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Epistemologija psihotravme: potravmatski stres in/ali potravmatski uspeh

Epistemology of psychotrauma: Posttraumatic stress and/or posttraumatic success

Abstract

Results of several studies suggest that psychotrauma is not necessarily disabling. Most people are resistant and they can even develop as a person through trauma. Understanding and amplifying the sources of resilience and posttraumatic growth, as well as focusing on the hope and optimism, helps the professionals to awake those strengths in their patients. The intention of this article is to develop and to contribute to the sensitivity for the continuum which extends from the posttraumatic stress to the posttraumatic success - as well as to create a new language and a new understanding of trauma with which the survivors and the whole society can find new strength and more constructive patterns of support.

Key words

constructivism, posttraumatic stress/growth/success, resilience, epistemology, cybernetics, systemic psychotherapy, postmodernism, narrative

Povzetek

Ugotovitve mnogih raziskav kažejo, da psihična travma ni nujno invalidizirajoča. Večina ljudi je odpornih in se lahko skozi travmo razvijajo kot osebe. Strokovnjaki, ki razumejo in spodbujajo vire odpornosti in potravmatske rasti in ki se osredotočajo na upanje in optimizem, bodo te moči prebujali tudi pri pacientih. Cilj tega članka je razvijati in prispevati k občutljivosti za kontinuum, ki se razpenja od potravmatskega stresa do potravmatskega uspeha, kot tudi ustvarjati nov jezik in novo razumevanje travme, s katero lahko preživeli in celotna družba odkriva nove moči in bolj konstruktivne vzorce podpore.

Ključne besede

konstruktivizem, potravmatski stres/rast/uspeh, odpornost, epistemologija, kibernetika, sistemska psihoterapija, postmodernizem, narativ

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1. Introduction

I took a keen interest in psychotrauma and psychotraumatic success[1] in the mid 2000s while I was working as a resident of psychiatry. I was given an unique opportunity to guide groups of soldiers, veterans of the Homeland War in Croatia from 1991 to 1995 who were persons with big hearts. During that time I listened to their small (alternative) stories about their courage, their concern for their comrades-in-arms, their acts of heroism, care for the captured enemy soldiers and humour in non-human, miserable conditions. At that time the Croatian public opinion was dominated by mostly negatively coloured views of the Homeland War. Since then various video materials have become easily available on the Internet, which helped various small war stories to come out of hiding after 15 years. These stories were very different from the dominant discourse and they were very surprising to me.

In my education in the systemic family psychotherapy with the emphasis on postmodern directions[2] I came in contact with solution-focused brief therapy, narrative therapy and cybernetics of psychotherapy. This learning had the key influence on my work with veterans, because it has changed – empowered and enriched - complex understanding of my work with people who are suffering[3]. I moved from my earlier "secure position" of a psychotherapist as an independent – objective observer of the system[4] (first-order cybernetics) to the position where I can only be "certain in uncertainty" (Možina, 2010). I accepted the role of an equal member of the therapeutic system (second-order cybernetics). This made a radical shift in the understanding from the objectivist to the constructivist epistemology[5] of psychotherapy (Štajduhar, 2010).

The shift from the position of the observer to the position of the observed is connected to the shift in the sharing of responsibility among all members of the system in an individualised project of psychotherapeutic help. My medical education was strongly influenced by the objectivistic epistemology: I am as an expert - an observer, detached from the patient (the observed system) who is sick, and I was supposed to *know* what to do with the patient.

The constructivist epistemology enabled me to join the patient's system and to become observed, a part of the observed system. In this way I can interact with a patient from the position of the participatory ethics, in which I can utilize, by using the dialogue, his/her resources for the realization of desired outcome in the future. At the same time, from the initial dominant focus on the pathogenesis and psychopathology, the cybernetics of psychotherapy helped me to learn how to build the context of trust and to strengthen the relationship with the patient, so that we can together investigate his or her resources and achievements, utilize them for the patient's desired outcome in the future by constant checking of our understanding in the realization of the small steps of progress. This has made a shift from the study of psychopathology and pathogenesis to salutodynamics and salutogenesis[6]. The ideas of circularity in the second-order cybernetics (Bateson, 1972) have inspired the work of the psychotherapist Graham Barnes (1994) wherein he realized the connection between psychotherapy and the second-order cybernetics, and developed cybernetic epistemology of psychotherapy. The second-order cybernetics enables the psychotherapy to become the object of its own observation so-called "psychotherapy of the psychotherapy". Only with constant checking of the psychotherapist's assumptions, decisions and behaviour, and constant awareness and reflection of how the theories are forming us, we can develop the so-called "non-theoretical psychotherapy". In this way psychotherapy of the psychotherapy can help psychotherapy to heal its own psychopathology (Barnes, 1994).

In that period of intense study of psychotherapy, I was also introduced to synergetics[7] which

helped me to integrate theory, research and psychotherapeutic practice. In synergetics the models of description of physical phenomena are applied for the description of psychosocial systems and phenomena. One of the basic ideas of synergetics is that the therapeutic changes in psychosocial systems can be understood as phase transitions from the problem patterns to the solution patterns. In a similar way it is possible to understand the transitions from the posttraumatic stress to posttraumatic success.

