



Using Social Psychology’s ABC Triad to Transcend Trauma: Improving on the Homeostatic State

Luis A. Vega^{1*}, Richard Zamora¹, Yeunjoo Lee², Zeltzin Estrada-Rodriguez¹, Sarah Rhodes¹, Taeyoung Mun¹, Jacob Watson³

¹Department of Psychology, California State University, Bakersfield, CA 93311. United States.

²Department of Advanced Educational Studies, California State University, Bakersfield, CA 93311. United States.

³Department of Psychology, University of South Carolina, United States.

Article Details

Article Type: Review Article

Received date: 29th June, 2021

Accepted date: 11th August, 2021

Published date: 13th August, 2021

*Corresponding Author: Luis A. Vega, Ph.D., Professor, Department of Psychology, California State University, Bakersfield, CA 93311. United States. E-mail: lvega@csub.edu

Citation: Vega, L.A., Zamora, R., Lee, Y., Estrada-Rodriguez, Z., Rhodes, S., Mun, T., & Watson, J. (2021). Using Social Psychology’s ABC Triad to Transcend Trauma: Improving on the Homeostatic State. *J Rehab Pract Res*, 2(2):122. <https://doi.org/10.33790/jrpr1100122>

Copyright: ©2021, This is an open-access article distributed under the terms of the [Creative Commons Attribution License 4.0](https://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Abstract

We examined the process by which individuals can transcend traumatic events, given the increased frequency of cataclysmic events such as global pandemics, food/shelter insecurity, risks to personal safety, and economic inequality duress. Trauma-informed approaches have begun to emerge but empirical evidence, methodological considerations, and theory have been scarce. In this review we (a) assess and quantify trauma outcome measures on qualitative and quantitative dimensions; (b) examine current research approaches’ use of the ABC Triad in social psychology, which considers affect (A), behaviors (B), cognitions (C), and perceptions (influenced by person/situation dynamics); (c) elaborate on a transcendence theory of trauma, showing how the theory meets scientific rigor of being predictive, testable, and falsifiable (Popper, 1949). Our analyses show that a value-added approach for trauma outcome measures is required in qualitative research, with quantitative and higher precision measures possible in pre/post designs, random assignment group comparisons, and comparable standards criterion such as norming. The transcendence trauma theory is assessed in a qualitative model fit approach using a case study, revealing good fit and showing that both descriptive and explanatory processes are needed to overcome trauma beyond recovery or a homeostatic state. Transcendence, it is shown, requires proactivity and oppositional interventions to the traditional coping processes of trauma. The multivariate nature of trauma is examined through person (dispositional) perceptions and situational influences, such as cultural orientation of self-focus (individualistic) and other-focus (collectivistic) support systems that can reduce the effects of trauma. Finally, we call for an increased effort by the scientific community, civic groups, and national governments to ameliorate the effects of trauma in vulnerable populations.

Keywords: trauma, transcendence, ABC Triad, homeostatic state, trauma informed, trauma outcome measures, resiliency, recovery

Introduction

Trauma is an inevitable outcome in a world of pandemics, poverty, and pressing issues of the day [1]. The new normal is replete with

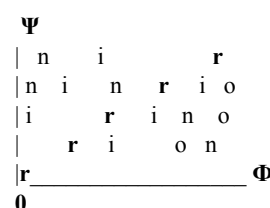
words such as grief, post-traumatic stress disorder (PTSD), learned helplessness, insecurity of nourishment and/or shelter, and personal safety worries in the face of violence [2]. Constant stress and distress cannot be a new normal given a biological homeostatic need for survival. In living with trauma, the road to recovery is long, windy, treacherous. The purpose of this review is to show how affect, behavior, and cognition (ABC triad of social psychology, [3]) can inform method, theory, and context in harnessing transcendence in the face of trauma.

Defining Distress in Measures of Trauma Transcendence

Psychologists have long attempted to measure mental and physical states. Creating empirical definitions can defy consensus, carry measurement error, and/or lack clear external validity or generalizability. Such ambiguity has been noted by a psychiatry book chapter titled, *psychological measurements: their uses and misuses* [4], (chapter 8). This view is shared by psychometricians, who use modern tools such as structural equation modeling (SEM). They show that it is difficult to draw a one-to-one correspondence between a construct and its indicators [5] due to measured and unmeasured error, as well as omitted indicators. For example, Figure 1 below displays a quadrant where the abscissa stands for psychological reality (Ψ) and the ordinate for physical reality (Φ). Perfect measurement would be denoted as $\Psi = \Phi$, or the letter r (ratio level of measurement). This level of specificity of measurement is ideal for its high precision, but it is difficult to attain.

