

Trauma and Its Study

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Abstract

The author, overcoming the crisis state of studying this phenomenon, interprets it on three levels – social, psychological and somatic, asserting that at present the leading one is psychological. Problems that require the construction of a new understanding of trauma are formulated. Three variants of 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 doctrine of psychic realities, on the other hand, on the analysis of specific cases (cases of trauma). The role of semiotic schemes in explaining the process of the formation of trauma and its possible healing is discussed.

Keywords: trauma; psyche; sociality; somatics; whole; process; problems; schemes; realities

We live in a period of general psychological traumatization. For some, the present trauma is conscious and qualified by the psychotherapist, namely as trauma, stress, for the majority it is unconscious and unrecognized as a kind of "deviant state". More and more often, disorders not only of individuals, but also of communities and populations are qualified as traumas, and it is less and less clear what it is. And although it is clear enough in medicine, the same cannot be said about psychology, especially in the social sciences. "What is happening in the modern psychology of trauma," asks Elena Cherepanova? – This concept is in a 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 observe overpathologization, "criterion creep." We have now begun to apply the concept of "trauma" to almost everything. And the more we do this, the less content remains. For example, according to the new DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, 5th edition. \u2012 V.R.), psychological trauma can no longer be 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" [14].

Nevertheless, it is the psychological concept of trauma that is epistemologically central today, and under its influence both medical and social (more precisely, socio-cultural) understanding of trauma is transformed. In the article “Psychic Trauma and Healing. Existential Choice or the Conscious Construction of Your Life (In the Wake of Edith Eva Eger’s Book “The Choice”)” I analyzed a fairly clear case of psychological trauma (as a teenager, Edith and her sister Magda ended up in the Nazi death camp Auschwitz; you can consider it a real miracle that they survived) [8]. 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 his book “The Multiple Minds of Billy Milligan” examines the story of a young man who committed a crime (rape and robbery of three women), but this case is interesting not because of this, but because Billy consisted of two dozen seemingly independent personalities. In strict accordance with the teachings of S. Freud, psychiatrists who worked with Milligan explained his phenomenon (“multiple personality”) by the fact that in early childhood his stepfather Chelmer committed sexual violence against Billy. At that moment, Keyes writes, “his mind, feelings, and soul shattered into twenty-four pieces.” [3, p. 200]. 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 similarly.

“Trauma,” writes psychologist Alyona Lapyshova, “is the result of experiencing severe stress (stress many times exceeding the abilities and capabilities of the individual) or violence committed against an individual (mental, emotional, physical), when the psyche for some reason could not digest, live through the events that happened to a person... At the same time, the inner integrity of a person is violated... As a result of trauma, a person loses contact with himself and cannot adequately perceive the world around him “as before the trauma”. He cannot sufficiently understand either himself or others. He sees the world around him as if in a distorted mirror, distorted by his trauma” [5]. If you follow this definition, Billy must have a deep trauma, but judging by Keyes’ book, he acts as if he doesn’t have any trauma. Conversely, many people who are mentally healthy recognize and experience trauma (but maybe, as Freud writes, they are just “phantasms”).

For example, in my family, several close relatives (about a dozen and a half people) died in 1937 or in the war, and I, of course, am worried and even internally prepared for a tragedy of the same scale, and yet I cannot say that I am traumatized because of this. Introduced by Cherepanova in her book “Understanding the Intergenerational Legacy of Totalitarian Regimes: Paradoxes of Cultural Education”, then I clearly need to be attributed to the social population that survived (is experiencing) either the Stalinist terror and the Great Patriotic War of 1941-1945 or actually or through historical memory, and, therefore, according to Cherepanova, representatives of this population must experience social trauma [14; 20]. However, how can I think about it: I have social trauma, but I don’t have psychological trauma. But maybe I am not aware of the latter and then the logical question: is the awareness of trauma just knowledge about it or its integral essential part?

In connection with the above, several questions (problems) can be raised. How are biological, psychological, and social trauma related, are they independent types of trauma or aspects of the same reality? If we are talking about psychological trauma, then is it necessary to have a somatic disorder? For example, Freud explained many somatic disorders by the inability to react (realize) the clash of opposite instincts (desires) and, as a result, the splitting of consciousness and the formation of “unbearable ideas”. “Helping loved ones in need of care,” Freud notes, “sometimes plays a significant role in the prehistory of hysteria, and for good reason. There are a number of important circumstances here: violation of the normal physical condition 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 the mind is occupied with the care of the sick person, which succeeds one another for many weeks and months, the man becomes accustomed to suppress 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. In this way, the caregiver accumulates a large number of impressions that can cause him an affect, but they are hardly clearly perceived by him and in any case are not weakened by reaction...

