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Living With Military-Related Posttraumatic Stress Disorder (PTSD) -

A Hermeneutic Phenomenological Study

by

Rachel Kroch

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Abstract

The present study explored the phenomenon of living with military-related (M-R) Posttraumatic Stress Disorder (PTSD). What it is like and what it means for the (M-R) traumatized person to live with PTSD in everyday living was the research question. The study follows the hermeneutic phenomenological methodology as developed by Max van Manen (1997). The study was conducted both in Canada and in Israel: Thirteen male military veterans, five Canadian former peacekeepers in Bosnia or Somalia (six to twelve years after traumas) and eight Israeli veterans who took part in Israel's wars and/or military operations (six to thirty six years after the traumas), participated in the study. Hermeneutic phenomenological interviewing was the study's main method for collecting lived-experience descriptions. With each of the Canadian participants, a two hour interview was conducted, and with each of the Israelis – one to seven hour interviewing, in one to three meetings. The interviews were taped, transcribed, and translated (if necessary). Phenomenological thematic reflection as a way to uncover the meaning-dimensions of the phenomenon was done by researcher, sometimes in collaboration with the participants. Etymological reflection was another method used to disclose the meaning of the phenomenon. A line-by-line thematic analysis of the lived experience descriptions was done, as well as a wholistic approach. Four major themes emerged from the inquiry: trauma remembering, the encounter with death, being hypervigilant in an unsafe world, and being another to oneself and others. It is hoped that the research will contribute to mental health care of (M-R) traumatized persons, as well as to a better understanding of the phenomenon in society at large.

Acknowledgements

Dedication

I dedicate this study to the Canadian and Israeli veterans who shared with me their traumatic and post-traumatic concrete lived experiences and suffering, giving a voice and a face to what living with military-related PTSD is like and what it means.

I also dedicate the study to their families who share the suffering of post-traumatic day-to-day living, often being a supportive and protective shield for the traumatized person in the world.

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List of Symbols

...   A pause in the participant's speech

(...)   Material omitted by me from the original text

(xxx)   My questions or comments to the participants

[xxx]   My observations, thoughts, or clarifications

T   Translated from Hebrew into English

CHAPTER ONE: INTRODUCTION

Preface

One morning in 1994 at 6 a.m., the telephone woke me up; it was my younger

son: "Mom, it's me. I am okay, don't worry!" "What? What happened?" Still half asleep,

I was trying to understand what he was saying. I realized that he is calling from his army

base, but I had no idea what he was talking about. Realizing that I knew nothing and

afraid to tell too much, he ended the call. I got up and turned on the radio, the shocking

news entered the room: While on a secret military duty, a group of soldiers, my son

included, was unexpectedly ambushed in a deadly attack; within minutes most of the

soldiers were killed.

The realization of what might have happened to my son hit me and I started to

cry. Thoughts of "What if..." started racing in my head, and I could not stop crying. I was

so grateful that he was alive but could not stop the terrifying thoughts. On the phone I

heard his girlfriend's breathless sobbing; neither of us could hardly utter a word. That day

the telephone kept ringing: Family, friends, and colleagues, hesitant to call me yet deeply

worried, asked if everything is ok, sharing their shock and fear. With every new phone-

call, with every worried voice, my crying started again, and I was unable to talk.

Days after the event, relatives and friends, their voices trembling, shared with me

how they dared not call me that day, though they so wished to. And each time my tears

were flowing again. For some months the dark thoughts of what might have happened to

my son kept haunting me. But with the passing of time, the sharpness of the event

gradually faded. Now that I am writing about it, I can still sense that fear crawling beneath my skin, though I feel that the event is already part of my past.

We all know that we will not live forever. Death is part of life, part of being human; in Heidegger's words: "Death is a way to be, which *Dasein* takes over as soon as it is. As soon as man comes to life, he is at once old enough to die. (...) Death, in the widest sense, is a phenomenon of life" (1962, pp. H245-246). However, in the course of our daily lives we seldom think about our own deaths or the death of our loved ones. From time to time, when we are seriously sick or hear about the death or severe illness of someone we know, we are reminded of our own mortality. We also rely on the "good order" of things, that death goes hand in hand with old age and sickness.

Thus, although I knew that my son was involved in dangerous military activities, I clung to the belief that "*to him* no harm would occur," that *he* was protected. Don't we all tend to ignore the fear of death in our everyday lives, such as when we drive a car or cross a road? Yet there are situations when this "natural shield" is severely cracked. Imagine how we might feel if we or our loved ones were exposed to a traumatic event, such as war or an act of terror, an earthquake or an avalanche, a car accident or a sudden heart-attack. In such cases and in others, when we experience fear, helplessness, or horror at the threat of severe injury or death, the taken-for-granted fact of being alive and of the belief that the world is safe are both shaken, and we no longer treat death "nonchalantly."