The postmodern theoretical framework, the daily experience with the war stories, as well as the constructive rebellion against the so-called 'great war-tales' (fake soldiers, fake invalids, corruption, war crimes, etc.) gave me the impetus to begin the research on how to work with people with psychotrauma, and how to use their abilities and achievements in building their desired future outcomes.

"What does not kill me, makes me stronger" (Nietzsche, 1891: 101)

Bannink's (2008) ideas are congruent with the constructivist's epistemology and they rely on the health perspective. Other studies (McFarlane and Yehuda, 1996) also suggest that trauma does not necessarily have to invalidate, and that most people are resilient or they can even develop as persons through the trauma. The foundations on which a patient's posttraumatic success and growth are built are taking a stand that the patient is an expert for his/her life; joining the therapist's and the patient's experience; strengthening the patient's resources and sources of resilience and starting a mutual quest to create a desired future outcomes for the patient.

During the psychotherapeutic process the psychotherapist will also learn and develop. One of Nietzsche's thoughts says: "What does not kill me, makes me stronger" has become a guiding principle in my work with the people who suffer from the posttraumatic stress, because this concept is a powerful reminder that a negative experience can make a person stronger and more capable to adapt to adversities. This aphorism is closely related to Nietzsche's idea that a tree, while enduring storms, lets its roots deep in the ground and becomes stronger and bigger (Yalom, 2011).

2. Definition of a traumatic event

Traumatic event exceeds usual human experience. It is an event which would be extremely tedious to almost everyone. It can result from an encounter with another person who has recently or just been badly injured or killed as a result of an accident or physical violence. Intense fear, helplessness or horror occur as a response to a traumatic situation. Traumatic events can be:

1. Directly experienced: war, violence (sexual assault, physical assault, robbery), kidnapping, terrorist attack, torture, detention of military prisoners in concentration camps, natural disasters (fires, earthquakes, floods), a severe car accident and diagnosis of life-threatening diseases.
2. Witnessed: observation of another person's severe injury or violent death, accidents, wars, catastrophes sight of dead bodies or body parts.

3. History of relation between psychotrauma and war

My first contact with psychotrauma came through my work with the war veterans, and it has inspired me to consider the historical development of the relationship between psychotrauma and war. The symptoms of soldiers who participated in the American Civil War were the first descriptions of the symptoms recorded. After that psychiatrists came up with new terms to describe the set of symptoms after almost every bigger war. According to historical context, they tried to define, normalize, objectify[8] and name the problems of the people who had survived an experience which goes beyond a usual human experience. The psychologists used different terminology, such as: 'traumatic neurosis' (World War I), 'shell shock' (1915), 'concentration camp syndrome' (1945), 'combat stress reaction' (DSM-I, 1952), 'the Vietnam syndrome' (1973), and the 'PTSD' which has become a psychiatric diagnostic category according to the third revision of the Diagnostic and Statistical Manual (DSM) published by the American Psychiatric Association in 1980, which was reviewed in 1994 in the fourth edition of the DSM.

As a doctor and a psychiatrist I can understand, what Wilson (2001) points out, that in the frame of medical-psychiatric approach PTSD was developed as a result of many years of research. In medical approach diagnosis is the most important starting point because the possibility for scientific research opens through definition of diagnosis. On the other hand the diagnosis influences the clinical practice. Psychiatrists (or other professionals) are those who know how to diagnose the patterns of behaviour, psychological problems and possible reactions and can also search for solutions in the rehabilitation of patients. Medical approach encourages the professionals in the attitude that they know.

At that time (late 1970's and early 1980's) it was very important to acknowledge the existence of a concept of psychotrauma, and use it to provide protection for the patients. This has prevented patients to forget psychotrauma and has given the social legitimacy to psychiatrists and psychotherapists who worked with traumatized patients. The creation of the term *Post Traumatic Stress Disorder* by the means of modern scientific methods, research and therapeutic possibilities has made way for providing help to the traumatized patients.

BUT a person can only experience a psychological trauma in a certain historical, political, economical and cultural context. This is why confronting and solving the problems of war veterans can be a slippery slide for the whole system: government, parliament, psychiatry and the system of disability and pension contributions.

So I was intrigued by the work of Ben Shepard, a historian and an editor for the BBC. In his book (Shepard, 2001) he analyzes the development of the relations to the war veterans' psychotrauma from the World War I to the Vietnam War, and opens a fully different level of problems and possible solutions. He says: "the problem of mental disorders of war veterans - is defined by social and political factors, […] (and therefore) the most effective forms of treatment are social and political. This is something that has been lost in the recent American literature on PTSD which focuses on an individual as the biochemical unit […] If the commanders and the politicians perform their job well (in the war and after the war), the most important part of psychiatry would be done, and if not the work of the clinicians will be greatly complicated." (Shepard, 2007, cited in Lončar and Henigsberg, 2007: 11). These diametrically opposed viewpoints of Shepard and Wilson led me into further research.

4. The constructions of psychotrauma (Wirtz, 2003)

4.1. Psychodynamic discourse

In the last 120 years, the issues of psychological trauma penetrated the consciousness of the society on at least three occasions.

