# Trauma Treatment:

## *Factors Contributing to Efficiency*

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Edited by

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*Agnieszka Widera-Wysoczańska*

# INTRODUCTION

# EFFECTIVELY COPING WITH TRAUMA THROUGHOUT A PERSON'S LIFE SPAN

AGNIESZKA WIDERA-WYSOCZAŃSKA

Trauma surrounds us. Throughout the course of human lives, individuals have to confront sudden terrible events and chronic stressful hardships. People can experience acute trauma, for example, in the form of the loss of someone close through sudden death, divorce or breakup, the loss of a job and long-term unemployment, involvement in a traffic accident, experience of a natural disaster or war and its consequences in terms of the loss of a loved one, health and home, or volunteering to do recovery work after a natural disaster or helping a person to cope with a chronic, complex trauma which is often lifelong.

Among the chronic and interpersonal injuries are described, for example, a personal serious illness or that of relatives; dysfunctional or pathological relationships with family members or issues arising from emotional, physical, sexual and/or substance abuse, as well as long-term stressful situations including prolonged lawsuits, which may be related to family matters, in the course of which both adults and children suffer. We should also pay attention to the stressful situations experienced by old people, such as interpersonal events, when the closest of relations are dying; social events, retirement, both natural and pathological biological consequences such as diminished health, tackling existential events, namely one's death and the fear of it.

Suffering people are looking for different ways to effectively deal with stressful situations in order to return to a better psychological state. They read books, seek individual support, look for intervention, for crisis counsellors or psychotherapists and go to various support groups or prefer to speak to a priest from their church or talk to a friend instead. Amongst the procedures which enable the recovery of mental health after trauma, therapeutic alliance, attachment, narratives, catharsis, and the unity of the group should also be mentioned (Garmezy, Master, 1986). It was noted

that a person recovers faster when, in the course of receiving professional help, a sense of security is built and strengthened, when there is a sense of control, emotional awareness, expansion of consciousness, behaviour control, imitation, interpersonal learning, similarity and altruism.

These factors relate to the phenomenon of resilience, as the ability to self-help in order to change living conditions, adequate adaptation and involvement in everyday life matters. The ability to perform tasks is constantly being developed and improved, often in difficult, stressful living experiences. Resilience is the use of internal forces, so that despite the suffering a balance in stressful or traumatic events can be found. It helps to creatively resist the pathogenic impact of the nearest environment (Sheehy, 1981; Uchnast, 1997).

Resilience is not an innate trait. It develops as a result of difficult life experiences and threats to fundamental values such as life or health. It also develops as a result of participating in psychotherapy. It may be formed when we confront risks and take various actions, which aids an increase in our immunity resources. The main role in this resistance is the ability to break away from negative experiences and induce positive emotions in ourselves.

Grossarth-Maticek and Eysenck (1995), Eysenck and Grossarth-Maticek (1991) and Flach, (2004) described the close relationship between personality type and illness or ability to recover. The first two personality types reveal a significant lack of resilience. The first is characterised by vulnerability to cancer, the second type to heart attack or stroke. People of the first type of personality manifest a strong need to be close to another person emotionally, or to achieve some highly valued goal. However, the object of their need or pursuit is permanently withdrawn and therefore they feel worthless, hopeless, depressed, and helpless. Those of the second type have an intense need to distance themselves from disturbing persons or situations, but they cannot. This causes them irritation, anger, a feeling of being trapped, and helplessness.

Studying these types of personalities leads researchers to wonder what reduces our resistance to stress and hinders recovery.

This is influenced by life history and the conditions of a particular family in which he/she was raised, with the resulting internal characteristics of a person and his/her understanding of interpersonal skills; this affect is also due to biological factors. Anti-resilient family environments are overly rigid or extensively disorganised (Flach, 2004). Rigidly organised living conditions are very resistant to change. They are characterised by totalitarianism, violence, alcoholism and substance abuse, childhood physical and/or sexual abuse, or early separation from a parent

or both parents. The impact of the weakening of resource persons is also a family history of anxiety, punishment, excessive demands, destructive values, secretiveness, aversion to innovations, intolerance of conflict, pathological principles and family attitudes. In contrast, chaotic conditions are characterised by inconsistency and transience, lack of authority, over-indulgence, excessive forbearance, unclear expectations, absence of defined values, indiscretion, opposition to anything traditional, continuous turmoil, and vindictiveness.