Figure 1

Levels of Measurement and Precision Considerations for Trauma Outcome Measures



Trauma has different meanings to each of us; it is real to the person experiencing it but devoid of shared meaning to others. Because we all react differently to trauma, comparable standards of measurement can be difficult [6,7]. In fact, it can lead to erroneous conclusions in comparing groups according to Norwick, Choi, and Ben-Schachar [8], who use the example of pain perception. Men and women perceive pain differently due to life experiences and individual differences, childbirth for example. This can easily be seen in the word usage of comparisons: a large mouse and a little elephant. It can be seen the words, large and little, would be misleading in such comparison and a reason why nominal measurement carries no precision, the ns in Figure 1. That is, nominal (n) measurement can fall anywhere in the quadrant, its meaning can be hard to pin down, and this state reflects the reality of the person who may experience trauma, as well as how we define it.

Measures to assess transcendence of trauma can take nominal measurement, allowing us to categorize it (present / not present), to examine patterns (trauma is prevalent in poor persons), and to track trends (prolonged trauma is a sign of PTSD). We may also use ordinal measurement to make more-or-less statements, such as poor persons suffered more trauma, wealthy ones less, denoted by the letter o in Figure 1 and allowing for measures of differences not necessarily of equal magnitude. Interval measurement can allow us to make percent comparisons, such as poor households suffer twice the trauma rates compared to wealthy ones, denoted by the letter i in Figure 1 and allowing differences and comparisons of equal magnitude. Often measurement that is at nominal and ordinal levels, can be enough to draw important qualitative distinctions of how a person or group of people have transcended trauma, allowing for group comparisons often using non-parametric statistics [9]. Quantitative comparisons are possible, allowing us to assess group differences at pre- and post-measurements, across groups that were randomly assigned, and using common standards of measurement [8].

In the latter case, of quantitative comparisons, it may be possible to use ratio level of measurement in physical measurements, such as blood pressure (there is a true zero, see Figure 1, if the person is dead), skin temperature, brain waves, all of which we can assume to be higher in states of trauma. Interval measurement is more likely to be used, such as in psychological scales that measured perceived stress, self-esteem, and depression [4], but norming becomes important-generalization can only apply to the populations who were tested but it may not hold true for others who were not. Again, assessing how well people transcend trauma requires precision and careful measurement, and we must take great care in group comparisons as we cannot assume that a 10 percent improvement in one person carries the same weight in a different person (ordinal measurement). That is, if we assume ordinal measurement, 10 units of improvement in one person may not be equal in magnitude for a different person. Plous [10] and Wargo [11] speak to this point, describing how if we lose a \$10 bill, we are more likely to dig into our pocket for a second \$10 bill to buy a new movie ticket. But if we bought the ticket, then lose it, we are less likely to buy another. Somehow \$10 is more valuable in the form of the ticket than the bill, even though the amount still would be \$20 if we were to buy another ticket in the second situation. The experience of trauma can carry such differential values for all of us, and so does transcending it.

Quantifying Trauma Transcendence for Impact and Interpretation

Quantifying measures of positive outcomes to trauma through therapy was an issue addressed by Smith and Glass [12], who developed meta-analysis, a technique that uses the effect size, or percent of variance uniquely accounted by treatment- compared to no-treatment group. Researchers can assess the impact of therapy through a percent. The results of examining hundreds of studies were that

therapy had a small effect size, or about 15 percent impact, like most studies in psychology. This meant that having therapy was better than not. It should be noted that effect size, or impact, can also be measured through standard deviations, with formulas in place to do the conversion, but presented as a percentage is easier for the layperson [13].

More significant in the Smith and Glass [12] study, once indexes of impact were computed for all the different therapies in their meta-analysis, no significant differences were found among the therapies. It should be noted the groups compared had all been randomly assigned to treatment-control groups. Importantly then, the impact of therapy can be quantifiable and generalizable [9], but defining the impact of therapy cannot be determined in the absence of random assignment, pre-post measurement, or common standards of comparison. Individual differences, different contexts, and other extraneous influences will have an impact. According to Pettigrew [14], this is known as contextualism, and it is necessary to place an outcome of a study in the context in which it emerges, or replication of findings will be a problem, as a recent replication crisis in the sciences manifests [14]. The essence of this statement was echoed by Kurt Lewin's field theory, which posited a heavy influence of situations in relation to psychological outcomes [15].