The Greek word *trauma* originally referred to a wound or an external injury inflicted on the body. In its later usage, particularly in medical and psychiatric literature, *trauma* is understood as a wound inflicted upon the mind rather than upon the body

(Caruth, 1996). When I think of *trauma*, two events appear in front of me: the first, the September 11 horrific sights of people jumping out of the burning twin-towers to their deaths, and other people running for their lives in the street below; and the second, the assassination of the Israeli Prime Minister, Itschak Rabin, on November 4th 1995, by a right-wing Jewish Israeli, at the end of an exciting gathering for peace.

After being exposed to such a traumatic event, the "film" runs over and over in our minds, with the exact sights, sounds, and smells, and with the dread of death, very vividly, as if the event were taking place here and now. Yet as time passes: days, weeks, or even a few months later, our lives usually return to normal, to the taken-for-granted sense of safety of the day-to-day living, to our "living-within-a-shield."

But what if things do not return to normal? What would our everyday living look like if we go on living, year after year, with the haunting trauma memories that refuse to fade away, when we suffer from "Posttraumatic Stress Disorder" ("PTSD")? What is the experience of living with military-related "PTSD" like? What is the meaning of the experience of living with "PTSD" after being exposed to traumatic events during one's military service?

Cpl. D., a Canadian UN peacekeeper soldier in Rwanda, was an eye-witness to horrific human atrocities done to Tutsi children:

> I went into a school. They had all the children lined up and I guess their schools were different grades. They had all the children lined up and, uh, it looked like they played a game with the children... They chopped their heads off and then they'd sign their names like it was a game. (Canadian Forces, 1999)

World War I veteran R. describes the traumatic memories that intrude his sleep and the reexperiencing of these past memories as vivid, present sights and smells:

> Bodies without heads, bodies without arms, and the smell, the horrible, horrible smell of death, that's a kind of thing that stays with you. When you have your nightmares, you wake up through the night and it's in your nostrils. (Ibid)

Specific sights act as trauma reminders, bringing back the trauma memories. Cpl. C. tries to escape his trauma memories from Rwanda by distancing himself from trauma reminders:

> There are foods I can't eat anymore, grilled chicken, can't eat it, looks like a dead body. There are vehicles that I see, like rusted out vehicles, I can't go near them... Children, I have a hell of a time, all the time looking at little kids. Especially newborns, because they were a plaything for the Hutus. They really liked killing kids. (Ibid)

Being constantly haunted by the sounds, sights, and smells of his traumatic experiences in Rwanda, Gen. Romeo Dallaire, the UN Canadian chief commander in Rwanda, was very close to losing the battle for his life:

> It took nearly two years to all of a sudden not being able to cope, not being able to hide it, not being able to forget it or to put it in, keep it in a drawer. I became suicidal because there was no other solution. You couldn't live with the pain and the sounds and the smell and the sights. I couldn't sleep. I couldn't stand the loudness of silence. (Ibid)

After witnessing mothers and children being murdered by mobs, Maj. P. too felt helpless, not being able to bear it any longer:

> There we were; there I was, wearing a blue beret, supposedly as a member of a world-body with credibility and force and power. And interest from the nation's people, all the best thinking in the world went into construction of the UN, and it didn't mean a damn thing at that time and place. The next day I got up with the intention of going down to the troubled area and found I just couldn't move, just couldn't get myself out the door. And I realized then that I'd had it. I just couldn't go on. (Ibid)

These are a few examples of the experiences of people who, while serving in the Canadian military as UN peacekeepers, were exposed to traumatic experiences. The

lived-experience (experience-as-lived) of persons with military-related PTSD as a meaningful possible human experience is the subject of my study.

<div align="center">Research Question and Rationale</div>

Military-related PTSD has been extensively researched within a quantitative methodology but rarely within a qualitative one. By adopting a hermeneutic phenomenological (qualitative) research approach, as described by Max van Manen (1997) in *Researching Lived Experience: Human Science for an Action Sensitive Pedagogy*, I explore how military-related (M-R) PTSD is experienced by traumatized persons in the day-to-day living. The study aims to explore the phenomenon by reflecting on experiential accounts gained through hermeneutic-phenomenological interviews of Canadian and Israeli traumatized military veterans. From these lived-experience descriptions, the themes, the structures or aspects of meaning of the phenomenon, are uncovered. The phenomenological research question is, What is it like and what does it mean to live with (M-R) PTSD? What are (M-R) traumatic experiences like? How is trauma experienced in everyday living? What does it mean to remember trauma? What is the encounter with death like in trauma and in posttrauma everyday living? How is PTSD experienced in the body? How does the traumatized person experience the world? How are space and time lived? What does living with (M-R) PTSD mean for the sense of self and for the person's relationships?

Since meaning is seen in the phenomenological approach as contextual, the study is limited to exploring the phenomenon of living with PTSD in the context of military-related traumatic experiences rather than PTSD due to any type of trauma.