But how could it happen that such an affectively saturated group of representations turned out to be so isolated? Usually, 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 may be answered by taking into account two facts 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 the other substantive components of consciousness; and when this connection was finally established, She experienced severe mental pain. Consciousness cannot predict when exactly an unbearable idea will arise. The intolerable 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 into the main stream of thought, otherwise there would not have been a conflict that is the cause of such an exclusion. It is these moments that we consider "traumatic"; it is then that the conversion takes place, the results of which are a split in consciousness and a hysterical symptom" [16, p. 64-65, 69, 71].

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 camps), psychological (difficult 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 damages, shifts in the psyche or biology (recall that the etymology of the word trauma is from the ancient Greek wound "wound, damage") is quite a sufficient reason to talk about trauma.

Another question is about the peculiar plasticity of the human psyche and the related demarcation of trauma and non-trauma. Psychiatrist and psychotherapist Semyon Isidorovich Konstorum in his works described a case of adaptation to severe psychological trauma; He called such adaptation "a brilliant adaptation to a mental defect." 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 died in the Rostokino hospital after poisoning.

"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 during the twelve years of her almost full-fledged – and in the social sense, absolutely complete – life activity: compensation or restitution? It seems to me that we are talking about her emotional sphere, because her intellect, in the narrow sense, has certainly not suffered in any way... The mother was the only emotionally charged 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 my mother was alive, you could pretend, deceive yourself and me about good poems, nice or funny people, etc. I cannot otherwise interpret this ironic smile on her face 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 was crazy. Therefore, it was more likely to be some kind of compensation, rather than restitution. Or, to put it simply, it was an adaptation to the defect and, frankly, an absolutely brilliant device" [4, p. 193].

The case of Edith Eve in the Auschwitz concentration camp is no less surprising: of course, an unbearable trauma, but she continues to live in terrible conditions, and her strength is given by caring for her sister, the spirit of resistance, and reliance on her inner world. The amazing plasticity of individual life! "In the secluded darkness inside me, my mother's words resurface, as if she were here, in this bare room, whispering through the music: *"Just remember: no one can take away what's in your head"* <... > I am not exaggerating if I say that I live for my sister. I will not exaggerate if I say that she also lives for me. <... > ... each of us survived, *Because we were with each other*, ready to defend and support one another, and because each of us held on with the last of our strength, *to be with each other* <... > In Auschwitz, when everything was hopeless, I did not have suicidal thoughts. There was not a day then 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, I survived there by immersing myself in the inner world. I found hope and faith in my inner self, even when I was surrounded by hunger, torture and death" [18, pp. 64, 68, 125, 172].

Sometimes, trauma is not only a source of pain and suffering, but also, surprisingly, creativity. “To some extent,” writes Kirill Faradzhev, a researcher of Kafka’s work, “the matter becomes clearer after reading Kafka’s statements that for him insomnia is inextricably linked to the creative process. Kafka repeated more than once, “If it were not for these terrible nights, he would not be engaged in literature at all. Probably, in an everyday situation, Kafka could not achieve the degree of detachment that suited him, and was capable of this only when he found himself on the verge of self-destruction... Insomnia caused Kafka constant headaches, similar in sensation to “internal leprosy”. “Insomnia is continuous: I am tormented by dreams, as if they were scratched out on me, as on inappropriate material” [15, p. 496].

I will now try to outline the structure of trauma as an ideal object, which is a necessary condition for scientific knowledge. The researcher ascribes to the ideal object such properties that allow him to think without contradictions, solve problems and tasks, and comprehend the empirical manifestations of the phenomenon under study (facts) [10, pp. 59-60]. 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). Greatly simplifying what is the condition for the construction of ideal objects, we will refer to the third level emotions, experiences, any processes that have a somatic nature (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 set the second level with the concept of “psychic reality”. Events of various psychic realities (art, dreams, everyday life, science, etc.) are experienced by the individual, and this is a condition for his behavior and activity. Events of psychic reality are subject to a certain logic and convention, 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 a switch in the attitudes of consciousness and methods of activity during the transition from one reality to another.

