SOURCES OF TRAUMATIC EXPERIENCE & CROSS-CONTOUR MENTAL HEALTH RECOVERY TECHNOLOGY

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Summary
The article highlights the sources of psycho-emotional patterns of traumatic experience and outlines a cross-contour technology for overcoming their prolonged impact on human mental health. The mechanisms of semantic coding and decoding of events in the world by a person are defined. Three hierarchical contours of human consciousness are objectified, each of which contains both principles of mental health protection and risks of its violation. Using methods of bodynamic, transpersonal and projective approaches it is proved that the person's reaction to traumatic events is determined by his pre-biographical and early biographical experience. The presented cross-contour technology allows to increase resilience to crisis events of war, to reduce uncertainty and to activate personal dimensions of freedom and responsibility. The corrective component of the technology focuses on the reorganization of the person's semantic system in response to the crisis events of the world. The purpose of the technology is to reduce uncertainty and hesitation and activate the dimensions of freedom and responsibility. The subjective specificity of the world creation by a human is revealed, that is, reflection, generation and understanding of reality.

Key words: cross-contour architectonics of consciousness, perinatal matrices, imprinting, emotional programs, the dimension of freedom, the dimension of responsibility.

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1. Introduction

The military activities in Ukraine, as well as the global, rapid and uncontrollable spread of destructive collapses, are a manifestation of the systemic crisis in which millions of people find themselves today. War entails the total destruction of previous lives, elimination of the psychological supports and confidence in the basic possibility of survival accumulated by man. The physical and mental traumas experienced lead to a person's uncertainty about the present, to tension as a habitual background to the personal representation of existing global and social problems, to a negative forecasting of one's own life prospects and one's own possibilities.

The life of a modern human unfolds within certain frameworks, which limit its quality of living in the modalities of “I want” and “I can” and bring up the issues of internal determinants of mental health. Therefore, it is relevant to study the principles that determine the processes of generation, content and functions of the image of the world as a multidimensional meaningful
reality of person, at heart of which there is a habitual blocking of the real self, hidden in the unrevealed “latent self”.

Modern psychological science and practice offer a number of theoretical and methodological constructs that allow us to study the sources of mental problems of a person and implement individual and psychological means to improve the quality of person’s life, its mental well-being. Such constructs include:

– genetic roots of sensuous and sensitive depth as the first element of life history (Maksymenko, 2006);
– imprinting (Balatsky, 2008; Grof, 1988; Leary, 1987; Marcher, 2010; Wilson, 2004);
– a measure of protection and a sense of self-power “I am” and “I can-be-here” (Längle, 2011);
– “life motto” (Adler, 2013);
– “implicit order” (Yatsenko, 2017);
– “type of mindset towards others» (Fiedler, 1968);
– “symptom as a false homeostasis fixed on a false attractor” (Kalishchuk, 2020).

On the one hand, the outlined constructs reveal a unique filter of person’s perception, cognition, evaluation and orientation in the world. A filter that operates on an “implicit order” (the term of T. Yatsenko) and is an unconscious apparatus for finding a certain range of markers to confirm the relevance, degree and direction of emotional fixation and flexibility of a person in the flowing life circumstances. On the other hand, they perform the function of “criteria of reality” of the study of mental problems, which indicate a specific point in the duality “unconscious” – “conscious”. Unconscious, but constantly fixed narrowed range of experiences of oneself and the world carries the risk of mental problems. That is why mental (discomfort, stress) or somatopsychic (pain) symptom can be considered as a sign of a person's experience of endless hesitations in the modality “I Can Be Here in This World”.

The purpose of the article is to highlight the cartography of the sources of psycho-emotional patterns of traumatic experience and to outline the cross-contour technology of overcoming their prolonged impact on human mental health.

