

## Trauma: Problems of Study

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### Abstract

The article proposes an analysis of the concept of "trauma". The author, overcoming the crisis state of studying this phenomenon, interprets it at three levels - social, psychological and somatic, arguing that at present the leading one is psychological. Problems are formulated that require the construction of a new understanding of trauma. Three options for the formation of trauma as an ideal object are considered, depending on the level at which changes in the whole are initiated. The argumentation of the provisions on trauma is based, on the one hand, on the author's teaching about mental realities, on the other hand, on the analysis of specific cases (cases of trauma). The role of semiotic schemes is discussed both in explaining the process of the formation of trauma and its possible healing.

**Keywords:** *Trauma; Psyche; Sociality; Somatics; Whole; Process; Crisis; Problems; Schemes; Realities*

Increasingly, disorders not only of individuals, but also of communities and populations are qualified as injuries, and it is less and less clear what it is. It's time to talk about the crisis of this concept, and although it is quite clear in medicine, the same cannot be said about psychology, especially the social sciences. "What is going on in the modern psychology of trauma," asks Elena Cherepanova? This concept is in deep crisis for various reasons. Indeed, there are people who can be clinically diagnosed with PTSD when they are unable to function after a traumatic experience. But such people are relatively few. On the other hand, we are seeing hyper-pathologization, "spreading of the criterion." We have now begun to apply the concept of "trauma" to almost everything. And the more we do it, the less content remains. For example, according to the new DSM-5 (Diagnostic and Statistical Manual of Mental Disorders 5<sup>th</sup> edition. - V.R.), psychological trauma can already be not only when the person himself has experienced something, but also when the person saw it on TV or talked to someone who saw it on TV, and so on and so forth [1].

Nevertheless, it is the psychological concept of trauma that is epistemologically central today, and under its influence both medical and social (more precisely, sociocultural) understanding of trauma is being transformed. In the article "Psychic trauma and healing. Existential choice or conscious construction of one's own life (in the footsteps of Edith Eva Egert's book "The Choice")", I analyzed a fairly clear case of psychological trauma (Edith, as a teenager, along with her sister Magda, ended up in the Nazi death camp Auschwitz; it can be considered a real miracle that they survived) [2]. But much more often, it is difficult to understand where we are dealing with trauma, and where with some other psychological phenomenon.

For example, Daniel Keyes in the book “The Multiple Minds of Billy Milligan” considers the story of a young man who committed a crime (rape and robbery of three women), but this case is interesting not for this, but for the fact that Billy consisted of two dozen seemingly independent personalities. In strict accordance with the teachings of Z. Freud, psychiatrists who worked with Milligan explained his phenomenon (“multiple personality”) by the fact that in early childhood his stepfather Chalmer sexually abused Billy. At this point, Keys writes, “his mind, feelings, and soul shattered into twenty-four pieces” [3]. From the point of view of psychoanalytic theory, this is a classic case of trauma, but I think psychologists of other schools would evaluate this story in a similar way.

“Trauma”, writes psychologist Alena Lapyshova, “is the result of experiencing severe stress (stress many times greater than the abilities and capabilities of the individual) or violence committed against the individual (mental, emotional, physical), when the psyche for some reason could not digest, to live through the events that happened to a person... In this case, the internal integrity of a person is violated... As a result of an injury, a person loses contact with himself and cannot adequately perceive the world around him “as before the injury”. He cannot understand himself or those around him sufficiently. He sees the world around him as if in a distorted mirror, distorted by his trauma [4]. By this definition, Billy must be deeply traumatized, but according to Keys’ book, he acts as if he has no trauma. Conversely, many people who are quite mentally healthy recognize and experience traumas (but perhaps, as Freud writes, these are just “phantasies”).

It is even more obscure with respect to social trauma. For example, in my family, several close relatives (about a dozen people) died in 1937 or in the war, and I, of course, worry and even internally prepared for a tragedy of a similar magnitude, and yet I cannot say what I have because of this injury. At the same time, if we follow the concept of “social psychology of trauma” introduced by Cherepanova in the book “Understanding the Intergenerational Legacy of Totalitarian Regimes: Paradoxes of Cultural Learning”, then I clearly need to be attributed to the social population that survived (experiencing) either actually or through historical memory the Stalinist terror and the Great Patriotic war of 1941-1945 and, consequently, according to Cherepanova, representatives of this population must experience social trauma [5]. However, how can one think about it: I have a social trauma, but not a psychological one. But maybe I am not aware of the last and then logical question: awareness of trauma - just knowledge about it or its integral essential part?