For the first time interest for trauma appeared when Freud was concerned with intrapsychic mechanisms which operate in trauma. As he wrote: "Any experience which calls up distressing affects - such as those of fright, anxiety, shame or physical pain - may operate as a trauma of this kind." (Breuer and Freud, 1893-95: 6) The early studies on the origin of hysteria brought these lines. Traumatic memories were recognised first as phantasies of the seduction. During the course of time Freud modified his views. Freud's work on trauma in the second half of his career may be viewed within two categories: biological and psychic. Biological dealt with stimulus barrier and psychic with dual theory of anxiety which is over the scope of this paper. Ferenczi (1933) replaced Freud's first trauma theory in his paper *Confusion of Tongues* which offered new ways of thinking about reality and phantasy. On one level he proposed analysing the level of interpersonal dynamic between adult and child and on the second level the intrapsychic consequences.

For the second time it was war psychotrauma, which was defined as 'shell shock' in the World War I, 'war neurosis' in the World War II and the 'concentration camp syndrome' of those who were incarcerated in the Nazi camps. The traumatic neurosis of World War I supported the evidence of stimulus barrier. Krystal (1978) said that »catastrophic trauma«, acute trauma in an adult, occur because of a surrender to inevitable danger which progresses from common anxiety to catatonic state, even to potential psychogenic death. At this point, I would like to point out the contribution of the psychoanalysts' work, in the 1950s and the 1960s, with the survivors of the World War II, and finally the 'Vietnam syndrome' of the American veterans after the war in Vietnam. The political context here was the breakdown of the cult of war and the growth of the anti-war movement.

There are numerous psychoanalytic concepts, such as stain trauma. E. Kris (1956) proposed difference between the effects of single dramatic experience and long lasting traumatic situations. Spitz (1945) in his work with institutionalized children defined deprivation trauma followed by Bowlby (1960) who described separation trauma. Cumulative trauma was presented by Masud Khan (1963) etc.

For the third time it was sexual and domestic violence which has penetrated into the consciousness of the society in the late 1960s. The political context was the sexual revolution and the feminist movement. The contribution of psychoanalysts in work with the traumatized is immeasurable. Their courage and willingness (in the mid 20th century, especially after the World War II) to open the field to work with people who have suffered a psychotrauma, removed the possibility of forgetting the topic of psychotrauma on the level of the whole society. This had a great significance for the development of the concept of resilience, which is deeply rooted in psychoanalysis. The concept of resilience as a basic principle of the psychoanalysts' work with the traumatized people, reached its peak in the professional community in the 1960s and 1970s. Latin American psychoanalysts successfully developed the resilience approach while working with the numerous traumatized political prisoners (Lewkowicz and Flechner, 2005). From my point of view the possibility was opened for the development of the concept of posttraumatic growth and success.

4.2. Biomedical discourse

Since 1980 psychiatric practice and research is guided by the newly defined posttraumatic stress disorder (PTSD), first in the DSM-III and since 1994 in DSM-IV and ICD-10, which unfortunately emphasized only psychopathological traits of trauma[9]. But the positive effect was that since then the construct of PTSD enabled constant attention to the experiences of the psychotraumatized by the professionals in the field of mental health. Some authors emphasize the importance of the social context which encourages research, and so Lewis Herman states: »In order to keep the traumatic reality in the consciousness, a social context that gives the victim acknowledgment and protection is necessary, and which joins the victim and witnesses in an alliance. For an individual victim, this social context is made by friends, romantic and family relationships. In the wider social community, the social context is created by political movements which speak for those who are powerless […] If there are no strong political movements for the human rights, the workable process of testifying inevitably gives way to the active process of forgetting. (Herman, 1992:19) (because) […] the history of the psychological trauma studying - is a history of occasional amnesia." (Herman, 1992: 2)

The topic of psychotrauma is extremely complex, so it is important to observe (consider) psychological trauma from different perspectives, and to supplement the biomedical model with the social and historical factors. People build different experiences during their lifetime, and are, therefore, different before the traumatic event. Through the dialogue with the patient I am coming in contact with his/her suffering and explore the potentials, resources, motivation and the person's willingness for a change. My experience is that the financial compensation and recognition from the society to the traumatized is creating a fundamental prerequisite for them to continue their reparation work and continue their process of personal growth.

4.3. Biopsychosocial discourse

Trauma is conceptualized as an integrated bio-psycho-social process and placed within a specific context with consequences on the person as well as on the community (Naidoo, 2004). This discourse is strongly opposed to separating trauma in different categories (biological, psychological, social), with an emphasis on the complex, integrated process and the social construction of trauma within a specific social, political and cultural context (Appelt, 2006).

4.4. The discourse of growth and resilience

Newer concepts from the late 20th century and early 21st century form the fourth discourse which is about the *posttraumatic success, growth and resilience*. These concepts were formulated under the influence of constructivist epistemology (Bateson, 1972; von Foerster, 1993) in the context of the development of society and science (Anderson, 1995), and the practical application of science in different modalities of the postmodern-oriented psychotherapies such as the cybernetics of psychotherapy (Barnes, 1994), solution-focused brief therapy (Berg, 1992; de Shazer, 1997), narrative therapy (White and Epston, 1989) and systemic psychotherapy (Možina et al, 2010). Now I will introduce different aspects of the discourse of growth and resilience.