Thus, transcending trauma outcome measures cannot be easily captured across different levels of measurement because we all have different personal experiences across situations [15]. Qualitative interpretation of resiliency may still be needed in the face of small effect sizes or impact [12]. Contextualism is needed in interpretations of how a person progresses in transcending trauma [14]. Given these caveats, a model that uses social psychology's ABC triad can provide additional measures of trauma transcendence. The ABC model can elucidate qualitative differences in trauma's resulting behaviors, emotions, cognitions, and perceptions.

Transcendence Involves the Social Psychology's ABC Triad

With my colleague, Professor Richard Zamora and a precocious cohort of undergraduate students, we attempted to operationally define a transcendence model [16]. The model is based on evidence of how people face the "ups and downs of overcoming a calamity" (p. 3), with focus on mind-body and action. The model makes use of work from several theories. One is the theory of flow [17,18], which posits a holistic sensation in engagement and perception across affect, behavior, cognition—the ABC triad. Another is the five stages model of grief [19], which describes trauma effects and outcomes. Next used was the broaden-and-build theory of positive emotions [20,21], which describes upward spirals to positive emotions and implied downward spirals to negative ones. The Alcoholics Anonymous 12-step program was included as well, for it attempts to use transcendence principles to overcome addiction. Finally, principles with direct reference to transcendence from a philosophical perspective were coded and included, as presented in the New World Encyclopedia [22].

Zamora and his colleagues [16] conclusions were that the ABC were not all equally addressed by the theories and models but that all offer partial approaches to achieve high transcendence. Table 1a-e summarizes how the different approaches in each source use affect, behavior, and cognitions towards transcendence, all include the ABC elements but with different emphasis for each, and as implied by each theory. That is, the broaden-and-build theory of positive emotions makes more use of affect (4 of 7), Alcoholics Anonymous 12-steps equally uses behavior (6 of 12) and cognition (6 of 12), and philosophical transcendence uses more cognition elements (5 of 8). In all cases, Zamora and colleagues [16] conclude that it is the use of the ABC in all approaches that allows them all to provide resilience to users who use these approaches.

Table 1a	
Alcoholics Anonymous 12 – Steps; Each Categorized by ABC Triad	
1 ac powerlessness, helplessness	7 c cognitive cleansing
2 c perceived control believe	8 b behavioral regulation
3 c make commitment to devotion	9 b behavioral intentions
4 b assessed behavior attributions	10 b reinforcing awareness
5 b Disclosing awareness	11 c cognitive consistency
6 c Dispositional awareness	12 ba motivated commitment
Count: Affective 2 / Behavioral 6 / Cognitive 6	
Table 1b	Table 1c
Kübler-Ross (1969) Stages of Grief	Broaden-and-build Theory (Fredrickson, 1998)
1 a Anger	1 a Positive emotion
2 ac Depression	2 a Lingering negative emotion
3 a Shock	3 a Upward spirals to well being
4 b Testing	4 ab Flourishing
5 c Denial	5 b Building personal resources
6 b Bargaining	6 c Broaden attention & thinking
Count:	7 c Psychological resilience
Affective 3 / Behavioral 2 / Cognitive 2	Count: Affective 4 / Behavioral 2 / Cognitive 2
Table 1d	Table 1e
Theory of Flow (Beard, 2015; Csikszentmihalyi, 1975)	Philosophical Transcendence (New World Encyclopedia 2018)
1 a Anger	1 a Emotional experience of being oneself
2 ac Depression	2 b Care for others
3 a Shock	3 c Religious/spiritual affiliation
4 b Testing	4 bc Service a cause greater than oneself
5 c Denial	5 c Personal responsibility
6 b Bargaining	6 c Social responsibility
Count:	7 c Personal identity fits with the universe
Affective 3 / Behavioral 2 / Cognitive 2	8 c Purpose / meaning
	Count: Affective 1 / Behavioral 2 / Cognitive 5

Table 1: Theories/Models in Support of Transcendence Categorized by how Approach Uses Affect, Behavior, Cognition (abc) (identified in Zamora et al., 2019)

Conceptualizing Transcendence as Testable Theory

Zamora and colleagues [16] provide a theoretical outline of how transcendence operates in trauma situations. They also provide preliminary evidence in support. Figure 1 provides a sketch of their conceptualization, defined by 4 Rs. First, in the case of normal activities (behaviors), we might experience a trauma, leading to a *reduction* in power (loss of perceived control). As we suffer from shock (affect) and try to make sense (cognition) of the situation, we are in danger of further *relapse*. If we gain a footing of the situation by engaging in recovery efforts (behavior), we would have achieved *resilience*. To truly achieve transcendence, we will need *realization*, or flourishing in heart (affect) and mind (cognition). Their evidence offers strong support for such path to transcendence. In this paper, we offer slight modifications to their conceptualization.