In connection with what has been said, several questions (problems) can be raised. How are biological, psychological and social trauma related to each other, are they independent types of trauma or aspects of one reality? If we are talking about psychological trauma, is it necessary to have a somatic disorder? For example, Freud explained many somatic disorders by the inability to react (be aware) of the clash of opposite drives (desires) and, as a result, the splitting of consciousness and the formation of “unbearable ideas”. “Helping loved ones in need of care,” notes Freud, “sometimes plays a significant role in the prehistory of hysteria, and for good reason. There are a number of important circumstances here: a violation of the normal physical state due to interrupted sleep, neglect of self-care, the impact of constant anxiety on vegetative functions; however, I believe that the most important thing here is different. When thoughts are occupied with caring for the sick, an unceasing succession replacing each other for many weeks and months, then a person gets used to suppressing the need to take care of himself; he soon ceases to pay attention to his own experiences, since he has neither the strength nor the time to cope with them. Thus, the caregiver accumulates in himself a large number of impressions that can cause an affect in him, but they are hardly perceived clearly by him and in any case are not weakened by reacting...

But how could it happen that such an affectively saturated group of ideas turned out to be so isolated? Usually, after all, the greater the magnitude of the affect, the more significant the role played by the representation associated with this affect in the associative process.

This question can be answered by taking into account two facts of which we can judge with complete certainty, namely: (1) hysterical pains arose simultaneously with the formation of this isolated group of ideas, and (2) the patient strongly resisted any attempt to establish a connection between this isolated group and other meaningful components of consciousness; when, finally, this connection was established, she experienced severe mental pain. Consciousness cannot predict exactly when an unbearable idea will arise. The unbearable

idea is excluded and forms an isolated psychic group together with everything connected with it. But originally it had to be represented in consciousness, entering the main stream of thoughts, otherwise there would not have been a conflict that is the cause of such an exception. It is these moments that we consider “traumatic”; it is then that the conversion takes place, the results of which are a splitting of consciousness and a hysterical symptom [6].

Similarly, if we are talking about social trauma, are the disorders necessarily mental and somatic? For example, Edith Eva Egert has all three types of trauma - social (fascism and concentration camp), psychological (heavy experiences associated with the past) and somatic, psychosomatic (hallucinations, fear, paralysis of strength and energy, etc.).

A separate problem is the role of awareness (conceptualization) in the process of trauma formation. A number of researchers argue that if there is no such awareness, then there is no trauma. Others do not agree with this, pointing out that the violation of integrity and other damage, shifts in the psyche or biology (remember, the etymology of the word trauma - from the ancient Greek τραύμα “wound, injury”) is quite sufficient reason to talk about trauma.

Another question is about the peculiar plasticity of the human psyche and the demarcation of trauma and non-trauma associated with it. The psychiatrist and psychotherapist Semyon Isidorovich Konstorum in his works described a case of adaptation to severe psychological trauma; he called such an adaptation “a brilliant adaptation to a mental defect”. The konstorum tells about a patient (Nina) who, with some support from him, lived normally, worked, wrote poetry, and all this for twelve whole years. However, after the death of her mother, the trauma “woke up” and took possession of her consciousness, as a result, Nina, after poisoning, dies in the Rostokino hospital.

“The main, main question that arises in relation to our patient in the psychotherapeutic aspect,” Konstorum reflects, “should be formulated as follows: what, in fact, took place over the course of twelve years of her almost full - and in the social sense, absolutely full - life activity: compensation or restitution? In this case, it seems to me, it is precisely about her emotional sphere, because her intellect, in the narrow sense, certainly did not suffer from any side... The mother was the only emotionally colored stimulus in life, the mother was the only screen, on which everything was projected. Everything was for the mother and through the mother. As long as the mother was alive, one could pretend to deceive oneself and me about good poetry, pretty or funny people, and so on. But when the mother was gone, then what for the sake of pretending, what for the sake of deceiving. I cannot interpret this ironic smile on her face otherwise, when I started talking about her return to life, as a reminder that all these twelve years of her seemingly complete health, I was still a psychiatrist for her, and she - crazy. Therefore, it was more likely that it was some kind of compensation, and not restitution. Or, to put it more simply, it was an adaptation to a defect and, frankly, a completely brilliant adaptation [7].