Among personal characteristics, the following particularly stand out: dependence, low flexibility, pessimism, panic response to stress, loss of self-control or control of their environment, intense fear quite out of proportion to a particular stress, and inflexibility increase the risk of panic. In addition, during extreme or traumatic situations long-term personal traits can become frozen. Research literature also suggests biological dysfunctions that could be genetically conveyed, or the impact of stressful events on the functioning of the brain.

Two types of personality which are resilient, each in their own way, have been described by Grossarth-Maticek and Eysenck (1995). The most important characteristic of people in the first category is the awareness of their ambivalent feelings about close relationships (they want to be close but are afraid of it) and they seek help during the course of psychotherapy or counselling to resolve the ambivalence. They may experience episodes of anxiety or aggressiveness, but they are not depressed and do not suffer from helplessness. People with the second type of resilient personality are in touch with their emotions and express them. They have a healthy sense of self-confidence and autonomy; they like themselves and other people. They learn from experience. They handle their relationships with others easily, knowing whom to trust. They have effective coping mechanisms to counteract helplessness and deal more capably with various stresses and interpersonal inadequacies. They seem to be resilient.

What are the determinants of resilience that have been identified? Just as in the case of the factors which reduce the ability to self-heal, the profiles of the resilient personality include inner psychological, spiritual and interpersonal strengths as well as the family conditions in which a person grew up (Flach, 2004; Henderson, 1999; Siebert, 2005). Not all resilient people have all of the following characteristics developed to the same extent.

The psychological inner attributes include autonomy, a sense of self-esteem, self-confidence and capabilities, a high level of personal discipline and a sense of responsibility, recognition and development of one's talents, creativity, focus and a commitment to life and a dream of what

they wish to accomplish in their lives. They have a sense of humour as well as the ability to maintain a distance from themselves or their surrounding reality and give it a new and surprising interpretative framework. These people are very tolerant of uncertainty and distress, but it is not too severe, and for a reasonable length of time. They are capable of achieving insights into problematic situations. They have the ability to identify sources of distress in life situations or in inner conflicts, which brought them to a crisis point. They can transform unpleasant occurrences into learning experiences, which consists of drawing positive lessons from bad events. They look at old problems in new ways, integrate new perspectives and patterns of behaviour into effective approaches of coping with trauma, and choose more suitable, workable solutions for various dilemmas. They accept emotional states, react emotionally, creatively manage pain; they cry, express anger, share their emotions and control their states. An important element that describes resilient people is innate optimism and hope for a better tomorrow.

Their understanding of life is based on faith or philosophy, and spirituality. This allows them to have hope in the most difficult situations.

Positive interpersonal attributes involve high social competence and the reactions of others towards us. A person with social competence can think and act independently, without being unduly reluctant to rely on others. He/she has the ability to give and take during human interactions, to create a favourable, well-established network of understanding family and friends, including one or more who serve as confidants, with respect, patience, empathy, open communication, and with appropriate feedback. These people are capable of forgiving others and themselves. They are proficient in setting limits, generosity, and freedom from their own selfishness and protection against the selfishness of others, and are able to give and receive love. They tolerate conflict and different opinions (Greff, Human, 2004), and are helpful in resilience and are empathetic and open in expressing feelings and the needs of others. People recovering from serious physical and emotional disorders do much better if they are surrounded by friends and family members than if they emerge from their troubled times to be greeted by hostility, rejection, or indifference. Many people consult therapists to receive this kind of deep feeling and such healing relationships.