Figure 1
Framing a Transcendence Theory [16]

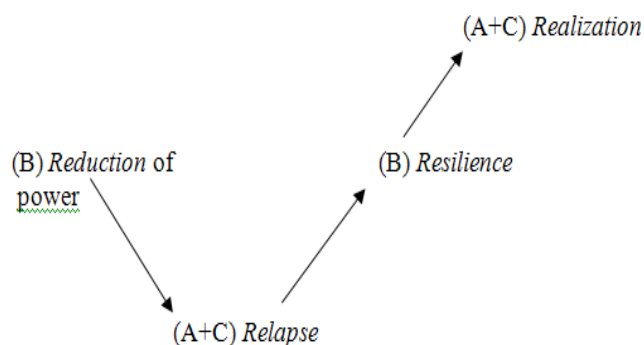
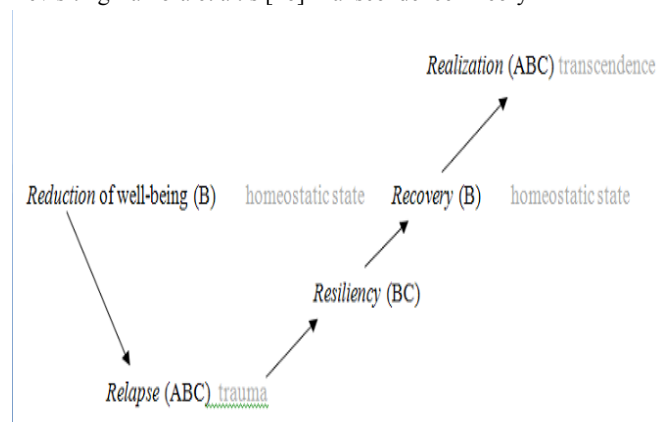


Figure 2 shows the revisions, which now uses 5 Rs. *Reduction*, “in power” now renamed to “of well-being,” remains. Here we are in a homeostatic state of daily activities (B), but extreme occurrences in life put us on a downward spiral, activating the ABC as the trauma fight-flight response leads us into the next stage. The stage of *relapse* is inevitable, negatively affecting us at all levels of the ABC triad, taxing and weighing heavily on our emotions, behaviors, and cognitions [19]. *Resiliency* is the next step, as it takes effort (behavior) and commitment (cognition), with affect skipped here as emotions are numbed (denial stage, [19]). *Recovery* is the fourth step and often the goal for most people, even when called a new normal, and substantiated by the tendency to live life’s daily activities (behavior) in a homeostatic state of cognitive consistency [23], and a lack of affective forecasting [11]. *Realization* is the last stage, and it is a proactive state, involving all ABC triad elements interactively and cohesively-- a true state of transcendence. A person who reaches this state reaches a higher state of emotional elixir, awareness, and consciousness.

Figure 2

Revisiting Zamora et al.’s [16] Transcendence Theory



We must note that transcendence requires positive use of all ABC triad elements, mostly because it is the opposite of trauma, which negatively inflicts on the ABC triad. How to apply a transcendence approach becomes more difficult, because it is a proactive process taking us beyond our homeostatic state, or what Fiske and Taylor [24] call the cognitive miser stage. It is this homeostatic stage that often forces us to distort perceptions [23], in order that we maintain a state of consistency and low dissonance. On the other hand, trauma requires effortful coping too so it that it does not linger, fester, or become habitual—the ABC triad in a negative state, but this is a reactive process. Transcendence requires the ABC triad to be put into a positive state, a proactive process promoting positive emotions, behaviors, and cognitions [11,20,25]. Next, we discuss a case study of how such a transcendence approach appears to have been successfully implemented.

A Case Study of Jewel, the Singer, Transcending Lifelong Trauma

In a heartfelt, personal biography, the famous singer Jewel Kilcher states in writing for Vogue [26], “My life’s work has not been about music. It has been about solving for pain.” She chronicles a life

experience of trauma, growing up with an alcoholic abusive father, being a runaway, being homeless, experiencing chronic mental health breakdowns, destructive behaviors, feeling worthless. Yet, she recounts an amazing road to recovery, transcending trauma at multiple levels, having the wherewithal to exceed resiliency, recovery, and realization of where she had been and where she wanted to go. Applying the revised theory of transcendence to her case yields the following fillers to each of the 5 Rs described above:

Reduction of well-being: With the choice to live in a cabin with her father or in her own cabin alone, she chooses the latter at age 15. Her life trauma manifested itself, living in an “unkempt cabin in the middle of the Alaskan wilderness ... [it] hit me, and I felt small, powerless ... I had received a genetic inheritance, so did I receive an emotional one. The anger. The abuse. The isolation. The alcoholism.”