4.4.1. The need for the meaning

After a traumatic experience the survivors are connected with a shared experience. A charac-

teristic of such groups of survivors is that they search beyond themselves for the question of the meaning and the purpose of their own traumatic experience and survival. O'Hanlon (1999) offers us the three »Cs« - sources of resilience:

- *Connection* - a shift from the small isolated »I« or the personality to the connection with something greater than a person;
- *Compassion* - prefer to soften their attitudes with self-compassion in others, than to be against themselves, the others and the world;
- *Contribution* - to serve the others in the world.

This is certainly one of more constructive ways to take advantage of traumatic experience and assist the community of survivors and society. In this sense Frankl's Logotherapy or the existential analysis (Frankl, 1963) has provided a significant contribution in giving a sense for life to the survivors which. At the core of this approach lies author's experience of being a victim of the Nazi concentration camp.

4.4.2. The historical development of the concept of posttraumatic growth

Based on the previous concept of posttraumatic stress as the dominant discourse of dealing with the psychotrauma, the *discourse of growth and resilience* - in a narrative sense as an alternative, new story - developed as an upgrade. In the beginning my understanding of the therapeutic practice was based on the works of Bannink (Posttraumatic success, 2008), Tedeschi and Calhoun (Posttraumatic Growth, 1995)[10], Siebert (Posttraumatic resilience, 2005) and Zimbardo (Psychology of heroism, 2009). As it is evident, these works are grouped in a recent period of time but there was an important contribution to this paradigmatic shift which occurred 20 years ago by so called positive psychology: "Positive psychology grew out of the idea that for too long researchers and clinicians had been overly focused on the negative side of human experience, and there was a need for equal attention to be paid to the positive side. Just as early empirical work focused on PTSD as an outcome following trauma, psychology more generally was predisposed to focus on psychopathology and distress. Just as the literature on posttraumatic growth suggested that there was much to be learned from the study of the positive consequences of traumatic events, so positive psychology argued that there was much to be learned from the positive sides of human experience: for example, success, excellence, and optimal human functioning." (Seligman and Csikszentmihalyi, 2000, cited in Joseph and Linley, 2008: 341-2)

Later, especially by the works of Tedeschi and Calhoun (1995, 1996), through the concept of posttraumatic growth, which is defined as a description of experiencing a positive change after fighting a big life crisis, I deepened my understanding and practice. From the very definition it is evident that the term posttraumatic growth refers not only to the growth after experiencing a psychotrauma (as defined in the DSM IV or ICD 10), but it also has a wider meaning which is added by the authors who apply it to the life circumstances which are outside the range of usual human experience. So they included the grief after losing a loved one, recovery from cancer and traumatic head injuries. In the original text (Tedeschi and Calhoun, 1995) it is stated that the theme of growth after surviving a great crisis has been known for a long time in the literature, philosophy and religion. They were the first within the academic clinical and the academic research community who have used it, although the possibility of growth after a crisis event has previously been known in the social and behavioural sciences. The idea that the human experience contains mixed positive and negative aspects was reflected in the works of various authors (for example Frankl, 1963; Yalom, 2011). Since the 1990s a series of studies has been focused

(Seligman and Csikszentmihalyi, 2008; Schaefer and Moos, 1992; Ickovics and O'Leary, 1995; Cohen, Park and Murch, 1996; all these studies are cited in Joseph and Linley, 2008) on the posttraumatic growth as a distinct field of study.

4.4.3. From the posttraumatic stress to the posttraumatic success

The concept of the posttraumatic growth and development through the trauma could evolve only as an upgrade to the concept of the posttraumatic stress, within the continuum - from the posttraumatic stress towards the posttraumatic success. Initially, I thought that this is an original idea, but I later found it in the work of Joseph and Linley, who state: "Similarly, we do not see posttraumatic stress and growth as an either-or dichotomy, but rather as a more integrative way of understanding the variety of processes and outcomes that may ensue following trauma, and which may, to a greater or lesser extent, be continuations or amplifications of more normative life span developmental trajectories. Implicit within this understanding is that posttraumatic stress and posttraumatic growth are not separate ends of a continuum, nor indeed separate, unrelated phenomena, but are rather two aspects of human experience following stress and trauma that can be associated with each other in a variety of ways." (Joseph and Linley, 2008: 341)

I perceive the posttraumatic stress and the posttraumatic success as two ends of a continuum in which they both are a part of the experience of the survivor. Because conversation, in which the concepts, ideas and understanding between two parties are circularly alternated, is the basis of the psychotherapist practice, in our concept one end of the continuum - posttraumatic stress - touches the beginning of the second end of the continuum - posttraumatic success. I am deeply touched by the understanding O'Hanlon offers with connecting both concepts[11].

It is of great importance which concept will be emphasized through the narrative, the posttraumatic stress or the posttraumatic success. Although every psychotrauma is an individual experience, the quality of social reception of series of individual traumatic experiences as a part of a much broader traumatic/war experience of the majority of the citizens of a state, is of a particular importance (an example is the Homeland War in Croatia 1991-1995).