No less amazing is the case of Edith Eva in the Auschwitz concentration camp: of course, an unbearable trauma, but she continues to live in terrible conditions, and she is given strength by caring for her sister, the spirit of resistance, and relying on her inner world. Amazing plasticity of individual life! “In the secluded darkness inside me, the words of the mother again emerge, as if she is here, in this bare room, whispering through the music: “Just remember: no one will take away what is in your head” <...> I will not exaggerate if I say, I live for my sister. I won't exaggerate if I say that she lives for me too. <...> ... each of us survived because we were with each other, ready to protect and support each other, and because each of us fought with the last of her strength to be with each other <...> In Auschwitz, when everything was hopeless I didn't have suicidal thoughts. Then there was not a day that I did not hear from the people around me: “You will leave this place only in the form of a corpse”. But their ominous prophecies only gave me the strength to resist. <...> In Auschwitz, in Mauthausen, on the death march, there I survived thanks to the fact that I was immersed in the inner world. I found hope and faith in my inner self, even when I was surrounded by hunger, torture and death [8].

Sometimes, trauma is not only a source of pain and suffering, but also, surprisingly, creativity. “To some extent,” writes researcher of Kafka's creativity Kirill Faradzhev, “the matter becomes clear after getting acquainted with Kafka's statements that for him insomnia is in-

extricably linked with the creative process. More than once Kafka repeated, "If it weren't for those terrible nights, he wouldn't be engaged in literature at all. Probably, in an ordinary situation, Kafka could not achieve the degree of detachment that suited him, and was able to do this only when he was on the verge of self-destruction... Insomnia caused Kafka constant headaches, which felt like "internal leprosy". "Insomnia solid: tormented by dreams, as if they were scratched out on me, as if on inappropriate material" [9].

I will now try to outline the structure of trauma as an ideal object, which is a necessary condition for scientific knowledge. The researcher attributes to the ideal object such properties that allow one to think without contradictions, solve problems and tasks, comprehend the empirical manifestations of the phenomenon under study (facts) [10]. From what has already been said, it is clear that trauma must be considered at least at three levels - social (socio-cultural), psychological and somatic (biological). Strongly simplifying, which is a condition for constructing ideal objects, we will attribute emotions, experiences, any processes of a somatic nature to the third level (at the same time, the psychological aspects of these processes are not denied, but they are not considered at this level, it is biology that is emphasized).

I define the second level with the concept of "psychic reality". The events of different mental realities (art, dreams, everyday life, science, etc.) are lived by the individual, and this is a condition of his behavior and activity. The events of mental reality are subject to a certain logic and conventions, which differ for different realities. Psychic realities are the internal conditions of a person's life and behavior; they are formed in the course of solving his problems, they involve switching attitudes of consciousness and methods of activity during the transition from one reality to another.

Schemas play an important role in the formation of mental realities. These are semiotic formations that allow: 1) to resolve "problem situations", 2) to set a "new reality" (objectivity), to provide an understanding of what is happening, 3) to create conditions for a new action. For example, the subway scheme allows you to navigate the subway (the problem situation is the impossibility of this), describes the subway as a reality of entrances and exits, movement along different routes, transfers from one station to another), provides understanding (not in general, but in terms of transport behavior in the subway), allows you to act intelligently.

As the personality develops, psychic realities are organized by the individual (consciously or unconsciously) into a kind of "pyramid", the basis of which are the most valuable realities for a person ("immediate"), on which "derivative realities" rely. For example, for a believer, the immediate reality is God, and all other derivatives, since they are created and conditioned by him [11].