People who quickly return to health experience or have experienced resilience in family life in childhood (Flach, 2004; Rutter, 1999; Walsh, 2003). A resilient family is elastic, shares common goals and realistic expectations, expresses empathy, and communicates meaningfully. Action is based on the values of self-respecting people, with kindness, courtesy,

and mindfulness. Resilient parents teach their children resilience through big and small examples in everyday life. They learn to perceive reality realistically and adapt to this reaction. Stress or traumatic situations give opportunities to develop and strengthen the attributes of self-healing. Resilience is not a-once-and-for-all thing, nor is any one particular resilient attribute a static ingredient of our personalities. The presence of one or more strengths does not guarantee the presence of others.

Resilience can be developed through a course of educational programmes, through workshops and psychological or psychotherapeutic training. During these processes, participants learn about themselves (personal understanding), express themselves (articulation) and transform (customisation). The development of resilience (self-help) is both preventative and therapeutic. The main idea is to develop and support these life skills that strengthen and enrich the individual and prepare us to face the inevitable challenges of life. Uses for these development strategies are based on the support and training of participants in decision-making, consensus building, planning activities and the practical implementation of these skills. The application of reframing opens up new meanings for situations experienced. People talk about their strengths, which focus on capabilities which are an inseparable part of the personality to be sought and given. The experience of trauma is a time to reflect on life, goals, values and relationships. Therefore, it is important to present the research and reflection of practitioners about healing factors applicable to different forms of professional assistance for adults who have experienced various types of acute and interpersonal trauma in childhood, adulthood and old age. Discussing the healing factors occurring during the process of helping enables effective programmes to be built and develops the capacity to cope with destruction and trauma. Healing factors, the characteristics of a counsellor, personality determinants of recovery, and techniques for recovery, are analysed in this book, because its purpose is to provide readers with information setting out directions in psychological conduct for persons harmed.

## Who can benefit from this book?

It is intended for researchers, especially for professionals, who are looking for effective ways of dealing with people who have been hurt in life, that is, for psychologists, social workers, therapists, sociologists, nurses, doctors, therapists and students in these fields. This book is also for survivors themselves, who could find ways of approaching problems relevant to them. It is a continuation of the issues that were discussed in

the book "Interpersonal trauma and its consequences in adulthood" (Widera-Wysoczańska, Kuczyńska, 2010).

## What are the contents of the book?

This book is divided into three parts. The first part characterises the issues related to the phenomenon of trauma. In the second part, the chapters' focus is on descriptions of factors that influence intervention and support. Then the third part concerns factors in effective therapy of people after trauma. The book as a whole is intended to provide expertise that can facilitate effective help and treatment for trauma survivors, and it shows which factors enhance a person's ability to heal.

In the First Chapter of Part I, Agnieszka Widera Wysoczańska describes the types of trauma: interpersonal and simple experienced by people who professionals specialising in this area have to deal with. The author compares the qualities which are characteristic for both traumatic occurrences which underlie the different ways of effective treatment of people experiencing interpersonal and simple traumatic stress.

In the Second Chapter of Part II, Alice Strzelecka-Lemiech and Alice Kuczyńska show that it is easier to get support when it comes to domestic violence from people who are professionally involved in helping than from non-professionals. It describes the factors relating to the effective delivery of assistance by social workers. These factors include amongst others a sense of responsibility and appropriate theoretical knowledge of the effects of domestic violence and, above all, knowledge of how to proceed against abuse. Of great importance is the level of empathy of professionals, which affects the assessment of domestic violence, the degree of personal responsibility for intervention and how to respond. An important role is played by social skills, such as the ability to be assertive: refusal, gaining favour within the social environment, the expression of both positive and negative feelings, and the ability to initiate and maintain a conversation.

Anna Bokszczanin, in the Third Chapter, describes the role of social support in reactions to the stress of flooding among adolescents. On the basis of quantitative research on 262 students of secondary schools she examined the relationships between distress (PTSD symptoms), and growth (stress-related growth symptoms), disaster trauma exposure, and social support. Post-flooding social support exchanges (support received plus support provided) were associated with both more PTSD symptomatology and further accounts of growth. On the other hand, young people’s positive attitudes in mutually helping were associated with less PTSD symptoms and were seen more as endorsements of stress-related

growth items. The consequences of experiencing traumatic events are the effects, both negative and positive (autogenesis), including spiritual growth, greater understanding of themselves and others, and improving relations with others. An affirmative attitude to help, feeling close contact with other people, affects the ability to effectively cope with trauma. A positive attitude towards helping other people is a protective factor against the development of PTSD.