Image 1: A girl or an old woman? (http://www.iluzije.net/Stranica/2/)

At the workshops which are dedicated to posttraumatic stress and / or posttraumatic success I regularly offer the known image from the psychology of perception. By observing the image we can see that it is practically impossible to simultaneously see both characters (girl / old woman), and first we see one figure and then, after the perceptual adaptation of the eye, we can see the second figure. However, there is only one brief moment in which one image transforms to another. So, in this example of the psychology of perception the ability to perceptually adapt enables the transformation. By using this model as a metaphor for our understanding of the continuum from the posttraumatic stress to the posttraumatic success, at the point of critical instability (a term from synergetics) we are no longer sure whether the pathological symptoms of posttraumatic stress or the constructive patterns of the posttraumatic success prevail.

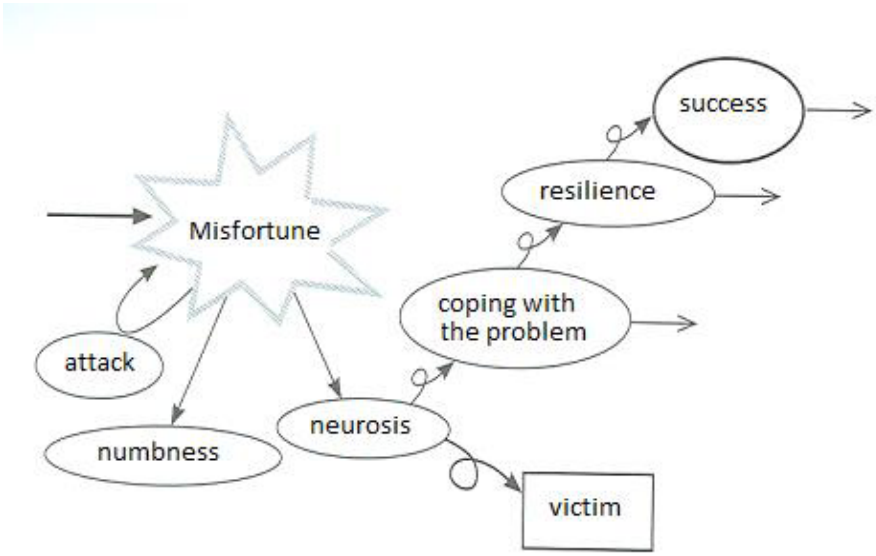

Image 2: Different scenarios after experiencing and surviving a traumatic experience (from Seibert, 2005: 2).

The graphical presentation of Siebert illustrates different scenarios after experiencing and surviving a traumatic experience, which are influenced by the biological inheritance, pre-traumatic, traumatic and post-traumatic experience, and the cultural environment in which the victims have survived. On the one hand, it is possible to develop symptoms and become a victim with the clinical manifestations of mental disorders. On the other hand, there are individuals who will, due to a traumatic experience, grow and develop as a person - get what is the best for themselves through tackling with the problem - guided by their own inner strength[12]

The following story is a famous educational story about a conversation of an American Indian and his grandson (http://www.firstpeople.us/FP-Html-Legends/TwoWolves-Cherokee.html), which tells us - in the context of posttraumatic stress and/or posttraumatic success - that it is very important which part of the continuum is emphasized.

An old Cherokee is teaching his grandson about life. »A fight is going on inside me,« he said to the boy. »It is a terrible fight and it is between two wolves. One is evil - he is anger,

envy, sorrow, regret, greed, arrogance, self-pity, guilt, resentment, inferiority, lies, false pride, superiority, and ego.
The other is good - he is joy, peace, love, hope, serenity, humility, kindness, benevolence, empathy, generosity, truth, compassion, and faith. The same fight is going on inside you - and inside every other person, too.«
The grandson thought about it for a minute and then asked his grandfather, »Which wolf will win?«
The old Cherokee simply replied, »T*he one you feed.*«

4.4.4. "What you focus on you amplify in your awareness" (Yapko, 2012: 18)

A dialogue which occurs between two or more parties in an everyday life situation or a psychotherapeutic session is conversation. Conversation is a process of exchanging and creating concepts while retaining interpretive differences (Šugman Bohinc, 2003). If we are finding common interests we are *enriching each other with our interpretations and creating mutual answers*, continuing in a joint project of cooperation in which we come together and keep *our interpretive difference* as well. The value of conversation is in an agreement which participants achieve. With language in a dialogue we share ideas, develop our own expectations, desires, and we find out the needs, abilities and expectations of the dialogue partner. Therefore, the way we describe an experience is of immense importance, and how to describe a traumatic experience and/or an experience of survival is also particularly important. Yapko's claim in the subtitle above means that what is being emphasized is what is increasing. It has become a trademark of my clinical practice, because it maintains and summarizes what is of the most importance in the epistemology of systemic psychotherapy.

4.4.5. The emphasis is on the survival

In 2009 at the workshop in the beautiful Slovenian sea resort Portorož, which was led by a French-Canadian therapist Frederic la Belle I had a deep personal experience where I became aware about the value of survival in the traumatic situations. This has added another 'piece of the puzzle' of the entire concept of posttraumatic success, growth and resilience. This workshop reminded me of the reconstructions of families made by the members of my systemic psychotherapy training group, in which the members of the group exposed the strength of survival of their ancestors during the World War II, and positively reappraised the traumatic experiences of families from the past.