Another important characteristic of psychic realities for our topic is this: the pyramid of realities of an individual determines the organization of his somatics (sensations and perceptions). Our sensibility is formed precisely on the basis of a certain "schematization" (schemes), this becomes especially clear in deviant forms of behavior. "Sometimes," writes psychotherapist G. Nazloyan, "patients are surprised by the shape of their ear, nose, pattern of eyes, lips, and chin. This is the first way out of autistic captivity, the first look at oneself from the outside, the first attempt to compare oneself with other people without vicious mythologization and dysmorphophobic attitudes that distort the vision of the world in general and the world of human relations in particular. Sergey V., for whom the forehead was a "polygon", the surface of the nose was a "launching pad", and his mouth was a "cave", in the end recalled this with an ironic smile, as well as a developed delusional system and inadequate actions associated with the fact that he is an Alien from the Future. Another patient, Vladimir U., who is yet to be treated, "sculpts" horses, cats and other animals from his cheeks, and then "erases" them. What is hidden behind all this? [12].

As I show, the vision of schizophrenics of their face, and the basic sensations are completely determined by the characteristics of the deformed reality, which was formed as a result of the formation of the anthropological image of the patient. The displacement of the

pyramid of realities that existed before the illness, and the final victory of the deformed pyramid, is perceived by the schizophrenic as falling into a new world, where there is a different sensibility and events. So, precisely because Sergei V. considers himself an alien from the future and, therefore, an astronaut, he perceives his nose as a "launching pad", and his forehead as a "space range".

The third level, social, can be characterized by the relationships of individuals (powerful, conflict, cooperation, love, etc.), including social order, social models, schemes, ideas. At the same time, the genesis shows that already in the early forms of culture, the conditionality of the psyche and somatics from sociality, its schemes and models, is formed. Just one example, from the history of marriage relations of archaic culture.

" Because the arapesh (a mountain tribe in New Guinea), writes anthropologist Margaret Mead, who has studied early forms of love and sexual relations, "it is thought that the child is obtained from the mother's blood and father's semen, the father's function in fertilization does not end with conception, for several weeks it requires intense sexual activity. The more acts of intercourse the parents perform, the Arapesh think, the better and healthier their child will be. But as soon as "the mother's breasts show swelling and discoloration of the nipples characteristic of pregnancy, the creation of the child is considered complete. From now on, all sexual intercourse is prohibited." And further, until the child begins to walk, a strict taboo is imposed on sexual intercourse [13].

Moreover, since the future wife, as a child of 7 - 8 years old, goes to live in the house of her future husband, where she is carefully raised by the whole family of the potential groom, and she, in fact, perceives her groom as a brother, having married later, young people have intimate relationships perceived without any romantic feelings. Arapesh women, notes Mead, "do not receive even simple relaxation in sexual intercourse and have described their sensations after intercourse as some kind of indefinite warmth and a sense of relief " [14]. In other words, the social schemes of love of the Arapesh so transformed their psyche and somatics that the Arapesh practically do not experience any feelings in sexual intercourse, and the somatic processes here strictly correspond to the social model (cf.) [15]. Of course, in modern culture, the dependencies in love between the three indicated levels are freer, but they still exist.

Let us now turn to a description of the possible mechanisms of the formation of trauma. The first is associated with a violation of somatics, which entails changes in the psyche. The operation of this mechanism (only a mechanism, as long as we are not talking about the formation of an injury) can be illustrated on the material of a cold, which is taken to treat not only allopaths, but homeopaths. At present, the action of a homeopathic medicine is explained by the fact that it carries information. However, in what sense, after all, a biological organism is not a subject with consciousness? It means not in the sense that a homeopathic medicine informs the body about something. However, indeed, a homeopathic remedy carries certain information. To resolve a similar dilemma, I once introduced the principle of "psychosomatic unity", arguing that every mental process requires its own somatic (physiological) provision (support) and vice versa, a somatic process cannot unfold if it is not supported at the level of the psyche with the help of certain mental processes, tensions and events [16]. Let's take an article by Dmitry Khramov from the "Homeopathic Bulletin" about the effective treatment of a cold in children [17]. Somatic processes are known - hypothermia, fever, often, but not always, runny nose, cough, coated tongue, sore throat, and so on. A disease like a cold on a psychological level should be supported by such processes as headache, lack of appetite, weakness, the same cough as a psychological reaction, shortness of breath, sore throat, etc. By triggering the corresponding psychological processes, a cold as a somatic process (processes) "informs" the psyche.