Schemas play an important role in the process of forming psychic realities. These semiotic formations 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 metro map allows you to navigate in the metro (the problem situation is the impossibility of this), describes the metro 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 metro), and allows you to act meaningfully.

In the course of the formation of personality, psychic realities are organized by the individual (consciously or unconsciously) into a kind of “pyramid”, the base of which are the most valuable realities for a person (“immediate”), on which the “derivatives of reality” are based. For example, for a believer, the immediate reality is God, and all other derivatives are created by Him and conditioned by Him [11].

Another characteristic of psychic realities that is important for our topic is the following: the pyramid of realities of an individual person determines the organization of his somatics (sensations and perceptions). Our sensuality is formed precisely on the basis of a certain “schematization” (schemas), which becomes especially clear in deviant forms of behavior. “Sometimes,” writes psychotherapist G. Nazloyan, “patients are surprised by the shape of their ear, nose, the pattern of their 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 “testing ground”, the surface of the nose was a “launching pad”, and the mouth was a “cave”, eventually recalled this with an ironic smile, as well as the developed delusional system and inadequate actions associated with the fact that he was an Alien from the Future. Another patient, Vladimir U., who has yet to be treated, “molds” horses, cats and other animals from his cheeks, and then “erases” them. What is hidden behind all this?” [7, p. 23].

As I show, the vision of schizophrenics of their face, and the main sensations, are completely determined by the features 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

entering a new world, where sensuality and events are different. So, precisely because Sergey 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 testing ground”.

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

“Since the Arapeshi (a mountain tribe in New Guinea),” writes anthropologist Margaret Mead, who has studied early forms of love and sexual relations, “think that the child is obtained from the mother’s blood and the father’s seed, the father’s function in fertilization does not end with conception, but requires intense sexual activity for several weeks. The more acts of coition the parents perform, the arapesh think, the better and healthier their child will be. But as soon as “the mother’s breasts show the swelling and discoloration of the nipples characteristic of pregnancy, it is considered that the creation of the child is complete. From now on, all sexual intercourse is prohibited.” And then, until the child begins to walk, a strict taboo on sexual intercourse is imposed” [6, p. 253].

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 brought up by the whole family of a potential groom, and she, in fact, perceives her fiancé as a brother, having married later, young people perceive intimate relationships without any romantic experiences. Arapesh women, Mead notes, “do not receive even simple relaxation in sexual intercourse and described their sensations after sexual intercourse as a kind of vague warmth and a feeling of relief” [Ibid., p. 298]. In other words, the social love schemes of the Arapesh have transformed their psyche and somatics in such a way that the Arapesh experience practically no feelings in sexual intercourse, and the somatic processes here strictly correspond to the social model (compare [9]). Of course, in modern culture, love dependencies between these three levels are freer, but they still exist.

The first one is related to the violation of somatics, which entails changes in the psyche. The action of this mechanism (only the mechanism, as long as we are not talking about the formation of trauma) can be illustrated by the material of the cold, which is treated not only by allopaths, but also by homeopaths. The action of homeopathic medicine is explained by the fact that it carries information. But in what sense, after all, a biological organism is not a subject with consciousness? It does not mean that the homeopathic medicine informs the body about something. Nevertheless, it is true that homeopathic medicine carries certain information. In order to solve a similar dilemma, I once introduced the principle of “psychosomatic unity”, asserting that *any mental process requires its somatic (physiological) provision (support) and vice versa, the 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* [12, p. 171]. Let us take from the “Homeopathic Bulletin” an article by Dmitry Khramov on the effective treatment of colds in children [17]. Somatic processes are known - hypothermia, fever, often, but not always, runny nose, cough, coated tongue, sore throat, etc. A disease as a cold at the psychological level should be supported by such processes as headache, lack of appetite, weakness, the same cough as a psychological reaction, difficulty breathing, sore throat, etc.