2. Sources of mental disorder and the movement of traumatic experience

Definition of the generation mechanisms of mental problems in the hierarchical structure of human consciousness provided a justification for the following methodological postulates:

1) “consciousness as an individual meaningful system of the world image allows a person to self-determine in the real world, to influence on it, to create many subjective worlds, which in each case are based on individual and empirical human experience to uniquely represent the world for oneself” (Kalishchuk, 2020:176);

2) consciousness is considered as a hierarchical three-contour structure (perinatal matrices, hominid and post-hominid levels), which are filled with qualitative characteristics of attractors – points of “stabilization” (crystallized patterns) of I-am-with-the-World connections (Balackij, 2008; Capra, 1996; Varela, 1995).

3) cross-contour architectonics of consciousness is a thorough hierarchical combination of relative levels (from 1 to 4) of each of the three contours, the sequential connection of which forms the corresponding four functional systems of consciousness (Table 1) (Balackij, 2008; Grof, 1988; Leary, 1987).

4) the hierarchical architectonics of human consciousness outlines its temporal dynamic movement, which allows us to explore the sources, driving forces, features of dynamics and reorganization (Längle, 2013; Maksymenko, 2006).
Table 1

Hierarchical connections of cross-contour architectonics of consciousness

<table>
<thead>
<tr>
<th>Levels</th>
<th>Consciousness contours</th>
<th>Mechanisms</th>
<th>Functional systems</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Socio-gender</td>
<td>Non-local</td>
<td>Spatial expansion</td>
</tr>
<tr>
<td>3</td>
<td>Semantic</td>
<td>Aim-programming</td>
<td>Cognition of the</td>
</tr>
<tr>
<td>2</td>
<td>Emotional and territorial</td>
<td>Neurogenetic</td>
<td>Resistance to the</td>
</tr>
<tr>
<td>1</td>
<td>Bio-survival</td>
<td>Holistic</td>
<td>Sensory cognition</td>
</tr>
</tbody>
</table>

5) testing of personal “hypotheses” about oneself and the world and their coordination with personal experience initiates the development of meaning as a projection of the real world and personal unique “mindset” to the world, to one's life. That is, finding of a meaning is a tool for discovering the world (from intentional through contextual to regulatory), it is determined by the processes of experience, understanding and interpretation, and it builds a way to strengthen human mental health. This dynamics is caused by the awareness and reorganization of crystallized emotional programs composed in the pre-biographical and early biographical periods of person’s development.

Thus, the four levels of consciousness on each of its three contours, united in cross-links, are the starting points and directions of movement of the recorded traumatic experience that forms the symptom. The sources of such a symptom are contained in the personal conditions of assimilation (interiorization, "exhaustion") of the available military reality, starting from the first perinatal matrix (Fig. 1).

![Fig. 1. Four groups of sources of formation of the fixed traumatic experience (symptom)](image-url)
3. Equipment empirical research program

The support for the empirical part of the study is diagnostic and corrective methods of transtheoretical existential and systemic concept (Kalischuk, 2020: 312-315), in particular, the modified technique of “Rebirth” (L. Marcher), the holotropic breathing technique (S. Grof); methods – “My world” (modified method “Who am I?” by M. Kuhn), “The earliest childhood memory” (A. Adler), Letter-course “Live is…”, “Boundary meaning”.

In order to take into account the differently directed sources of psycho-emotional patterns of the symptom, an empirical study was conducted in 3 directions, which showed their effectiveness in the study of the semantic architectonics of human consciousness (Kalischuk, 2020):

1. Diagnosis and correction of “dangers” of basic perinatal matrices that affect the quality of comprehension of the upper contours of consciousness. Modification of L. Marcher's technique of “Rebirth” consisted in the integration of L. Marcher's bodynamic analysis, A. Längle's existential analysis and system modeling, which allowed to supplement it with the procedures that perform the function of semantic transformation of initially given emotional and behavioral programs (Kalischuk, 2020: 158). The selection consisted of 31 people. The technique was performed 2 times in a group form: the average number of the group was 15 people.