If the principle of psychosomatic unity is correct, then it is clear that the reaction from the action of a homeopathic remedy must also be supported at the psychological level. Thus, homeopathic medicine, as it were, informs the psyche. Let us now consider what happens when the psychological support of a homeopathic reaction coincides in terms of symptoms with the symptomatology of the disease. In this case, as I suppose, and I have specifically analyzed it on the material of acupuncture treatment of alcohol dependence, the stronger somatic effect of the homeopathic medicine pulls over psychological support [18]. The fact is that our psyche can support only one clearly defined "package of somatic processes". That is why, as Hahnemann shows, with the simultaneous development of two dissimilar diseases,

“the disease that the patient suffered at first, as a weaker one, will be removed and suppressed with the onset of a stronger one until the latter completes its cycle of development or is cured, and then the old disease will reappear uncured” [19].

In this case, the processes are also dissimilar (natural disease and reaction from a homeopathic remedy), but they have a common somatic basis (similarity of symptoms). As a result, three cases are theoretically possible: the interference of both processes, their integration and strengthening, and finally, the displacement of one by the other. As I show, in the case of acupuncture, and probably homeopathic influence, the third case most often occurs [20]. In general, in the human body, especially the old one, all three cases are observed: how often some processes reinforce others (trouble has come - open the gate), overlap each other, displace each other, and all this against the background of the action of systemic processes; therefore, diseases often disappear by themselves, without any treatment, but also reappear.

So, in homeopathic treatment, homeopathic medicines pull over the corresponding somatic processes. As a result, the psychological processes that form the framework of the disease are deprived of somatic support. What does this mean? Probably the fact that they cannot flow more freely, be realized, and the patient must recover?

Not certainly in that way. Firstly, the disease, as well as recovery, are systemic processes (reactions) of the body as a whole. If they started, then they go by themselves, but under certain conditions. Secondly, the healing process is not automatically triggered by blocking the psychological support of the disease process. It still needs to be launched and supported both on the somatic and mental levels. What we see in reality. The doctor assigns the patient a hospital regimen (in this case, the heat that was wasted during hypothermia, bed, special food) and inspires him that the treatment has begun and he will recover soon. Deprived of psychological support, the systemic process of the disease begins to block, and another systemic process (recovery) gradually takes its place, supported at both levels. Interestingly, a similar pattern can be observed in psychotherapy: on the one hand, it is necessary to block a mental illness, on the other hand, to start and support the process of recovery. At the same time, if the methods of blocking in psychotherapy are generally similar (the psychologist avoids communication on the topics of the disease and tries to transfer the patient's interest to normal life), then the ways to start and support recovery are quite complex and different. For example, G. Nazloyan solves this problem by “portraying” his patients, and P. Volkov by slipping them a “Trojan horse strategy” [21].

With this explanation, it seems that a homeopathic medicine can effectively influence the psyche, shaping it. Nothing like this. Temporary blocking of certain mental processes does not significantly affect the structure of the psyche, but it is affected by many other, stronger agents - communication, learning, language, habits, ways of solving problems, and so on.

If the hypothesis proposed here is correct, then it can be argued that homeopathic treatment works well in cases where the body has not been transformed by a chronic disease, but has simply entered a certain systemic regime, and all processes in it are sufficiently reversible. In cases of chronic diseases, homeopathy can act as only one of the prerequisites for treatment, contributing to the blocking of psychological support, nothing more, but nothing less. However, if we remember that homeopathy, like psychology, not only heals, but also helps the patient to communicate, to self-determine, to feel for the reality where he belongs, then we will understand that the effectiveness of homeopathic treatment must be understood broadly. The homeopath may be powerless as a doctor, but help us as a person and a psychologist. And this is already a lot.

The second mechanism was actually described by Z. Freud, here, on the contrary, mental changes entail somatic ones. The impossibility of reacting, of realizing opposite drives and desires (both of which relate to the psyche) causes somatic changes. Freud also tries to answer the question of how and why mental changes and stresses (he calls them “mental excitations”) lead to somatic changes - physical pain, failure of a number of body functions, etc. He shows that at first there is a simple coincidence of mental and somatic changes, and then the psyche in similar situations (i.e. in situations where a corresponding mental change occurs) itself begins to cause similar somatic changes and tensions. Freud directly writes that, taken together, mental and somatic changes are most often experienced as trauma.

