

SELF-REGULATION AND MENTAL HEALTH IN THE EXPERIENCE OF PSYCHIC TRAUMA

S. L. Soloveva

North-Western State Medical University named after I. I. Mechnikov

Mental health is understood by experts as "an integral characteristic of the full value of humans' mental functioning" [7]. Efficiency (primarily professional activity) and the ability to interact effectively with the outworld, to solve interpersonal and social problems successfully, and to build positive relationships with other people are considered to be the most important criteria of mental health [6]. The solution to problems in these areas is a comfortable relationship with their own subjective reality, with those mental phenomena that form the inner picture of the world with a conscious and justified by life experience «I»-position . Each person creates a subjective reality that provides them with psychological comfort and the opportunity to cooperate productively with objective reality. The psyche and psychic phenomena are defined precisely through the category of the subjective: the psyche is interpreted as a "subjective image of the objective world" or "inner subjective world" [5, 7, 16].

The inevitable subjective distortions in a subject's mental reality, burdened with affect, reflect their life experience, attitudes and expectations formed in the process of the accumulation of experience, their ways of interpreting events and the features of their predictions. Significant distortions of the world picture are recognized in the patient influenced by psychic trauma and traumatic stress. "One of the key modern theories for explaining the causes of mental disorders," V. A. Ababkov writes, "is the diathesis-stress theory, in which stress plays the most important role" [1]. As mentioned by the author, "A person's failure or inability to cope with stress are the basis for a health disorder...". At the emotional level, stress causes the activation of anxiety, depression and hostility emotions, which make up the so-called negative affectivity [2]; at the cognitive level, it causes impaired concentration, a narrowing of the amount of short-term memory, thinking errors and a general decrease in intellectual activity [1]. These changes provoke social and psychological adaptation, which causes intrapersonal and interpersonal conflicts, hostility, depression and social isolation.

Every person faces psychic traumas in their life. It is hard to imagine someone who has not gone through the deaths of loved ones, serious illness, financial disasters, failures, breakups, divorce, and other losses and conflicts. Living in conditions of material or environmental

distress, emotional or social deprivation, or under the threat of attack or violence can be traumatic as well [17]. "Empirical works show that both intense, more or less short stressful events, and long-term consequences of discrete stressors, as well as chronic stressors do health and well-being no good" [1]. All these events, threatening psychological equilibrium, trigger self-regulation mechanisms.

In particular, the experience of psychic trauma contributes to the creation of an individual coordinate system of a person's internal subjective reality that evaluates events. A. S. Tkhostov considers "categorization in the form of emotional-evaluative constructs" to be part of the basic subjective phenomena of human existence [16]. "Achieving a subjective sense of cohesion and self-identity," E. T. Sokolova writes, allows a person to plough their way through a variety of social situations and acted "parts"; a "collective" or "I" becomes quite stable and durable, preventing mental collapse and "dissipation" [14]. Maintenance of psychological stability and "I" comfort means constant work, lasting throughout one's whole life, to compensate for deficiencies and to smooth over the trauma that distorts the world picture — trauma that in some cases cannot be constructively resolved in real life. In the latter case, mental activity is addressed to one's own mental world, which becomes "subject to diverse distortions from the past, present and future, and bears the imprint of the cognitive and personal 'construction' of a person. It is a mixture of fact and fiction sometimes and it has a long-time history of various emotional experiences like stratification, unconscious misrepresentations and reflexive rethinking" [14]. The external objective reality is interpreted in accordance with the internal psychological content: as noted by A. S. Tkhostov, "The image of the world is the system of expectations (anticipations), generating object hypotheses which is the basis for structuring and substantive identification of distinct sensuous impressions" [16].

The "reflexive activity, 'I' activity towards itself" is distinctive in the person's mental activity as the special kind of activity [5]. "While the consideration of adaptation concerns only its internal processes or criteria, such processes may be called internal adaptation" [1]. According to S. T. Posokhova, each person adapts not only to the surrounding world, but also to themselves, to their own mental nature [11]. A more or less successful process of self-adaptation has a significant impact on the mental health of traumatized individuals. The purpose of preserving mental homeostasis in the traumatized person is "to maintain a constantly functioning mechanism of comparison... of incoming external stimuli with stimuli that are imprinted in the consciousness as signs of an emergency situation" [8]. Evaluation of both internal mental phenomena and external influences is distorted after trauma exposure: it leads to a tendency to

anticipate the threat and prepare for its reflection. It is known that an increased level of anxiety leads to selective processing of negative stimuli [2]. According to D. Kalsched, a traumatized psyche "continues to injure itself", and reality is perceived as a potential source of trauma [3]. Therefore, self-regulation affects not only the "I"-preserving in relationship with the outworld, but also its stability regarding the inner, subjective world, which also has its own dynamics under the influence of traumatic events. Thus, the definition of self-regulation focuses primarily on the "system-organized process of a person's internal mental activity for initiating, building, maintaining and managing different types and forms of voluntary activity, directly realizing the achievement of human goals" [6]. Successful adaptation to one's own inner subjective reality allows for the maintenance of mental health against even severe psychic trauma. "If a person succeeds in inner adaptation, he feels balanced or calm toward subjective standards regardless of the objective characteristics of the situation." [1]