2. Study of imprinting as a sign of a symptom on hominid contours. The selection consisted of 27 people (52% of subjects with psychosomatic symptoms – different localization of pain, multiple symptoms, panic disorders; 42% – with emotional symptoms – anxiety, apathy; 6% with behavioral symptoms – self-harm, explosiveness).

3. Determining the conditions for the transformation of fixed experiences on the psychophysiological, psychic and mental levels as a transition to post-hominid contours of consciousness. The selection consisted of 23 people. The study involved two stages. The first one required conduction of four three-hour breathing practices without the use of musical instruments. The second one was conducted with the use of musical instruments. The musical sequence was composed in compliance with the requirements for the musical accompaniment of holotropic breathing, namely: energization, activation, dramatization, completion. The diagnostic procedure contained express methods of objective approach: methods of measuring heart rate (HR), respiratory rate (RR), blood pressure (BP), I. Kerdo vegetation index (V.I.), Hildebrant coefficient (Q = HR/RR) and projective methodology “Boundary Meaning” by D.O. Leontiev. The “Boundary Meaning” method was used at the end of the first and second stages. The obtained data were compared using the R. Fisher angular transformation coefficient. The study was based on the following conceptual provisions:

1) there is a correspondence between musical sounds and basic emotions (Izmailov, Labkaev, Matveeva, Izmailova, 2006);

2) music and breathing affect a person through three dimensions: vibration (body), physiological (vegetative nervous system) and psychological (states);

3) the combination of breathing, music and work with the body, which shows symptoms of traumatic experience give a clear transformational result.

Systematization of the obtained results was ensured by applying a single principle to their analysis. Criteria for describing the subject of mental activity, namely: praxis (practical activity), gnosis (cognitive activity); experience (knowledge, skills, culture, meanings, images); physicality (imprinting, health, psycho-emotional disorders) were used as such a principle.
4. Study of psycho-emotional patterns of the symptom

At the first stage, the subjects demonstrated eight emotional programs, namely: fear (73% of subjects), disgust (23%), anger (21%), joy (2%), surprise (2%), shame (2%), sadness (2%), and curiosity (2%). In addition, eight mindsets that outline the specifics of their sensory cognition of the world and emotional patterns in response to situations of resistance to the outside world have been identified. The selected mindsets are four binary pairs, namely:

1) activity – passivity;
2) emotional stability – instability;
3) acceptance of the need to show willpower in a situation of tension and discomfort - refusal to show willpower;
4) confidence and joy of achievement - anger and protest over unexpected changes.

Activity was registered under the conditions of person’s awareness of its own emotional, vegetative and motor reactions in each of the 4 matrices, as well as the rapid passage of all matrices with attention to the experiences that occurred in them (67% of subjects). Inactivity meant automatic completion of the task, for example: “I went all the way because it was the task”, “I do not understand what I should feel”, “the group interfered with me, I could not fix it” (51%). Emotional stability meant a confident, balanced overcoming of objectively set procedural difficulties by the participant; taking responsibility for the need to make an effort; trust in group members; perception of external circumstances as temporary and dependent on one’s own activity (35%). Emotional instability was recorded under the conditions of sign of affective responses (despair, fear, anger), stoppage of movement, verbal comments (77%). A sign of efforts showing in a situation of tension and discomfort was recorded for 73% of participants. Lack of efforts was diagnosed by responses in the form of freezing, fixing of verbal and nonverbal demands to step away and open the way to the group (27%). The peculiarities of responsiveness to unexpected difficulties revealed two opposite responses of participants. The first one is confidence and joy for one's own ability to overcome difficulties, get results and achieve goals. The condition of these subjects ranged from enthusiasm, joy, satisfaction to a quiet confidence that the effort will be useful and will be compensated. Examples of responses of the subjects: “I feel strength and confidence”, “it is an emotion of satisfaction”, “I want to hug everyone”, etc. (43%). 63% of participants showed irritation and anger (for example: “it was very difficult, the group squeezed me too much”, “it was very crowded, there was not enough air”, “I didn’t get any help, I was not given any tips how to do it better”).