The third mechanism is that certain social processes trigger mental and somatic changes. An example of the operation of such a mechanism is the story of Edith Eger. Under the influence of social conditions perceived by a person as the impossibility of existence (life) (the constant expectation of death, as in Auschwitz), Edith invents schemes that explain to her what is happening. Based on these schemes, a new pyramid of realities is being formed, at the base of which is immediate reality. In this case, Edith perceived the reality of Auschwitz as a prison, an expectation of death, a source of inhuman suffering.

“A sharp voice,” recalls Edith, “immediately throws back into the past, I again hear the shouts of the German overseer, who loved to remind us that we must work until we die, and whoever survives will be killed later ... I stole a carrot for Magda, and the soldier Wehrmacht put the muzzle of a machine gun to my chest. A sticky fear that makes you numb and knocks in your temples: I’m guilty of something, now they will punish me, my life is at stake, death is inevitable <...> People ask me how I learned to overcome the past. Overcome? Overcome? I never got over anything. Every bombardment, selection, death, every column of smoke rising to the sky, every moment of horror that seemed to me the last - all this lives in me, my memory, my nightmares. The past does not disappear. You can’t step over it, you can’t amputate it. It exists with me [22].”

Why is that, because Auschwitz was in the distant past? Because it’s a deep trauma. Edith’s usual pyramid of realities was blocked in the concentration camp. The blockage plus a new pyramid of realities that ensured survival, but also suffering, caused not just a violation of the somatic, but such a serious violation that it persisted and continued to operate (Edith called it “re-experiencing”) many years later, already in a peaceful life. “After the first re-experiencing, I began to think that demons live in my inner world. That inside me is a disastrous abyss. My inner world no longer supported me, it became a source of pain: uncontrollable memories, loss, fear. I could stand in line for fish, and when the seller called my name, instead of his face I saw the face of Mengele (a doctor who personally sent people to death in Auschwitz, conducted inhuman experiments with them, sent Edith’s mother to the gas chamber, gave Edith the order to dance in front of him. - V.R.). Sometimes in the morning, when I entered the factory, I saw my mother next to me, I saw it more clearly, I saw how she turns her back and leaves [23].”

How can all this be understood, because the situation and conditions in civilian life were completely different? The human psyche came to the rescue, recreating through hallucinations (Edith instead of the seller sees Mengele, clearly sees her long-dead mother) those plots and objects that once shaped the trauma. It is trauma that is the source of these hallucinations, the implementation of its program forces the psyche to create the conditions of perception necessary for the implementation of this program. In *The Concept of Dreaming*, I have discussed this mechanism in some detail, arguing that hallucinations are a variant of waking sleep. Unlike ordinary dreams, waking dreams are dreams that are realized during the waking period and are perceived by a person, not as dreams, but as ordinary impressions [24].

Why is awareness important in experiencing trauma? But because it is not just knowledge of what is happening, but at the same time the restructuring of consciousness and psyche. Depending on the nature of awareness, a person builds certain relationships to what is happening, tunes in to certain behavior and actions. Specifically, in the case of trauma - for a long-term violation of the integrity of one’s body or personality, for long-term experiences and suffering, for healing, if such is possible. It is interesting that Edith is only partially aware of what is happening to her in the logic of trauma, the category of choice is predominant for her. Therefore, it tunes not so much to healing the injury (but also to this as well), but to the right choice, the right life.

“Every moment,” writes Edith, “is a choice. No matter how destructive, insignificant, unfree, painful or painful our experience has been, we always choose how to deal with it. And I finally begin to understand that I also have a choice. And realizing this will change my life <...> I discovered and clearly articulated a strong opinion for myself that will become the cornerstone of my therapy: we can choose whether to be our own jailers or be free <...> to find the meaning of life in helping others to get it acquire; to heal oneself in order to be able to heal others; heal others so that you can heal yourself” [26].