If the principle of psychosomatic unity is correct, then it is clear that the reaction from the action of a homeopathic medicine must also be supported on a psychological level. Thus, homeopathic medicine informs the psyche, as it were. Now let’s think about what happens when the psychological support of a homeopathic reaction in terms of symptoms coincides with the symptoms of the disease. In this case, as I assume, and specially analyzed on the material of acupuncture treatment of alcohol dependence, a stronger somatic effect of homeopathic medicine attracts psychological support [12, pp. 170-171]. The fact is that our psyche can support only one clearly expressed “package of somatic processes”. That is why, as S. Hahnemann shows, in the simultaneous development of two dissimilar diseases, “the disease from which the patient initially suffered, as the weaker, will be removed and suppressed with the onset of the stronger one, until the latter completes the cycle of its development or is cured, and then the old disease will reappear *uncured*» [1, c. 61-62].

In this case, the processes are also dissimilar (natural disease and reaction from homeopathic medicine), but they have a common somatic basis (similarity of symptoms). As a result, three cases are theoretically possible: 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 homeo-

pathic influence, the third case most often occurs [12, p. 171]. In general, in the human body, especially an old one, all three cases are observed: how often some processes strengthen others (trouble has come – open the gates), overlap each other, displace each other, and all this against the background of the action of systemic processes; Therefore, diseases often pass by themselves, without any treatment, but also reappear.

So, in homeopathic treatment, homeopathic medicines take 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 can no longer flow freely, be realized, and the patient must recover?

Not exactly. Firstly, the disease, as well as recovery, are systemic processes (reactions) of the body as a whole. If they have begun, they *go by themselves*, but under certain conditions. Secondly, the process of recovery is not automatically triggered by blocking the psychological support of the disease process. It still needs to be started and supported both on the somatic and mental levels. In this case, the warmth that was wasted during hypothermia, bed, special food) and inspires him that the treatment has begun and he will soon recover. 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 mental illness, on the other hand, it is necessary to start and support the recovery process. At the same time, if the methods of blocking in psychotherapy are generally similar (the psychologist avoids communicating about 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 "portraiting" his patients, and P. Volkov by slipping them the "strategy of a Trojan horse" [13, pp. 234-255].

With this explanation, it seems that homeopathic medicine can effectively affect the psyche, shaping it. Nothing of the kind. The 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 goes well in cases where the body is not transformed by a chronic disease, but has simply entered a certain systemic mode, and all processes in it are quite reversible. In cases of chronic diseases, homeopathy can act only as one of the prerequisites for treatment, contributing to the blocking of psychological support, no more, but no less. However, if we remember that homeopathy, as well as psychology, not only heals, but also helps the patient to communicate, self-determine, and grope for the reality where he belongs, we will understand that the effectiveness of homeopathic treatment should be understood broadly. A homeopath may be powerless as a doctor, but to help us as a person and a psychologist. And this is already a lot.

The second mechanism was actually described by S. Freud, here, on the contrary, mental changes entail somatic ones. The inability to react, to realize the opposite drives and desires (both of which belong to the psyche) cause somatic changes. Freud also tries to answer the question of how and why mental changes and tensions (he calls them "psychic excitations") lead to somatic changes – physical pain, the failure of a number of functions of the body, etc. Voltage. Freud directly writes that in the aggregate, 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 man as the impossibility of existence (life) (constant expectation of death, as in Auschwitz), Edith invents schemes that explain to her what is happening. On the basis of these schemes, a new pyramid of realities is formed, at the base of which is immediate reality.

"A harsh voice," Edith recalls, "immediately throws me back into the past, I again hear the shouts of the German overseer, who liked to remind me that we must work until we die, and whoever survives will be killed later... I stole a carrot for Magda, and a Wehrmacht soldier put the barrel of a machine gun to my chest. A sticky fear that makes you numb, and knocks in your temples: I am guilty of something, now I will be punished, my life is at stake, death is inevitable <... > People ask me how I learned to overcome the past. Over-

come? Overpower? I have never overcome anything. Every bombing, selection, death, every column of smoke that rose to the sky, every moment of horror that seemed to me to be the last – all this lives in me, in my memory, in my nightmares. The past does not disappear. You can't step over it, you can't amputate it. It exists together with me" [18, pp. 170, 267-268].