Personal resources, such as relatively stable and consistent self-esteem, constructive coping, internal locus of control (responsibility), stress resistance and resilience — with its ability to overcome challenges and with its involvement in problem-solving and other parameters — provide for effective self-regulation [1, 4, 5]. In case of insufficient personal psychological resources, the resources of other people, organizations and social networks are used [1, 2]. In some cases, when exposed to extreme factors, all available identity resources may not be sufficient, and then there is a need for additional "standing points", such as religion, philosophy and other mental structures that make up a person's individual mythology. Individual mythology may consist of ideological myths that characterize a particular culture of a particular country in a particular historical period, as well as family myths and individual psychological illusions, such as the illusion of immortality, the illusion of the reliability and stability of the world or the illusion of inherent justice [13, 15]. When facing objective reality, individual mythology can be destroyed, and then the person turns to psychotherapy, which is defined as "disillusions reconstruction" by Stokvis. Self-regulation requires a lifelong effort to preserve an individual mythology that plays the role of a buffer between "I" and a potentially traumatic objective reality. According to A. S. Tkhostov, "Our ideas about the world and the categorical network imposed on it are constantly subject to correction" and "Distortions introduced into these constructions can change the quality of the perceived world, which in fact remains unchanged" [16].

Social maladaptation due to experienced psychic traumas is manifested by changes in the subject's mental activity — anxious and depressive feelings, increasing hostility, the emergence

of emotional instability and impulsivity, which, in combination with particular memory, attention and thinking impairments forms feelings of confusion and uncertainty and a decrease in control and productivity in general. An unproductive mental state includes mechanisms of mental self-regulation. Most often, people chose methods of mental relaxation based on the control of breathing and muscle relaxation. "The ability to relax plays an important role in depressing emotions. The ability to relax, to affect muscle tone subjectively and psychologically is an essential condition for removing the excitement caused by fear and anger" [4]. B. D. Karvasarsky relates autogenic training and biofeedback to such methods; B. Stokvis active regulation of tone, autohypnosis, breath control, meditation and neuromuscular relaxation; E. Jacobson progressive muscle relaxation and trance methods. Use of alcohol, psychotropic drugs and non-chemical dependencies by the traumatized can also perform the function of emotional homeostasis regulation in a stressful situation [17].

Mental and muscular relaxation is realized more successfully in comfortable conditions: "in a warm atmosphere of orange and green tones with bright lights, pleasant music and the feeling that you are taken care of and nothing can harm you" [13]. In this regard, the so-called group of technical methods of psychotherapy is distinguished: biofeedback, stimulation based on electroencephalographic indicators, the use of sound stimuli of a certain frequency, treatment with light and colour irradiation.

Creating a comfortable environment and recovering mental homeostasis is the first task of self-regulation when under the influence of traumatic stress. At the second stage, verbalization is carried out, which means "verbal (word) description of experiences, feelings, thoughts, behaviour" [4] as well as "the emotional sides of a particular actual experience from the position of the patient's inner world."

Verbalization acts as a staging ground, triggering mental self-regulation, which contributes to the manifestation of depressive symptoms, but also opens up new opportunities for the construction of one's own mental reality, which becomes possible due to the "recognition of flexibility, mobility and phantom boundaries of the subject" [16]. Penetration into the world of psychic phenomena enables the person to achieve "unification as well as emotional attitude and mental integration unity, 'self-gathering' in a unified, meaningful and coherent self-identity..." through psychotherapeutic "containment" of traumatic events, their verbalization through words [14]. More or less objective verbalization of experienced events in the coordinate system of their own subjective reality is difficult as a rule and requires an appeal to the reality of another important person, whom the subject trusts, for example, a psychotherapist. The beginning of

productive changes in the mental reality of the traumatized client is associated with the "containerization" of the events they experienced, their verbalization in the coordinate system of the therapist's mental reality. Thus, according to A. S. Tkhostov, the "objective truthfulness of the myths which underlie the method of treatment does not matter" [16]. The process of comparing the traumatic events experienced by the client with their meanings in the psychological reality of the therapist allows the traumatized person to build a new system of coordinates of their own psychic reality, perhaps more objective, but in any case, making it possible to accept and overcome a painful life experience. In psychotherapy, this process is referred to as "reformulation of the problem", "accumulation of positive experience", "clarification" and "cognitive training" [5]. According to V. A. Ababkov, "A person with accurate cognitive representations of the situation has more opportunities for adaptation (survival) than a person with distorted representations of reality" [1].