Relapse: Hitting rock bottom, she describes her home life as, “My dad’s childhood home ... was not a safe one. Abuses were doled out regularly, but worst of all, at random ... Hurt people hurt people. For 15 years I’d been raised, spoken to, and educated in the damaging emotional language of my family, and I was fluent in it.” A downward cycle of negative emotions, destructive behavior, and mental anguish followed. In her words, “What do you do with pain? ... I stole ... Stealing soothed my panic attacks ... I knew I’d wind up in jail or dead if I didn’t go back to the drawing board.”

Resiliency: Coping positively (B) and realizing potential (C) are hall marks of resiliency. Jewel states, “I journaled often ... I began to see patterns, and soon a triad emerged— ... stimulus, response, reward ... [the definition of] addiction ... if I’m capable of being addicted to something self-destructive, like stealing, could I become addicted to something good?” She goes on to say, “Spoiler alert: I didn’t become a poet and songwriter to be famous. I became a writer to stop stealing. I began to develop tools and tricks for myself to cultivate awareness ...” Again, doing and thinking, perhaps even anticipating emotions, are hallmarks of resiliency.

Recovery: This is the homeostatic state we all crave, feelings of safety, lack of worries, surrounded by familiarity. Jewel continues, “... I had learned enough to know that being observant and curious in the moment is what cultivates presence, so I focused on my surroundings. The smell of saltwater in the air. The way my body was covered in dappled light. I looked up to see the sun playing peek-a-boo between the swaying leaves of a palm tree ... My very existence was an act of beautiful defiance. I was here! Was fighting for my happiness!”

Realization: As stated earlier, this state takes effort, being proactive, doing, thinking, feeling, and that is what Jewel did: “I had two basic states of being: *dilated* and *contracted*, and every thought, feeling, or action led to one of those two states. That single observation changed my life. I had a blueprint for rewiring my behavior and solving my anxiety” [italics added for emphasis]. Jewel further elaborates how she countered the ABC triad of negativity into an ABC triad of positivity, using her dilated (positive) and contracted (negative) states she had discovered, listing a plethora of terms under each approach, with the following only a small sample from her Vogue article:

	State of being Contracted	State of being Dilated
Feeling (A)	Bitter	Gratitude
Doing (B)	Self-isolate	Surfing
Thinking (C)	Being beyond hope	Figuring self out

Table 2: Jewel’s Strategies to Increase Transcendence in Overcoming Personal Trauma [26]

Having self-awareness, being proactive, being reflective, harnessing positive emotions, are all signs of transcendence, and Jewel excelled at this practice. In her essay, with hindsight and contemplation, Jewel sees a fuller picture of her past:

“Don’t get me wrong, I also inherited the good, and I saw that: I come from a creative, bright, adventurous, philosophical, and loquacious people. My childhood was full of self-possessed capable aunts who cut their own timber and built their own homes and ran their own cattle businesses. I had a father who let me work horses rather than cook, because there were no gender-assigned roles in Alaska. Everyone wrote their own music and poetry, played a variety of self-taught instruments, and painted and sculpted with impressive proficiency. I am certainly not the only “talent” in my clan. And sometimes bitter fruit grows alongside the sweet.”

It is more than happenstance that Jewel’s essay chronologically follows the path noted by the transcendence theory as outlined above, but more evidence is needed to assess the viability of the trauma transcendence theory [27]. Just as Socrates noted, the pursuit of the good life is an endless process, and most of us may not be able to travel the path the theory posits, only that it is an ideal path if an individual is to transcend trauma. It is not a straight line, and it is difficult to measure, not only because of psychometric properties and levels of measurement required to align our physical and psychological realities, but because context and situations can be imposing and limiting. It is thus up to us to counter the negative into the positive, as Jewel does.