Based on the current knowledge, a series of seminars, workshops, and my own practical work in which I have encountered various stories saturated with problems, I can say that we, the psychotherapists, mostly deal with people who have belonging problems on a certain level of being or existing – to the partner, family, children, work environment or the community in which they live. The stories of my fellow psychotherapists about the near death context and the fine line which separates life and death, have shown me that such experiences have special meaning for anyone who has survived something like that. For me personally, these stories acted as a trigger that opened my interest for survival. Therefore, I believe that the importance of surviving in life of a person who has survived a traumatic event - an experience outside the range of usual human experience – is an invaluable experience for her / him, the family and the community (s)he lives in.

It is a rich resource of experience of a person which is very important to be emphasized and

utilized during the therapeutic work by using the concepts of posttraumatic success, growth and resilience.

4.4.6. Epistemology of the posttraumatic success

Table 1: Continuum of posttraumatic stress and posttraumatic success

Posttraumatic stress	Continuum	Posttraumatic success
Trauma		Resilience, survival
Victim's culture		Culture of resilience
Psychopathology		Pathos / Resources
Scientific truth		Understanding of understanding
Past		Future
Problem		Solution
Rule		Exceptions
Facts		Meaning
Impossibility		Possibility
Framing		Reframing
Generalization		Specification, contextualization
Dominant stories		Alternative stories
Security		Secure insecurity
Information		Interpretation
Position of the expert		Stance of 'not knowing'
Oblivion		Gratitude
Nonsense		Making sense
Pathogenesis		Salutogenesis

In the sense of the continuum '*from posttraumatic stress to posttraumatic success*', I suggest a series of dichotomous pairs to be easily available to all of us, hoping they will root in our culture. This article is an attempt to evoke the sensitivity for the continuum from posttraumatic stress to *posttraumatic success*, and to nurture a new language and new understandings, and thus empower the survivors, as well as the whole society in creating more constructive patterns of support for the survivors after a traumatic event. I am proposing a new language based on the *epistemology of posttraumatic success*. Therefore, with the *posttraumatic success*, growth and resilience the emphasis is o*n the resilience and survival, the understanding of the understanding* of the survivor and his dialogue partner (in the narrow sense - therapeutic context, in the broader sense - within each conversation), the ability to experience, feel and come in contact with pain, suffering (*pathos*), as a person together with a person. It is important to reframe the language of psychopathology for the benefit of the patient, to give the possibility of guidance towards *the future, the solutions*, with opening new *possibilities* by utilizing the resources[13] from the past. We are giving up the security and are being opened for the 'secure insecurity' by engaging in an adventure of psychotherapy. We are being sensitive to the specificities of an unique experience and the exceptions to the rules of the dominant discourse. It is important to contextualize the story, because every piece of information enables new common interpretations, with which, in a therapeutic relationship, we create new meanings within the reframing, thus opening the space to enter into the stance of "not-knowing" (Anderson and Goolishian, 1992), thus creating "a difference what makes a difference" (Bateson, 1972, 1979) and ultimately participating in the creation of an alternative story, and a new culture of resilience. In this way, as opposed to the culture of oblivion, we are participating in the creation of a culture of gratitude for the people who have survived a traumatic experience. With this, the survivors indicate to themselves, their loved

ones, and to the entire community they live in, the toughness and human's unbreakable strength. From the meaninglessness of the traumatic experience the survivors are participating in making sense (Frankl, 1963) of such an experience. In conclusion, based on the concept of pathogenesis, we are participating in the creation of the concept of salutogenesis.

5. Therapeutic approaches to people who suffered psychotrauma

In this paragraph I am drawing a distinction between traditional and postmodern therapeutic approach with dydactic purpose. Namely, I am aware that in therapy there are no clear boundaries so that traditional approaches contain elements of postmodern approaches and vice versa. At the same time I don't consider that the approach presented in this paper is the only one which is postmodern oriented but there are many others, for example Shapiro (2001).

5.1. Traditional approach

Traditional clinical practice uses the tree phase model[14] in the treatment of psychological trauma. The development of this model dates from Janet (Janet, 1919/1925, cited in Herman, 1992), with different versions of terminology from one author to another (Herman, 1992; van der Kolk et al., 1996), but there is a general consensus about the tasks of each phase. Forgasch and Copeley (2008) quote the terminology used by van der Kolk in describing the three stages and their specific tasks:

In the first phase, which the authors call stabilization, the goal is to help the patients control their reactions and to prepare them for the work on their trauma. In the second phase, the therapist works on identifying and successfully processing the traumatic experience. And in the third stage in the removing the symptoms, reconnecting the self and the others, and improving efficiency in the reality of life.

From my point of view, the proposed three - phase model, which comes from the objectivist epistemology, largely fits into the systematic part of our therapeutic approach which I suggest. In addition, from the perspective of constructivist epistemology, every work with a patient can also be perceived as unpredictable,"non-trivial"[15]. Consequently, I plead that a therapist who works with psychotrauma should keep in the perspective the whole continuum, from the systematic to the non-systematic approach in the work with the psychotraumatized people, which is one of the basic ideas of this article.