In cases when the traumatized person does not call on outside help, but in the process of self-adaptation copes with their own feelings, they verbalize their emotions, focusing on some mental, mythological construction borrowed from the outside and make it possible to successfully contain traumatic experiences independently. Self-help may consist of turning to philosophy, religion, or psychology, such as to Victor Frankl's works: the dramatic coordinate system in Frankl's works makes it possible to reduce the affective charge and, consequently, the traumatism of everyday life failures.

Understanding is the first step to change; reformulation and verbalization are followed by "defining psychotherapeutic targets" and "promptly modifying the patient's behaviour through the therapist's approval or disapproval..." [5] or matching of the mental construct used in self-help. Changes in the client/suffering person are essentially "explicit and implicit activities and experiences involving individuals seeking to modify the behaviour causing the problems" [1]. Changes in the coordinate system of the psychic reality of the traumatized person bear the imprints of the psychic phenomena of those important persons whose help they have agreed to accept, or whose psychic reality they have borrowed. The helping person (psychotherapist) brings into the subjective reality of the client not so much the notional and conceptual apparatus of their science as their own interpretation of these ideas. As V. A. Ababkov noted in this regard, "Practical procedural principles can never be exactly derived from the major theories as the basic theories are always idealized conditions" and the therapist's "identity" fills the gap between the available science-based knowledge and the client in practice, using their own knowledge based on personal experience" [1]. The changed internal picture of the client's world entails

corresponding changes in the interpretation of external events of the outworld and behavioural reactions that allow productive interaction with this world [18, 19].

From the point of view of modern domestic psychotherapy, in the process of providing psychological assistance to the client, verbalization enables movement to the next stage — "the analysis of the individual's own actions and experiences or reflection" [4]. The subsequent conceptualization of the experienced trauma allows the subject to accept it as part of their own life experience and integrate it into their own mental reality, which becomes subjectively less comfortable and therefore requires the use of special psychological methods to restore mental balance. The following tools can be used for this purpose:

- Self-suggestion or "suggestion to oneself, which allows the person to evoke certain sensations, perceptions, to control the processes of attention, memory, emotional and somatic reactions" [4],

- Self-control — "the processes with the help of which a person is able to control his behaviour under the contradictory influence of the social environment or their own biological mechanisms" (4), and

- Trance methods, which increase access to unconscious information.

In order to reduce emotional tension and neutralize hostility, fear and anger in the patient practicing self-help methods, methods of reaction or catharsis are applied, which can be used in the structure of various activities and psychophysiological functioning (sports, sex, painting, theatre, and so on). The patient can also reduce emotional tension by changing the coordinate system of their own subjective psychic reality, in the context of which traumatic events change their meaning. For both psychotherapists and traumatized clients, a kind of enlargement of the scale of the individual coordinate system, in which the client habitually reassesses the events, is the most popular method. For example, a client is asked to evaluate a traumatic event compared to the larger scale of suffering of a warring people or a starving country: "How traumatic is this event from the point of view of those killed during the war?". In the face of mass deaths, their own experiences fade and lose their affective charge, which allows the suffering person to treat the failures and losses they experienced more calmly. Having the patient imagine the hypothetical moment of the end of their life may also change the perspective of the psychic trauma evaluation (the dimension of the coordinate system of subjective mental reality).

Another method of reducing affective stress in the trauma experience is to change the patterns with which the suffering person compares themselves in assessing the extent of their distress. For example, social downgrading and consequent salary cuts are more traumatic for a

suffering person than a high-income, high-status person, and much less painful than for a homeless person with no income. Changing the standard for comparison in assessing one's well-being can also help to reduce the affective charge of the event, which consequently ceases to be perceived as traumatic.

A radical method of soothing the emotional burden of life events is to get rid of any criteria for comparison: the rejection of comparison with anyone. For this purpose, Eastern practices such as yoga or Zen Buddhism are mainly used. The rejection of the traditional European mentality focusing on assessments and comparisons and the transition to contemplative and reflective Eastern practices makes it possible for us to accept different sides of our personality, different events of our lives, not evaluating them as good or evil, but simply stating their presence as equal and inevitable components of ambiguous human nature: "Let it be". The Buddhist principle of "suchness" practically means increasing the client's tolerance, their ability to accept their various traits without guilt and regret for their "wrong" nature and related actions. Minimalism and rational consumption together with the practice of non-judgemental Eastern culture contemplation are becoming increasingly popular in Western countries, which have exhausted the psychotherapeutic potential of rational European culture in potentially traumatic conditions of uncertainty.

"The dynamics of (patient) personality structure is observed slowly and only after symptomatic changes."

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