Discussion

The ubiquity of trauma in distressful times is inevitable, its effects not easily discernable, and the path from reactive- to proactive-measures not always applied in a trauma-informed fashion [1]. Complicating matters further are a lack of clear metrics, definitions, and tangible measures. How individuals experience trauma is also variable, weighted differently by personal disposition and mitigating conditions of context and situations. In this review we have sought to provide operational definitions of trauma outcome measures that consider levels of measurement and precision, allowing for value added indexes at the lower levels (nominal, ordinal) while seeking measures with higher precision. We have expanded and elaborated on a theory of transcendence [16], which explains the trauma experience, providing a roadmap of testable propositions within a theoretical framework, characterized by 5 Rs (reduction of well-being, relapse, resiliency, recovery, and realization). More importantly, social psychology’s ABC Triad is shown to assist in operational definitions of processes at each stage of a proposed theory of trauma transcendence. The ABC Triad is shown to have explanatory power in framing the process in which trauma can be approached and reduced. A prototype of how this approach might work is provided through a case study fitting the theory well. Several implications are next discussed.

The Person and Situation Variance in Accounting for Trauma

One implication related to measurement is the variance effects and responses in individuals experiencing trauma. Individual tolerance to distress is one factor, often driven by past experiences, personal coping strategies and material resources, as well as subjective perceptions. Levels of perceived self-efficacy, self-esteem, self-awareness, self-regulation, can all factor in how a person deals with trauma and the road to transcendence [28]. The need for consistency, or to be in a homeostatic state, can often be a rebounding experience for many people [25], following a natural process of stages of improvement [16,19]. At other times, the effects of trauma can linger, as is the case of post-traumatic stress disorder (PTSD), or even chronic physical pain. Even here, habituating to pain or psychological distress can become a homeostatic state at the perception level of the individual. Accounting for such variances is what makes measures of outcomes

difficult to quantify, and it explains the above discussion on difficulties with operational definitions of improvements in trauma.

A second implication deals with the role of context, situations, and culture. Trauma must be recognized within a context, which is one reason why PTSD goes undiagnosed even to this day [2]. Context colors social perception and reality through social comparison [29], as captured by the contagion effect of “misery loves company.” Others being in similar distress can be perceived as social support by statements such as, “I am not the only one,” with self- and social-perceptions making a difference. Culture can also account for how individuals deal with trauma. In individualistic cultures, people tend to be self-focused, dealing with trauma through individual effort and using less social support. Collectivistic cultures tend to be other-focused [28], and others are more likely, or even obligated, to offer support [30]. These cultural differences can prolong or shorten the experience of trauma [30].

The last implication deals with the interaction of person and situation. Causes impacting how a person handles and recovers from trauma can work collectively, and parceling out how each effect contributes to an outcome cannot easily be accounted for. At best, we can hope to amass resources, applying all the leverages, strategies, and resources available. This is the intent of a trauma-informed approach advocated by the Substance Abuse and Mental Health Services Administration (SAMHSA) [1], as well as all the approaches and models reviewed here that contribute and impact the trauma transcendence theory. All these are small steps and more needs to be done and applied to reduce and transcend trauma.

Alternative Approaches and Explanations to Trauma Transcendence

As stated earlier, the drive for a homeostatic state is ever present. Does time not heal all trauma? Culture embodies a context and situations, so it is possible that resiliency could be part of the socialization in recovery and transcendence of trauma. The tribe, or clan, can provide a social identity of support to recovery [31], which is used even in individualistic cultures through the creation of support groups. But as noted above, just as positive resources can come from the person and situation interaction, so too can negative impacts take hold on trauma recovery as a homeostatic state (see Figure 2). For example, trauma transcendence requires proactivity, but time perspective or orientation an individual has can prevent taking the correct action. Take the case of the trauma caused by addictions-- which are difficult to overcome because the focus in time is the present and on wants (pleasures). To overcome an addiction, it is required that the person focus on the future and needs (well-being) [32]. In other words, transcendence requires a long-term perspective to work, and it is ongoing, which a present orientation does not provide. Add to this an individualistic orientation of not using social support, and trauma effects will only linger, go unrecognized, and prolong distress.

It is possible that modern societies can reduce traumatic events, obviating the need for transcendence. This is happening as more countries start to keep measures of not only fiscal wellness, but also the economy of well-being in their populations [33]. Unfortunately, this approach is not universally being adapted, even in countries with fiscally solid means such as the United States. Societies can also fall prey to homeostatic forces of not being proactive in seeking transcendence for their citizens. This can be seen in such citizen activities as Black Lives Matter, the Me Too movement, and increasing inequity throughout the world. However, efforts are emerging, such as in calls to use trauma-informed approaches as advocated by the US government, as well as social justice efforts of providing for the well-being of citizens through national health systems, social welfare interventions that reduce shelter and food insecurity, and universal income measures in some countries. These efforts are not systematic,

if we consider that the US military is willing to spend resources in preparing soldiers for battle, but no resources are spent in reintegrating them back to society upon returning, with the high incidence of PTSD sufferers being military veterans (www.ptsd.va.gov/understand/common/common_veterans.asp).