**Figure 1:** Drawing of a patient traumatized by alcohol addiction (From the research of Yu.T. Yatsenko) [25].

The story of Edith Eger allows us to understand the role of healing schemes. Here is one from Edith. “I” she writes, “survived-to see freedom-thanks to my ability to forgive... Revenge is meaningless at best. She cannot change what has been done to us, she cannot erase injustice... She makes hatred go around in circles... To forgive means to mourn what happened, what did not happen, and part with the desire to have a different past. Accept life as it was and as it is [27].

Indeed, if you managed to seriously take the point of view of forgiveness, then revenge and struggle with the culprit of your misfortune becomes impossible. Healing schemas block the schemas and reality upon which trauma stands. But the problem is precisely how to achieve a sincere, serious and deep acceptance of healing schemes, because they contradict what the suffering person sees and believes.

It is easy to see that in the task of getting the healing schemes accepted, the main burden falls on the psychotherapist. As a rule, healing requires real devotion from him, because he works with most patients for several years. In any case, Edith gives the number two, three years, and sometimes five years. The psychotherapist has to instill confidence in his ward in a favorable outcome, add energy, endlessly listen and sort out his doubts, look for arguments so that he accepts the proposed schemes and arguments, become either a close friend or an authoritative teacher, and much more.

On the other hand, it is clear that if the patient does not make efforts to accept the schemes offered by the psychotherapist (“put them on”, as methodologists say), then the transformation of his consciousness is unlikely to occur, without which healing is impossible. He must think over these schemes, understand their content, try to put them into practice, see what comes of it, abandon the familiar and obvious. All this presupposes, according to Mikhail Bakhtin, a real act, and it is clear that not every person is able to go through such a path.





**Figure 2:** Drawing of a patient recovering from alcohol addiction [28].

Healing schemes, but in a special status, as providing the conformism of the individual, are very common in conditions of adverse social changes (fascism, totalitarianism, the collapse of the state, etc.). In these situations, in order not to be a victim of a deep psychological

trauma, a person creates schemes that justify such changes (for example, “this is life”, “the authorities had no other choice”, “I can’t admit that the state is not right”, “ if I admit it, my well-being will end and how I will live”, and many other arguments). It turns out that such a social trauma bypasses conformists, although it overtakes citizens who have a conscience. And why did the death of my relatives not entail psychological trauma for me? I guess because I built diagrams, on the one hand, to some extent explaining the tragedy of the period of the cult of personality and war, on the other hand, allowing me to consider that I live correctly, or rather, direct my life in such a way that I can be considered that I am right I live, on the third side, because my friends support me and I am still in demand in my profession.

### Conclusion

In conclusion, it is worth paying attention to the fact that the concept of trauma is similar in recent times and the concept of stress is very vague. This is no coincidence. Psychoanalysis played a certain role in blurring the boundaries of this concept, where trauma (generic and sexual) began to be interpreted as an integral part of our psyche. This understanding is somewhat reminiscent of the concept of original sin. It turns out that a person is always traumatized, whether he realizes it or not. This concept has been strengthened by the problems of our time - the spread of violence, uncertainty, the threat to the very existence of man on Earth.

Although the object of social trauma is not an individual, but a certain population, community, collective, the mass media convey these problems and the concept itself (where traumas are interpreted as a constant accompaniment of our life) to an individual. As a result, for many, the mediation of social trauma provided by historical memory disappears, it begins to be understood as inherent in each individual. Another circumstance is related to the lack of clear criteria (characteristics) of injury. If stress has clear somatic signs (as Hans Selye described characteristic changes in neuroendocrine functioning for each stage of stress), then such characteristics have not been established for trauma. More understandable for overcoming stress and psychological practices of assistance, they, of course, exist for the traumatized (earthquakes, violence, etc.), but are less effective.

In this work, I tried to characterize not so much the boundaries of the concept of trauma, with which everyone would agree (in the current state of sociality, this is hardly possible), but to demonstrate an approach to understanding it. Three levels of analysis of trauma, the importance of psychological understanding of it, the use of the doctrine of mental realities, the role of semiotic schemes, the need to take into account social processes and forms of awareness that blur this concept - these are the main ideas that I would like to convey to the reader.

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