Thus, through the channel of body and emotional expression of the subjects, psycho-emotional patterns were actualized. These patterns are condition for further sensory perception of the world by a person and determine its cognition and expansion. That is why we refer the diagnosed emotional responses of the subjects to the internal psychological criteria of recovery of mental health. Taking into account the corrective component of the technique, it can be stated that the awareness of subjects about their own responses allowed:

– at the emotional level – to meet with automatic emotional responses, which naturally, determine the processes of perception, understanding and interpretation due to the cross-contour structure of consciousness;
– at the behavioral level (praxis) – to discover the dependence of behavioral tactics on the emotional load of the situation;
– at the motor level (corporeity) – to recognize the dominant body reactions to difficulties (for example, to freeze and not breathe in difficult situation; to angrily demand from others to step away; to step away and not get in the way);
— at the cognitive level (gnosis) to interpret personal strategies, to invent the reasons that formed them and to trace their repetition in life history.

The subjects received an addition to the experience and living space through the invention and recognition of individual strategies of construction of their reality. The actualization of the experiences of perinatal matrices allowed to unload their psycho-emotional patterns, thus influencing the higher contours of consciousness. This is how the imprinting conditionality is removed and the further course of the necessary changes is set. As it was pointed out by Ye. Balatskyi, the higher mental layers “copy” the new format of perinatal matrices (Balatskyi, 2008).

The purpose of the second study was to determine the conditions of further dynamics of the hominid level of consciousness, where the symptom is clearly seen as a false homeostasis that prevents being yourself, being aware of the experience of “I am” and “I can-be-here-in-the-world”. The symptom occurs through the blocking of one's emotions and feelings as experience of endless hesitations in the “I Can” modality.

Taking into consideration that the active planning of a person's own life and the possibility of its realization is a criterion of mental health, the work with the symptom involved finding of means to fill the hominid circuits:

— bio-survival – security, confidence, determination, certainty and self-awareness;
— emotional and territorial – a system of resistance forces (“I Can”, “I Can Handle This”);
— semantic – cognitive activity, logical and empirical knowledge of the world, understanding, contextual meanings;
— socio-gender – the formation of social space and active social interaction.

The results of the second stage of the study allow us to state the following:

1. Praxis. The symptom is formed in a specific life context, a certain situation. The development of a symptom is determined by the human system, namely: relationships, connections and objects of the system. The content of the symptom is described by the answers to the question “What do I do when I feel a symptom?”; “How do I do it? What can I do?”; “For what?”; “Who am I when I'm ill?”. The core of the symptom is a reflection of the person’s world, a reproduction of a scenario in which its beliefs, values and identity need to change. But the elements of the human system (its environment) do not support such changes, causing an unbalanced state that needs to be balanced. There are two ways to balance it:

1) to remain in a state of hesitation and dissatisfaction;
2) to choose responsibility and freedom to build a new scenario and version of one’s own world.

As soon as a person takes responsibility and chooses a new opportunity for itself, a new space of its life is formed. The systemic connections change in this life and the need for a symptom disappears.

2. Gnosis. The coordinates of the image of the world of people are unique. First of all, it concerns different attitudes towards freedom and responsibility. The increase of the number of alternatives and degrees of freedom: “What kind of person can I be?”, “How to express your emotions and build relationships?” changes the assessment of oneself, situation, changes stereotypes of behavior and, as a result, stabilization on the new attractor. A symptom is always a paradox, which is both a sign of the problem and an intentional way of solving it.

3. Experience. The symptom always has a hidden nature. When feeling a symptom a person unconsciously avoids important experiences, shifts them into a circle of experiences about its symptom. The question “What is wrong with me?” comes to the fore instead of questions “Who am I?” “How do I create my experience and my symptom?”.
4. Body. It is the sensuous support of realizing the possibility of “I Can-Be-Here” physically, at the level of space and time as a key element of the system, with the acceptance of its context and cause-and-effect relationships. The body is a condition of physical presence in the current time and establishment of a balance between past and future.