Żurek Alina, Dąbrowska Grażyna, and Żurek Grzegorz in Chapter Four present difficult situations in old age and opportunities for providing psychological help. Psychologically, old age abounds in various events that carry the experience of loss, defined as difficult situations. These are interpersonal events (close relations dying), social events (retirement), both natural and pathological biological consequences (loss of health), approaching existential events, namely one's death and fear of it; and finally, the consequences of all the aforementioned events: negative self-evaluation, losing the meaning of life, the negative balance of life, feeling alienated, being misunderstood by others, and desolation (Steuden 2011). The events listed above, related to losses, present a strongly negative image of old age. Seniors experiencing old age in a positive way accept the passing of time and the irreversible changes in their lives. Among the persons examined are some who experience their old age negatively; they need support and psychological help in order to survive their old age. V. E. Frankl's logotherapy can be one psychotherapeutic method of help.

The issue of predictors of the effectiveness of therapy for women subjected to violence in close interpersonal relationships is discussed by Ewa Miturska in Chapter Five, which begins the third part of the book. The criterion for therapy effectiveness was changed with the sense of coherence level. A sense of coherence is understood in accordance with Antonovsky's concept of salutogenesis as a cognitive-motivational human personality construct. Another aim of the study was to investigate selected predictors of therapy effectiveness, namely emotional intelligence, the sense of control, and personality features. The results verified both individual and group therapeutic effectiveness conducted with the subjects, as well as the significance of the subjects' features in the process.

In Chapters Six and Seven, Agnieszka Widera-Wysoczańska tracks interpersonal trauma suffered in childhood, based on qualitative research which shows the factors facilitating and impeding the therapeutic process. The research conducted concerns the factors which influence the changes effected in people from dysfunctional families, aged between 21 and 53 during an 8-month course of therapy. Those participating in the therapy suffered from chronic interpersonal trauma in their childhood, including

emotional, physical, sexual and substance abuse. The healing factors, which, in the subjective experience of the examined persons, allowed them to enhance resilience, solve their problems, make changes and reach set goals. During the analysis of research material obtained, the following categories were created: the flow of time; feeling that one is a member of the group; revealing traumatic events in the presence of others; relationships with the therapist; support from persons from beyond the group; insight into the past; conferring meanings and looking from a new perspective; experimenting with expressing one's emotions; disclosure of being a perpetrator; insight into the thus-far existing relationships and learning to construct creative relationships with others, and learning to build oneself. During therapy, factors that impede recovery were established: negative evaluation of people in the group; fear and shame of revealing one's life; negating the meaning of his/her own experiences; the negative impact of others' stories on their condition; escape from remembering negative attitude towards oneself; toxic loyalty towards destructive parents; the mutual impact of therapy, and life situations, such as the influence of the therapy on one's life situation and influence of the life situation on the therapy; the perpetrators' accusations; dealing with other people's problems during the group therapy and beyond it in order not to deal with one's own problems; not taking risk; hiding the fact that one is a perpetrator of abuse; not revealing erotomania.

In Chapter Eight, Marilyn Korzekwa describes Eye Movement Desensitisation and Reprocessing (EMDR) created in 1987 by Francine Shapiro as a therapeutic process for the different types of trauma such as the stress of war, and natural disasters or traumatic events during childhood, including the experience of sexual abuse.

Finally, a general approach to treatment of post-traumatic disorders by a Croatian expert is put forward by Rudolf Gregurek in Chapter Nine. Post-traumatic stress disorder (PTSD) presents an important medical and social problem in the Republic of Croatia with a prevalence of 10-30 %, depending on the population. On the basis of his 15-year clinical experience in treating PTSD and a detailed analysis of related literature, Gregurek and a special team at the Clinic for Psychological Medicine, University Hospital Zagreb, compiled guidelines for diagnosis and treatment of PTSD. The established guidelines were independently developed, clinically proven at his clinic, and in terms of a custom-made procedure are unique worldwide. The essential feature is psycho-analytical comprehension and an approach to the etiopathogenesis of PTSD, although it also applies to other psychotherapeutic techniques (cognitive-behavioural, relaxation, existential). The diagnostic model is based upon a

structured clinical interview (DSM-IV, ICD-10), but also complies with the principles of psychotherapeutic interview. The therapeutic interventions as proposed are divided, according to therapeutic goal, into symptomatic and etiological.