Limitations and Future Directions

Major obstacles to trauma transcendence include pluralistic ignorance, a diffusion of responsibility, and a lack of accountability at the individual and collective levels [30]. Often questions of mental health and trauma emerge in acts of violence, and in explaining social problems such as homelessness, and other social ills. In this review, we showed that the transcendence trauma theory can provide a roadmap to reduce human suffering, increase wellness, and improve well-being. But it must be a concerted effort, requiring of ongoing actions, as shown by the singer Jewel and her life history of dealing with trauma. Proactivity must also be exercised in society, with a focus of what we stand to lose [34] by doing nothing. Psychology has shown us the role of framing situations, where a focus on losses may help to trigger action and investment in transcendence of trauma.

Next steps include further elaboration of the trauma transcendence theory, using higher levels of measurement and approaches that use more measurement precision interventions (interval and ratio levels), such as the work by Glass and Smith [12]. Multivariate approaches will need to be deployed so that the influences of the individual, the situation, and their interaction can be accounted for. Modern statistical techniques, from simple regression to structural equation modeling, provide useful tools for this purpose [5]. Most importantly, a major push to reduce trauma and increase transcendence for the human condition is needed from the scientific community, governments, individuals, and any stakeholder who knows that being other-focused, is the right thing. Transcendence elevates the human condition as it contributes to progress by an upward spiral life change that uses positive emotions [21] and having agency and efficacy [28].

We must strive to transcend the homeostatic state at the individual level by increasing self-actualization [35] and at the collective level by achieving higher levels of advanced civilization [for all] [36]. Ryff [37] states that “[we] must nurture human flourishing and self-realization [of the human potential].” Rene Decartes proposed the cogito ergo sum, “I think, therefore I am” [38]. Today we often hear a paraphrase, “I feel, therefore I am.” We must now be more transcendental and rephrase as, “I feel, think, and do, therefore I will be.”

Competing interests: The author(s) declare that they have no competing interests.

References

- U. S. Department of Health and Human Services (2014, July). Substance Abuse and Mental Health Services Administration. SAMHSA's *Concept of Trauma and Guidance for a Trauma-Informed Approach*, HHS Publication No. (SMA) 14-4884. Rockville, MD. DOI: https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf
- American Psychiatric Association, (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.
- Allport, G. W. (1985). The historical background of social psychology. In G. Lindzey & E. Aronson (Eds.), *The handbook of social psychology* (3rd ed., Vol. 1, pp. 1-46). New York, NY: Lawrence Erlbaum.
- Thambirajah, M. S. (2005). *Psychological basis of psychiatry*. Edinburgh, NY: Churchill Livingstone.
- Bollen, K. A. (1989). *Structural equations with latent variables*. New York: John Wiley & Sons.
- Bartoshuk, L. (2002, March). Self-reports and across-group comparisons: A way out of the box. *APS Observer*, 15(3), 7, 26-28. Retrieved from <http://www.psychologicalscience.org/observer/on-self-reports>
- Bohannon, J. (2010). Profile: Linda Bartoshuk--a taste for controversy. *Science*, 328, 1471-1473. DOI: 10.1126/science.328.5985.1471
- Norwick, R., Choi, Y. S., & Ben-Shachar, T. (2002, March). Commentary on self-report data: In defense of self-reports. *APS Observer*, 15(3), 7, 24,25. Retrieved from <http://www.psychologicalscience.org/observer/on-self-reports>
- Myers, A., & Hansen, C. (2012). *Experimental psychology* (7th ed.). Belmont, CA: Cengage.
- Plous, S. (1993). *The psychology of judgment and decision making*. New York: McGraw-Hill.
- Wargo, E. (2007, August). Aiming at happiness and shooting ourselves in the foot. *APS Observer*, 20(8). Retrieved from <https://www.psychologicalscience.org/observer/aiming-at-happiness-and-shooting-ourselves-in-the-foot>.
- Smith, L. M., & Glass, G. V. (1977). Meta-analysis of psychotherapy outcome studies. *American Psychologist*, 32(9), 752-760. doi: 10.1037//0003-066x.32.9.752
- Correll, J., Mellinger, C., McClelland, G. H., & Judd, C. M. (2020). Avoid Cohen's 'small,' 'medium,' and 'large' for power analysis. *Trends in Cognitive Science*, 24(3), 200-207. doi: 10.1016/j.tics.2019.12.009
- Pettigrew, T. F. (2021). Contextual social psychology: Reanalyzing prejudice, voting, and intergroup contact. Washington, DC: *American Psychological Association*. doi: 10.1037/0000210-001
- Lewin, K. (1951). *Field theory in social science*. (Edited by D. Cartwright.). New York: Harper.
- Zamora, R., Morales, M., Estrada-Rodriguez, Z., Montano, S., Mun, T., Watson, J., & Vega, L. A. (2019). *Mind-Body and Action in the Face of Calamity: The ABCs of Transcendence*. Paper presented at the 99th Annual Convention of the Western Psychological Association, April 27-29, Pasadena, California. Retrieved from <https://drive.google.com/file/d/1TmwoflTu4hdD24o1J1O8PFQjy4KSWZTf/view>
- Beard, K. S. (2015). Theoretically speaking: an interview with Mihaly Csikszentmihalyi on Flow theory development and its usefulness in addressing contemporary challenges in education. *Education Psychological Review*, 27, 353-364.
- Csikszentmihalyi, M. (1975). *Beyond boredom and anxiety*. San Francisco: Jossey-Bass.
- Kübler-Ross, E. (1969) *On death and dying*. New York: Scribner.
- Fredrickson, B. L. (1998). What good are positive emotions? *Review of General Psychology*, 2, 300-319.
- Fredrickson, B., & Joiner, T. (2018). Reflections on positive emotions and upward spirals. *Perspectives on Psychological Science*, 13(2), 194-199.
- New World Encyclopedia (2018). *Research Begins Here: Transcendence* (philosophy). Retrieved November 12, 2018, from [http://www.newworldencyclopedia.org/entry/Transcendence_\(philosophy\)](http://www.newworldencyclopedia.org/entry/Transcendence_(philosophy)).
- Festinger, L. (1957). *A theory of cognitive dissonance*. Stanford, CA: Stanford University Press.
- Fiske, S. T., & Taylor, S. E. (1984). *Social cognition*. Reading, MA: Addison-Wesley.