5.2. Postmodern systematically-non-systematic therapeutic approach

Usually in the first meeting with the patient, we can hear a dominant story, a problem saturated pattern. Our mission is to offer to the patient a context for constructing an alternative story, and to create a pattern for the solution – to unravel the plot to build the life story. For this purpose, building a maintainable relationships, from the perspective of the patient as an expert (Anderson and Goolishian, 1992), the therapist and the patient are planning small steps and homeworks between the meetings and checking the accomplished, from the encounter to encounter. By building on the previously taken successful steps and exceptions in the problem, which may indicate a path towards the solution, the therapist and the patient adapt the outcomes to the new definitions of the vision of the future (Bardmann, 1996 cited in Šugman Bohinc, 2003). Our therapeutic experience suggests we should emphasize two specifics of working with the trauma-

tized: the first is the proportion of the systematic and non- systematic in therapeutic work and the other is the need to explore the traumatic experience.

I agree with O'Hanlon's (1999) instruction for working with the survivors: "It is necessary to find out what the patient is seeking in treatment and how he or she will know when the treatment has been successful. Point out to the patient that (s)he is safe. If (s)he is not take whatever steps necessary to secure him/her. Do not assume that the patient needs to go back and work through traumatic memories. Some people will and some people will not. Everyone is unique. Look for resources and strengths (survival, relationships with others...). Validate and support each part of the person's experience. Make provisions (e.g., contracts) for safety from suicide or homicide. Gently challenge self-blaming or invalidating stories the person has. Do not give the message that the person is 'damaged goods' or that their future is determined by the trauma. Remember that change can occur in the interpretations and actions or interactions associated with the event(s). Keep focused on the goals of treatment." (O'Hanlon, 1999: 183-4)

This systematic guide in work with the survivors is very precious. However, I believe that the context of therapeutic work with survivors is more complex, and that with the systematic domain, there is also a very important domain of non-systematic in our therapeutic work: creatively responding to patients' different visions of solutions, willingness to be surprised, for an unexpected novelty, openness to the moment of Kairos which happens in the therapeutic relationship, and that solving problems does not have only functional but also aesthetic value. In that way we could describe our work as 'the systematically-non-systematic approach'. In order not to understand these 'two domains' separately, it is significant to emphasize that we are non-systematic, but in the relation to the ideas and the concepts we are being deliberately systematically-non-systematic (Šugman Bohinc, 2000; Bardmann, 1996).

The traditional approach to therapeutic work with the psychotraumatized (Janet, 1919/1925, cited in Herman, 1992; Herman, 1992; van der Kolk et al., 1996 and Copeley, 2008) suggests that it is necessary in the therapeutic work – for it be effective – to explore the traumatic experience, previously developing a relationship of trust and security with the patient, and then to incorporate those two in the final phase of integrating new experiences. We think it is not necessary to explore the traumatic experience with each patient - maybe yes, maybe not - as stated by O'Hanlon (1999), and it depends primarily on the needs of the patient. In the therapeutic work we decide together with the patient the timing, dose, intensity and length of the exploration of the traumatic experience, and it is, in the context of psychotherapy with traumatized people, regarded to as the non-systematic perspective of our work. We explore all the ways in which the development of a different epistemology of psychotrauma participates in the change. It is important to point out that in our work we put the emphasis on the strength of people, recognizing his / her needs, investigating resources, on creative storytelling, planning and implementation of homeworks with which we challenge the new understanding of the traumatic experience. We are interested in how the context in which we started our therapeutic work is constructed, and how it is starting to change. We are curious to discover the places in which 'silver linings' appear, what kinds of new interests does a person develop, in which way does (s) he divert his/her focus on viewing and acting, with which new people and their concepts of life does (s) he come in contact, and how does a creative usage of dolls, symbols, ropes as metaphors of so called River of live method (Nemetschek, 2006) enable the externalization of the inner experience of a person. We are also attentive for all other ways of expressing the inner experiences a person carries. With all these methods we explore different life scenarios, and it is all in the purpose of transforming a story saturated with a problem into a story of a desired solution.

6. Conclusion

The theoretical and therapeutic background of the systematic approach in the context of the constructivist epistemology enables a specific integration of the above listed knowledge and experiences in the context of psychotrauma. It is my opinion that we are only at the beginning of the understanding of the continuum of posttraumatic stress and/or posttraumatic success. This is an area which has started to develop in the last decade, and in which there is a need to find the terminology appropriate to our language. I expect, above everything else, that further practice will show it in the future. All I have written about and discussed in this article is opened for further research and debate. My understandings are opening a possibility of dialogue with the readers to deepen my sense, curiosity and readiness to meet new challenges.

And a story for the end...

One psychiatrist was also a prisoner in the concentration camp during the World War II. He says that a prisoner who does not believe in the *future of his future* has condemned himself. He describes an event when he was staggering in a row of inmates to the workshop, in the cold and without food. He forced himself to think about something else. *All of a sudden*, he saw himself standing on a stage in front of the auditorium and holding a lecture about the psychology of the concentration camp. In that way he managed to rise above the suffering of the time, and he was able to see the torture as *if it was already in the past. His focus on the future saved him at that moment*. That vision of the future becomes the reality, and he often talked about it in his successful lectures. He used his experience to establish the existential therapy and to heal others with the therapy of meaning. His name is Viktor Frankl (Frankl, 1963).