Why is that, since Auschwitz was in the distant past? Because it was a deep trauma. Edith's usual pyramid of realities was blocked in a concentration camp. The lockdown, plus a new pyramid of realities that ensured survival but also suffering, entailed not just a violation of somatics, but a violation so serious that it persisted and continued to act (Edith called it "re-experiencing") many years later, already in peaceful life. "After the first experience, I began to think that demons live in my inner world. That there is a fatal abyss inside me. 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 (the doctor who personally sent people to Auschwitz to die, conducted inhumane experiments on 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 her more clearly, I saw how she turned her back and left" [Ibid., p. 172].

How can all this be understood, since the situation and conditions in peaceful life were completely different? The human psyche came to the rescue, recreating through hallucinations (Edith sees Mengele instead of a salesman, clearly sees his long-dead mother) those plots and objects that at one time formed 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 dreams." In contrast to 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 [11, pp. 371-374].



Drawing of a patient traumatized by alcohol addiction (from the research of Y.T. Yatsenko) [19]

Why does awareness play a great role in experiencing trauma? Because it is not just knowledge of what is happening, but at the same time a restructuring of consciousness and psyche. Depending on the nature of awareness, a person builds certain attitudes to what is happening, tunes in to certain behavior and actions. Specifically, in the case of trauma – to a long-term violation of the integrity of one's body or personality, to long-term experiences and sufferings, to healing, if such is possible. Interestingly, Edith is only partially aware of what is happening to her in the logic of trauma, the category of choice is of predominant importance for her. Therefore, she is tuned not so much to the healing of the trauma (but 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 may be, we always choose how to treat it. And I finally begin to understand that I also have a choice. And the realization of this will change my life <... > I discovered and articulated a strong opinion that would become the cornerstone of my therapy: we can choose whether to be our own jailers or to be free <... > to find the meaning of life in helping others to find it; to heal oneself in order to be able to heal others; to treat others in order to be able to heal herself." [18, p. 199].

The story of Edith Eger also allows us to understand the role of healing schemes. Here is one of them in Edith's work. "I," she writes, "survived to see freedom, thanks to the ability to forgive... At best, revenge is pointless. It cannot change what has been done to us, it cannot erase injustice... It makes hatred go in circles... To forgive means to grieve for what happened, what did not happen, and to part with the desire to have a different past. To accept life as it was and as it is" [Ibid., pp. 64, 68, 72, 139, 225, 268-269].

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 schemes block the schemes and reality on which the 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 not difficult to understand that in the task of achieving the adoption of healing schemes, the main burden falls on the psychotherapist. As a rule, healing requires real selflessness from him, because he has been working with most patients for several years. In any case, Edith gives the figure of two, three years, and sometimes five years. The psychotherapist has to inspire his patient with confidence in a favorable outcome, add energy, endlessly listen to and analyze his doubts, look for arguments so that he accepts the proposed schemes and arguments, become a close friend, then an authoritative teacher, and much more.

On the other hand, it is clear that if the patient does not make an effort to accept the schemes proposed by the psychotherapist ("put them on", as methodologists say, on himself), then it is unlikely that there will be a transformation of his consciousness, without which healing is impossible. He must think over these schemes, understand their content, try to apply them in practice, see what comes out of it, and 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 walk such a path.

Healing schemes, but in a special status, as ensuring the conformism of the individual, are very common in conditions of unfavorable social changes (fascism, totalitarianism, collapse of the state, etc.). In these situations, in order not to become a victim of 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 social trauma bypasses conformists, although it overtakes citizens who have a conscience. And why didn't the death of my relatives entail psychological trauma for me? I suppose because I have built schemes, 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 believe that I am living correctly, or rather, directing my life in such a way that I can be considered that I am living correctly, on the third hand, because my friends support me and I am still in demand in my profession.

In conclusion, it is worth paying attention to the fact that the concept of trauma is similar in recent years 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 (birth and sexual) began to be interpreted as an integral part of our psyche. Such an 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 challenges of our time—the spread of violence, uncertainty, and threats 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 trauma is interpreted as a constant accompaniment of our life) to an individual. As a result, for many people, the mediation of social trauma provided by historical memory disappears, it begins to be understood as inherent in each individual. criteria (characteristics) of injury. If stress has clear somatic signs (this is how 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 help practices, they, of course, also exist for the traumatized (earthquakes, violence, etc.), but they are less effective.

In this work, I tried not so much to characterize 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 its comprehension. Three levels of analysis of trauma, the importance of psychological understanding of it, the use of the doctrine of psychic 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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