Thus, the symptom opens a new perspective on a person’s understanding of its life, namely, it is the experience of the Self to study “uncertainty” as existence, to make a choice on the scale “curiosity – fear”. The symptom always increases the uncertainty, sets the framework that contains the reasons, conditions and potential resources to identify efforts and reach a new level of life organization, in which beliefs, values and meanings will be already new. The specificity of the symptom does not affect its composition and function, the symptom is always a motivation for determination and responsibility of the person for its choice, for creating a new attitude to significant others, to expand the space and fill time with desires. Therefore, the symptom is a painful mechanism of person’s evolution on the path of its renewal. The technology of working with symptoms requires the construction of a general phenomenological space of personality with the definition of the main coordinates: “I am” and “I can”, which will be achieved by applied projective techniques “My world”, “The earliest childhood memory”, Letter-course “Life is…”. The projective approach allowed the subjects to outline different perspectives of their “relationship with the world” and to activate the activity of experience, which leads to the discovery of contextual meanings. It is this macro-genetic movement that leads to the formation of internal certainty and self-evidence about the world and oneself and acts as a universal background for the following post-hominid contours.

The highest level of contour architectonics is the level of limitless possibilities and, at the same time, high potential risks of mental problems. As Ye. Balatskyi points out: “Each subsequent contour, which is higher than the others, hides a greater danger to the mental health than all the previous ones. This is especially evident in the post-hominid contours..., on which mostly incurable diseases begin to develop, and sometimes experiments with the highest abilities of consciousness can lead to the death” (Balatskyi, 2008). It is the sensory familiarization with the social space, the revelation of the deep laws of existence and the cognitive boundless breakthrough that are the contexts of post-hominid contours, which direct the search for means of their comprehension. This determined the hypothesis of the third study on the emotional conditioning of the processes of the external world cognition. Music and holotropic breathing were chosen as the conditions for unloading the psycho-emotional patterns of the subjects in accordance with S. Grof.

Research has shown that music in combination with breathing exercises change a person's emotional state; affect psychophysiological processes (respiration rate, heart rate); restructure the vegetative regulation of emotional states. Sound and breathing are important dynamic factors in the channel of negative experiences. The transformation of tension energy into positive emotional states by means of music is carried out under the condition of elimination of physical discomfort which was handled by breathing exercises.

In addition, the gained experiences form a consistent unfolding and re-living of the state “I am in my Life”. Quantitative evidence of this process is an increase in the volume and complexity of content chains, an increase in the number of nodal categories, boundary meanings, and through an increase in the Boundary Meaning Productivity Index ($\varphi_{emp} = 4.26$; $\varphi_{emp} = 4.85$; $\varphi_{emp} = 4.18$, respectively).

Thus, comprehension of the post-hominid contours of consciousness is carried out by cognition and “re-view” of significant events and practical, emotional and physical release from
stress. New experiences are being formed and key regulatory meanings for the human value system are being found. They reorganize the system of cross-contour connections and provide not only the protection of mental health, but also the overcoming of its risks.

5. The internal logic of the reorganization of cross-circuit connections of consciousness

The constructed cartography of the sources of psycho-emotional patterns of the traumatic experience (symptom) and the discovery of the mechanisms of their influence on human mental health, allows to outline the conceptual framework not only of mental problems, but also ways of finding one's own intentions, i.e. its evolution and going beyond the limits of past experience.

That is why the attention is drawn to the basic “rules of interpretation” of the symptom, highlighted by G. Maleichuk. These rules are an effective attempt to study the formation of mental health through the factors that hinder this process (Maleichuk, 2016). In particular, the author substantiates that the symptom is a systemic phenomenon; grows in the space of relations; there is a shadow of the person significant for the client behind each symptom; a symptom is a pathology of contact with a significant other; a symptom is a form of communication; a symptom is a nonverbal message from the unconscious; a symptom is a pay-off for refusing to change and others (Marcher, Fich, 2010).