Footnotes

[1]I was also in doubt about which term to use: posttraumatic growth, posttraumatic success or resistance. The basic meaning of all three terms is to amplify the constructive patterns on which the survivors of traumatic events function. The resilience is a part of psychoanalytic tradition. Posttraumatic growth is a concept which came from psychotrauma but is also applied to the constructive patterns after the grief for a lost loved person, beating cancer and traumatic head injuries. I am using the term posttraumatic success in this article only for the constructive patterns after psychotrauma.

[2]This work is dedicated to my professors Biserka Koren, Lea Šugman Bohinc and Miran Možina, as well as to my colleagues Ana Habdija Šorša and Dinko Štajduhar, all of whom had an important role in different stages of the development of my psychotherapeutic identity.

[3]Although it has become customary in the everyday psychotherapeutic language, to use the word client for a person who comes to us with a problem, I support of the opinion that I work with people who are suffering-patients. The suffering they come with illustrates the basic reason why I get in contact with those people. Psychotherapist's task is to use conversation to provide to the patients - the people who are suffering - the hope that the recovery is not only possible, but also inevitable (Mandić, 1990).

[4]Any segment of the world that represents a unit of observation to the observer is considered to be a system. It can be a patient, a couple, a family or a group. It is important to emphasize that the observer / psychotherapist is the one who defines what a system is, and there is no default classification of a system given to him (Štajduhar, 2010).

[5]According to Bateson (Bateson and Bateson, 1987: 208) we can define the science of epistemology as the study of how certain organisms (or aggregates, assembles or associated organisms) know, think and decide. According to von Foerster (1990, in Šugman Bohinc, 2003) we define it as a science (study, theory) of understanding.

[6]Aaron Antonovski (1923-1994), a professor of medical sociology, forged the term 'salutogenesis' in 1968 (in Latin Salus = health, in Greek genesis = source, origin, development of something).

[7]The term 'synergetics' is of Greek origin and means 'the science of interplay'. Today, the term is used for a complex transdisciplinary

theory of the self-organizing processes. The subject of this theory is to describe and explain the process of shaping and changing structures of animate and inanimate nature. It is surprising that there are phenomena which are similar in dynamic properties although they appear in significantly different material systems and in different time scales. Synergetics was first developed thirty years ago in the field of mathematical physics to explain the highly coherent laser light. The founder of the synergetics Hermann Haken (1990) used it also in many other areas. The 'science of interplay' tells us how nonlinear interplays among the elements of the system lead to synchronization and how to handle the resulting macroscopic structures (Schiepek et al., 2005). Schiepek has noticed that in psychotherapy, just like in other forms of learning, jumpy changes and discontinuous transitions (just like in physical phenomena) occur very often, and found that applying the principles of synergetics not only in physics but also in the domain of psychosocial systems is useful and of great value (Schiepek et al., 1992).

[8]To objectify – (in Latin object is objectum) to make subjective objective; a creation of our senses or thinking understood as something (a thing or an object) that exists outside us and independently of us.

[9]Through the history of science, in most cases, when there is a discovery, there is a hope, and sometimes even a naive attitude that final solution was found. But with time a new level of understanding, new questions and doubts are born, and they perpetuate a search for new understanding. It seems to be the case with psychotrauma too.

[10]Although the author in the article (Rijavec, 2011) exclusively suggests, by quoting Tedeschi and Calhoun (1995), the term posttraumatic growth, we believe that this new concept deserves a wider circle of experts in the upcoming times to choose one of the suggested terms which is in the spirit with the Croatian language.

[11]Bill O'Hanlon is worried about his successors who interpret his work to be directed exclusively towards the posttraumatic success and growth. He says that he has never considered in the past, nor will he consider in the future his work to be exclusively about the posttraumatic success and growth, but also a talk about trauma and survival, the past and the future, the problem and the solution. He has metaphorically compared his work with traumatized people with walking on two legs: the left and the right. To walk properly we need left and right leg (a note from a conversation with Miran Možina in 2011 who has remembered his attendance of the O'Hanlon's workshop during the World Congress for Psychotherapy in 2006 in Cambridge, UK).

[12]Some of the survivors see their inner strength as an achievement, granted prayers to God through a spiritual, religious/transcendent experience (Karlović, 2011).

[13]The researches of efficiency of psychotherapy (Grawe, 2004) strongly emphasize the use of resources for achieving a desired outcome in the future.

[14]Difference between the traditional and our postmodern systematic approach to the psychotherapy with the traumatized, is also reflected in the small, but important distinction as to how do we – the psychotherapists - understand and name the work we do with our patients. The term treatment (to treat-behave, approach, tackle with) is a part of the epistemology of the traditional objective understanding of working with the patients and the psychotraumatized people. During my psychotherapeutic training an attitude based on constructivist epistemology was engraved in me that my work with my suffering patients is an encounter. I meet them primarily as a person to a person. We share ideas, concepts and understanding the understanding, and I take part in building for them new, more constructive concepts and understandings.

[15]By observing of the world around us we can divide the observed systems to trivial and non-trivial. Unlike the trivial systems, which are completely determined, totally predictable and independent to the past or experience, in the non-trivial systems the outcome of the activity is not predictable, the connection between the beginning (the input) and the end (the output) is not simple, it is determined by previous states and depends on the history of the system, it changes its transformational rule every time it occurs, and the inner dynamics of the non-trivial systems is hidden from the observer (Kordeš, 2004).

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