, newer theories unexpectedly align with his original concepts. Dreams, according to many neuroscientists and psychologists, aid in the consolidation of short-term memories into long-term storage. Dreams may be the body's way of processing and learning from painful events. Dreams may be used to practise how to deal with potentially dangerous situations. Safely experiencing dangers while sleeping may help us become less fearful and open up previously inaccessible regions of the brain associated with higher-order thinking and better decision making. The theory is confirmed by studies showing that we are more prone to go towards rather than away from dangerous situations in our dreams.

Nightmares and PTSD

Between 4 and 10 percent of the population suffers from weekly nightmares, making it a very frequent occurrence. The frequency with which people have nightmares increases after suffering trauma. Nightmares, which often wake the sleeper, may represent the body's extreme way of processing traumatic memories. The inability to integrate trauma in the body may also be reflected in the occurrence of nightmares. Most individuals find relief from trauma-related dreams after a few months or weeks have passed. The body's fight-flight-freeze response is triggered to keep us safe during terrifying situations. As our bodies produce hormones associated with stress, our pupils expand, and our heart rates raise, we become acutely aware of any potential threats. This alarm system normally subsides and restores to normal once we've had time to analyse a stressful incident.

persistent nightmares are associated with persistent hyper arousal and difficulty in modulating the brain's terror response. After a stressful event has concluded, the body's "fight, flight, or freeze" reaction may stay active. Recurring nightmares are a typical symptom of post-traumatic stress disorder (PTSD), while not everyone who suffers from them has this condition. Fewer than 10% of those who experience trauma are believed to acquire PTSD.

The stressful experience triggers the condition post-traumatic stress disorder (PTSD). Those who suffer from PTSD are plagued by intrusive, uncontrollable flashbacks and dreams of the traumatic incident, both while awake and asleep. Those suffering with PTSD generally want to avoid anything that may bring back unpleasant memories of the traumatic experience, whether it be a person, a location, an activity, or even just a thought. Their mood may shift as they become effortlessly startled and hyperaware of possible danger, which may be seen by others in their immediate vicinity.

It might be disconcerting to have a nightmare come true or to wake up remembering a dream in great detail. It's possible that the answer to this issue depends on the definition of trauma, even if the concept that dreams might induce trauma hasn't been the topic of a lot of study.

Definitions of trauma have evolved throughout time. In the past, the term "trauma" was reserved by psychologists for occurrences that were beyond the usual for humans to encounter while awake. More recent definitions of trauma have expanded upon this concept to include the various potential causes of trauma and the impact of accumulated trauma.

According to the most recent edition of the Diagnostic and Statistics Manual of Mental Disorders (DSM-5), trauma may be either seen or experienced secondhand. This suggests that exposure to traumatic events via indirect methods is sufficient. Secondary or vicariously trauma may occur in professionals who often interact with victims of trauma, such as educators, counsellors, and psychologists. The subject of whether or not dreams may cause indirect trauma remains unanswered.

It's possible that cultural factors have a role in determining whether or not dreams are traumatic. Western dream theories have often centred on the idea that our waking experiences might shape our dreams. There is less of a divide between the dream and waking worlds in certain other civilizations, such as some Native American traditions, and dreams may have profound effects on daily life. It seems to reason that for some people, dreaming may be a distressing experience; after all, dreams have potent spiritual meanings in many cultural traditions.

Treatment Prescribed for Nightmares

It's natural to want to put the past in the past after going through something awful. Trauma-related dreams may be made more difficult to forget if one tries to ignore or conceal ideas and sensations. Learning to ask for assistance is a crucial aspect of recovering from traumatic experiences. Nightmares and other traumatic stress symptoms may be treated by medical professionals.

Nightmares and other sleep disturbances are common reactions to stressful situations, and many individuals eventually move beyond traumatic dreams without professional help. Some people may associate these symptoms with the onset of post-traumatic stress disorder (PTSD).

Many professionals advocate trauma-focused psychotherapy or counselling before trying medication for persistent nightmares. Desensitisation and exposure therapy, image repetition therapy (IRT), and lucid dreaming are all possible treatments for chronic nightmares.

1. **Desensitization and exposure therapies:** These methods include intentionally exposing oneself to traumatic memories and ideas in an effort to lessen their impact. In order to help people feel more at ease before, during, and after exposure, relaxation methods are often taught.

2. **Image rehearsal therapy (IRT):** In IRT, you take your worst nightmarish experience and put it into a script. Before going to sleep, read a version of the narrative that has been altered to end the problem or crisis.

3. **Lucid dreaming:** This method of treating nightmares entails investigating how to recognise one's dream state. If you can figure out when you're dreaming, you may be able to change or even end the dream.

Conclusion

It may be good to think about measures that encourage appropriate sleep hygiene while dealing with the impacts of trauma, in addition to seeking medical care. So, even if the symptoms may be typical, having trouble sleeping right after experiencing a distressing event is common. Understand that your body is trying to process and deal with the incident, and be kind to yourself while you go through it. Consistently going to bed and waking up at the same times each day is crucial. It's natural to want to hide away or make drastic changes to our routine after experiencing a traumatic event. Keep to a regular bedtime routine to improve your chances of getting a good night's sleep.

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