We consider it expedient to enhance the provisions highlighted by G. Maleichuk taking into account the most integrated dimensions of a person, namely - freedom and responsibility for one's own existence and the world. It is due to the fact that “freedom” is a vector of formation of “I can”, which consists of a personal share (ability, strength) and a situational share (conditions and opportunities) (Längle, 2011). “Responsibility” is a systemic meaningful formation that dialectically connects complexity, usefulness, resourcefulness and intentionality. The responsibility is revealed by successively finding either an answer (as a meaning), or a decision (as a program), or an action (as a substantive transformation). Precisely because freedom and responsibility form a stable person’s self-value and the ability to “handle” existential the challenges of life (particularly the war) as a condition for the development of one's strength and demonstration of intentionality.

In this regard, the internal logic of the reorganization of cross-contour connections of consciousness, which determine the recovery of human mental health, can be represented as a hierarchical movement of “re-living”, which begins with states actualized at the level of perinatal matrices to the dimensions of freedom and responsibility that reflect the teleological feature of human life (Fig. 2).

The teleological vector (“Why?”) is the activation and sign of the integrity of mental and physical efforts of a person in relation to its life. We propose to consider the dichotomous construct “teleology-causality” as the background of the study of freedom and responsibility. Teleology is the formed regulatory meanings which provide control over needs and emotions, focus on the future and time perspective, independence in situations of life challenges. Causality is characterized by the experience of events with their determinancy of a mnemonic contextual network, which provides the field dependence and fixation on the past and present.

The activity of “re-living” is the phenomenon, which is a determinant of the signs of “teleology-causality”. This activity represents the general dimension of psychological reality of a person, namely, psychological reality, which has a meaningful nature, is the source and reorganization mechanism of cross-contours connections of consciousness. That is, “re-living” triggers the processes of evolution, involution, fluidity, reactivity, sensuality.
6. Conclusions

A generalized psychological criterion for mental health is the adequate orientation of a person in the time and space of its life and the timely change of old emotional and behavioral patterns. Psycho-emotional crystallized programs are places of disorder of this orientation. Externally, such programs can appear as discomfort, tension, pain. In essence, such programs are a protection against the need to evolve. Therefore, the traumatic experience (symptom) is a stop in time, which leads to desynchronization of personality movement and the flow of life. When feeling a symptom, a person unconsciously avoids important experiences in his life, shifts them into the zone of feelings about its symptom.

The combination of methods of bodynamic, projective and transpersonal approaches ensured the creation of a new personal plane, in which the correlation of oneself and the world provides turning to oneself and forms a new experience of being decisive in one's choices and responsible for them. Cross-contour exploration answers the request “How the client creates his experience in general and his symptom in particular?” “What does one do with one's traumatic experience?” These connections make it possible to find means of influencing the latent or obvious dangers that arise as a result of unsuccessful or incomplete interiorization of the lower mental contours. Such means are opened by the activity of “re-living”", consist in the reorganization of the meaningful architectonics of the consciousness of the individual, which can be traced in the teleological vector.

The objectification of the conditions for the interiorization of the hierarchical contours of person’s consciousness has established:

– sources of imprinting and emotional patterns and their impact on various life contexts, in particular, the occurrence of symptoms and experiencing traumatic experiences;
– cause-and-effect relationships that determine the balance between past and future, actualize the issue of teleological power with dimensions of “freedom” and “responsibility” of a person;
– intervention points to create a new attractor that triggers change processes.
Thus, the psycho-emotional primary sources of the formation of traumatic experience are the points of forced halt, "protective mental stabilization", of the sequential movement of the key processes of consciousness, namely: "sensory cognition of the world" → "resistance to the outside world" → "expansion of personal space". Recognition of own psycho-emotional patterns is reached as a result of application of the cross-contour technology. The subjective specificity of man's creation of the world, i.e. reflection, generation and comprehension of military reality, is revealed. This is why the correctional component of the technology helps to reorganize the person's strategies in relation to the traumatic conditions of war, ensuring a realistic relationship between oneself and the world.

References