# PART I:

# OVERVIEW OF TRAUMATIC STRESSORS

# CHAPTER ONE

# FEATURES OF SIMPLE AND COMPLEX TRAUMA THROUGHOUT A HUMAN LIFE SPAN

AGNIESZKA WIDERA-WYSOCZAŃSKA

When analysing the factors contributing to efficiency during trauma treatment it is important to recognise both types of traumatic events: simple and complex, and compare them by distinguishing similarities and differences.

## Defining traumatic events

The opinions concerning traumatic events which result in serious consequences for a person have been formed most intensely since WWII. In the 1950s, according to international and American classification, traumatic events were described as huge stress appearing in the life of a person who did not report mental disorders, resulting in the occurrence of transient situational syndrome (Bret, 2007). In the 1970s the foundations of more contemporary knowledge were laid down. During this period Mardi Horowitz (1978, 1979) described a way of reacting to acute experiences threatening her life. At this time Lenore Terr (1979) outlined a development context of research concerning traumatic experiences on children who survived the school bus kidnapping (Chowchilla in California, 1976). Henry Krystal (1978) described the impact of trauma on ways of verbalising internal experiences and their somatisation. Charles Figley (1978) wrote a book on the trauma of war (combat trauma), which followed his service in the war in Vietnam.

Two basic types of traumatic events have an influence on human life and are described in literature in various ways. Traditional approaches concerning trauma perceive fear as the most important reaction which classifies a specific event as traumatic. Jennifer Freyd (2001; DePrince, Freyd, 2002) suggested that, depending on the context of their occurrence, traumatic events can be characterised by various degrees of fear and

feelings of betrayal. She deemed traumatic events to be the ones which can cause such strong feelings of betrayal and various levels of fear. Quite a low level of fear and a high level of betrayal arise from single occurrences of emotional or sexual abuse perpetrated by a stranger. Sadistic violence of all kinds caused by the closest ones is characterised by both the feeling of fear and that of betrayal. As opposed to the above situations, there are also traumatic events of high and very high levels of fear and with or without a low level of betrayal, such as natural catastrophes (e.g. hurricanes) and traffic accidents. A low level of betrayal and a low level of fear experienced during a particular event do not make it traumatic. In this way Freyd (2002) divided traumatic events into natural ones (predominantly connected only with fear) as well as interpersonal (combined with various levels of fear and betrayal). On the basis of the analysis, I divided the last group into interpersonal trauma in a family, perpetrated by a close person, and the trauma suffered by a third person important to the victim or by complete strangers. Table 1-1 presents them as chronic interpersonal complex trauma (acts committed by family members) and interpersonal simple trauma (acts committed by strangers).