25. Pennebaker, J. W. (2018). Expressive writing in psychological science. *Perspectives on Psychological Science, 13*(2), 226–229.
26. Kilcher, J. (2021, May 27). “My life’s work has not been about music. It has been about solving for pain.” *Vogue*. Retrieved from <https://www.vogue.com/article/jewel-mental-health>
27. Popper, K. R. (1959). *The logic of scientific discovery*. University Press.
28. Bandura, A. (2018). Toward a psychology of human agency: pathways and reflections. *Perspectives on Psychological Science, 13*(2), 130-136.
29. Festinger, L. (1954). A theory of social comparison processes. *Human Relations, 7* (2), 117–140. doi:10.1177/001872675400700202. S2CID 18918768
30. Stangor, C., Jhangiani, R., & Tarry, H. (2014). *Principles of social psychology -- 1st International Edition*. BCcampus OpenEd, Canada: Creative Commons. Retrieved from <https://opentextbc.ca/socialpsychology/>
31. Tajfel, H. (1970). Experiments in intergroup discrimination. *Scientific American, 223*, 96-102.
32. Chamberlin, J. (2008). The time of our lives Do you live in the past, in the moment or for tomorrow? New research explains why it matters. *Monitor on Psychology, 39*(9), 20. doi:apa.org/monitor/2008/10/time.html
33. Diener, E., & Seligman, M. E. P. (2018). Beyond money: progress on an economy of well-being. *Perspectives on Psychological Science, 13*(2), 171-175.
34. Kahneman, D., & Tversky, A. (1972) Subjective probability: A judgment of representativeness. *Cognitive Psychology, 3*(3), 430–454.
35. Maslow, A. H. (1943). A theory of human motivation. *Psychological Review, 50*(4), 370-396.
36. Darwin, C. (1959). *The origin of the species*. London: John Murray, Albemarle Street. Retrieved from <https://archive.org/details/DarwinCharlesTheOriginOfSpeciesEN1859467P./mode/2up>
37. Ryff, C. D. (2018). Well-being with soul: science in pursuit of human potential. *Perspectives on Psychological Science, 13*(2), 242-248.
38. Kern, J. P. (2014, March 6). I feel, Therefore I am? Culture, Philosophy. *Dominican Journal*. Retrieved from <https://www.dominicanajournal.org/i-feel-therefore-i-am/>