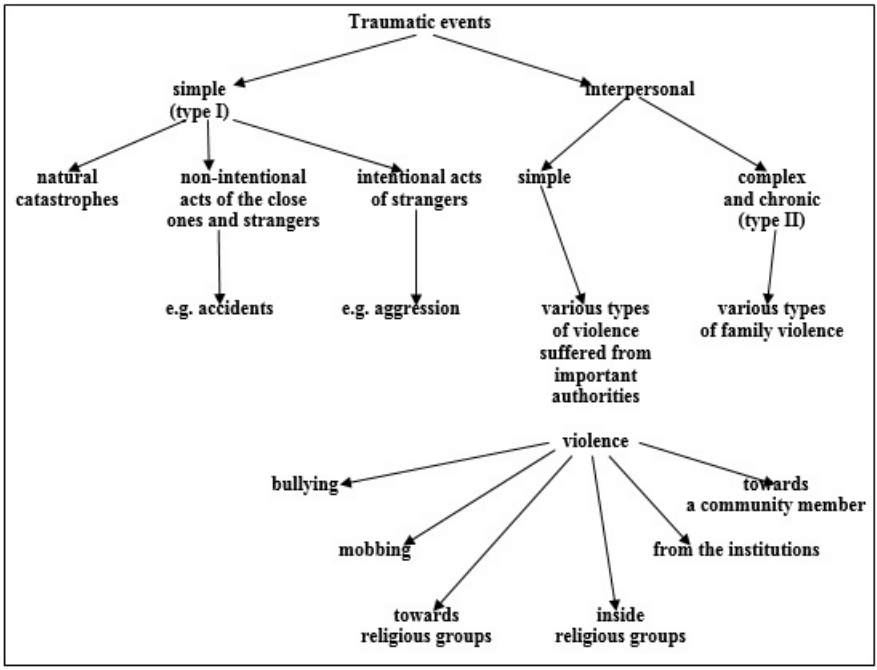
**Table 1-1. Division of traumatic events according to fear and the sense of betrayal**

| | |
|---|---|
| - high level of fear<br>- little or no sense of betrayal | Simple trauma:<br>- natural catastrophes<br>- traffic catastrophes |
| - high level of fear<br>- high level of betrayal | Complex and chronic interpersonal trauma suffered from:<br>- parents (guardians)<br>- other family members (sadistic violence)<br>- holocaust |
| - various (rather lower) levels of fear<br>- various (rather high) levels of betrayal | Simple interpersonal trauma:<br>- various interpersonal relations, including strangers in roles of authority<br>- aggression from strangers, not known personally (sexual abuse, emotional abuse) |

Source: elaborated from Freyd's (2001) basis by Widera-Wysoczańska (2011).

Another breakthrough in defining traumatic events shifting from a single situation to repeated occurrences was described by Lenor Terr (1991, 1994) as two types of trauma. Type I covers single occurrences already presented in the paper, single sudden and unexpected or not normative events, which make it impossible for a person to satisfy their daily needs and distort their points of reference. They include natural catastrophes, wars or rape or deeds caused by unintentional human acts such as road accidents or plane accidents. Type II trauma (chronic and complex) relates to repeated harm, which can be foreseen and expected by a person and which results from the intentional and conscious actions of another person. These types of traumatic events were described by Terr in order to show the specificity of traumas suffered by a child from his/her closest ones. Traumatic events of Type II include, according to Terr, various types of abuse and negligence in a family. In this way a division into simple and interpersonal traumatic events was made. Its expanded characteristics are presented in Fig. 1-1.

**Figure 1-1. Types of traumatic events**




Source: own research (Widera-Wysoczańska, 2011).

## Simple traumatic events

Simple traumatic events i.e. Type I trauma could contribute to the occurrence of a "simple" PTSD in a person (DSM III, 1980; DSM-IV-TR, APA, 2000 and DSM-V-TR, http://www.dsm5.org/Documents/changes%20from%20dsm-iv-tr%20to%20dsm-5.pdf; 2015). A description of objective qualities was included in criterion A of this disorder, where a traumatic event is a situation in which a person experiences, is a witness to or hears about the event in which death or closeness of death occurred or physical health was endangered, or there was a danger of serious harm, and can bear the consequences of a catastrophic event or be its witness in another person, although he/she himself/herself has never been under threat. It can also occur when a person confronts a life threat involving a close person. This constitutes DSM-V-TR, without the requirement that the individual must experience intense subjective distress, such as fear, helplessness, or horror during or soon after the event.

## Types of simple traumatic events

Table 1-2 presents examples of simple traumatic events. They are called simple as they do not typically involve abuse, aggression (natural or traffic catastrophes) or conscious intention to cause harm such as an attack by an animal (for example a dog) or one-time abuse in the form of drastic aggression suffered from a stranger (assault, rape on the street). They do, however, include acts of terrorism, kidnapping, torture, wars waged by strangers from whom the victim does not expect help or support, although long-lasting torture, being a prisoner of war or an inmate of a concentration camp is also considered a chronic trauma (Briere, Scott, 2006).

**Table 1-2. Simple traumatic events**

| PTSD criterion "A" | Examples |
|---|---|
| In order to be able to speak of a traumatic event, a person must experience an event defined by criterion A1. | Simple traumatic events. |
| A 1.1.<br>Being informed about a violent or accidental death or a threat of death that happened to a close relative or friend. | Natural catastrophes:<br>earthquakes,<br>floods,<br>volcanic eruptions; |

| | |
|---|---|
| | Man-made catastrophes:<br>traffic accidents with numerous victims:<br>aeroplane or ship crashes,<br>train or bus accidents;<br>traffic accidents with one or several victims:<br>car crashes,<br>motorcycle crashes;<br>house or other building fires;<br>building collapse;<br>Interpersonal violence is perpetrated on a single occasion by strangers:<br>rape,<br>assault,<br>physical attack,<br>battery;<br>Animal attack, e.g. by a dog;<br>Warfare;<br>Torture;<br>Terrorism;<br>Kidnappings. |
| A 1.2.<br>A person was subjected to the consequences of a catastrophe, although he/she was not endangered in person. | Seeing the corpses of people who died:<br>e.g in a car accident,<br>or in an earthquake;<br>Seeing a beaten man;<br>Rescuers exposed to trauma. |
| A 1.3.<br>A person is confronted by the consequences of an occurring threat to the life of someone close. | The information that someone we love,<br>someone important to us was seriously injured or died in unexplained circumstances,<br>it is unknown what happened to their body;<br>Kidnapping, the disappearance of a close person or lack of information about him/her. |

Source: A. Widera-Wysoczańska (2010a; 2011) based on: APA, DSM-IV-TR (2000) and DSM-V-TR; Allen (2001); Briere, Scott (2006); van der Kolk, McFarlane, Weisaeth (2007).

In turn, according to a reaction to serious stress (F43) described in ICD-10 (1998, pp. 96–97) a traumatic event is an occurrence or a stress situation, long-term or short-term, of exceptionally life-threatening or catastrophic character, which would evoke serious reactions in almost everybody (Table 1-3).

**Table 1-3. Simple traumatic events according to ICD-10**

| In order to recognise the disorder category: "Reaction to serious stress" one of the following circumstances must occur: |
|---|
| 1. Severe reaction to stress or post-traumatic stress disorder occurs as delayed or extended reaction to an exceptionally stressful event or short-term / long-term situation with features that are exceptionally threatening to life or catastrophic such as: natural disaster or a man-made catastrophe, war, assault, serious accident, presence at somebody's violent death or torture, terrorism, rape, crimes or sudden, threatening changes of social position, multiple orphaning over a short period of time, a house fire which might result in an intense feeling in almost everybody (criterion A).<br>2. A significant change in life is a permanent, unpleasant situation which leads to adjustment disorders.<br>3. Genesis and escalation of an acute reaction to stress depend first of all on personal sensitivity and the ability to cope with stress. |

Source: ICD-10 (1998, p. 96-97).

The same event does not need to be traumatic for everyone, which is why in DSM-IV-TR (2000) and ICD-10 (2003) it was stressed that an objective description of a traumatic event is not sufficient and should take into account "individual sensitivity" i.e. the way it is subjectively interpreted by a person. It is assumed that traumatic stress can follow from a real external threat or from somebody's subjective interpretation of these events as well as their ability to cope with stress.

## Features of a simple trauma

Simple traumatic events occur in human life as one-time or repeated situations. They last over a limited (usually short) period of time; yet some social groups are exposed to the permanent hazard of recurring natural catastrophes. Such events go beyond everyday human experiences, and thus cause significant fear. It can happen (start and finish) at various ages. The condition before and after the trauma is always known, despite the fact that it can last for some time and can be repeated (e.g. a flood). These traumatic events are sometimes predictable (e.g. an earthquake in a place of high seismic activity), but more frequently their occurrence is unpredictable for a person (e.g. road accidents, terrorism, sudden acts of aggression). Therefore they cannot possibly be controlled. Some of these occurrences are not caused by man, such as, for example, natural