I chose to explore PTSD as being experienced by Canadian peacekeeping veterans and by Israeli veterans who were involved in combat or in other military-related events that had been experienced by them as traumatic. As this is a phenomenological study, I do not intend to compare them as two groups but rather to discover the invariant unique characteristics of the phenomenon of living with (M-R) PTSD that cut across the different military and cultural contexts. Exploring the phenomenon through its variations may help to focus on and illuminate the meaning aspects of the phenomenon of living with (M-R) PTSD that are invariant, making the phenomenon what it is and without which it would no longer be what it is. Studying the phenomenon in somewhat different socio-cultural contexts may enrich the understanding of subtle nuances of it.

By explicating the meaning-dimensions of the phenomenon, I hope to evoke in the reader a sense of how PTSD is experienced in the day-to-day living. In the "Preface" to the *Phenomenology of Perception* (1945/1962), Merleau-Ponty refers to this oscillation from *facticity* to meaning-dimensions or *essence* and back to facticity:

> Phenomenology is the study of essences. (...) But phenomenology is also a philosophy which puts essences back into existence, and does not expect to arrive at an understanding of man and the world from any starting point other than that of their 'facticity'. (...) It is also a philosophy for which the world is always 'already there' before reflection begins – as an inalienable presence; and all its efforts are concentrated upon re-achieving a direct and primitive contact with the world. (...) [Phenomenology] also offers an account of space, time and the world as we 'live' them. It tries to give a direct description of our experience as it is, without taking account of its psychological origin and the causal explanations. (p. vii)

The study does not engage in searching for causal explanations of PTSD but rather aims at the concrete lived-experiences in order to understand their meaning:

> To return to things themselves is to return to that world which precedes knowledge, of which knowledge always speaks, and in relation to which every scientific schematization is an abstract and derivative sign-language, as is geography *in relation to the country-side in which we have learnt beforehand what a forest, a prairie or a river is.* (...) The world is not what I think, but what I live through. (Ibid, pp. ix-x, xviii)

The current psychiatric understanding of PTSD is etiological, combining a neuro-endocrine causation and the subjective interpretation given to the traumatic event by the traumatized person. A hermeneutic phenomenological research approach that asks *what* instead of *why* and is interested in meaning-making, may bring a different point of view of the phenomenon of living with PTSD. Current psychological theories of PTSD as well aim at explaining the etiology of PTSD and at predicting what sustains it and how it may be treated. However powerful these theoretical psychological explanations are, I feel that in a way, they give a reductionist, mechanical picture of the person's existence.

Hermeneutic phenomenology as a human science approach, the "science of *Geist*" (spirit) (Dilthey, 1976), sees the "subject" of research in his or her uniqueness, while taking into account the whole sociocultural context. If we want to understand the nature of living with PTSD, phenomenology suggests that we do not look inside the person but rather to the things of the world and the landscape in the midst of which the person lives: How does the person "see" things? What is important in his or her world? How does the person interact with his or her environment?

There is an egalitarian aspect to the way in which the data of lived-experiences are derived: The research participant is seen as the source of knowledge; learning from the research participant echoes the *Learning From the Patient* (Casement, 1991), an attitude which I, as a clinician, strongly support.

Understanding the aspects of meaning of living with (M-R) PTSD has a practical

purpose: to be able to act "thoughtfully and tactfully" (van Manen, 1997, p. 12), in a

sensible and empathic way towards traumatized persons and their families. As a

psychologist, I aim to contribute to the understanding of how (M-R) PTSD is lived in the

concrete everyday living. Due to the very existence of knowledge-in-practice of PTSD in

general that is so extensive, we therapists may take things for granted and gloss over

some hidden aspects of the phenomenon. By using a phenomenological approach, I hope

to shed light on these covered aspects and help therapists in the evaluation and the

therapeutic processes of persons with (M-R) PTSD.

I also hope that my study will contribute to the social acknowledgement and

understanding of this phenomenon by the Israeli, and more so, by the Canadian public, as

in Israel (unlike in Canada), military service is compulsory, and Israeli population in

general is more exposed to violence and trauma than Canadian population. Thus, it is

hoped that

> To become more thoughtfully or attentively aware of aspects of human life which
> hitherto were merely glossed over or taken-for-granted, will more likely bring us
> to the edge of speaking up, speaking out, or decisively acting in social situations
> that ask for such action. (van Manen, 1997, p. 154)

Reading a phenomenological research text is (hopefully) involving the reader in

an engaging dialogue, evoking insights and an empathic understanding in the reader.

Although phenomenology as a form of inquiry does not recommend any particular

political agenda for any particular social group, the thoughtfulness that phenomenology

offers through the lived-experience descriptions is more likely to lead to concern, on the

part of the reader, and may encourage further public discourse aimed at policy advice and social action.

Personal and Professional Contexts of Study

"To orient oneself to a phenomenon always implies a particular interest, station or vantage point in life," says van Manen; "So when one orients to a phenomenon, one is approaching this experience with a certain interest" (1997, p. 40). My orientation to the lifeworld of persons with (M-R) PTSD is of a psychologist, an Israeli living in Israel, and a mother of two sons.

Experientially speaking, until the Second Lebanon war (July12th – August 14th, 2006), "the war" for me was the 1973 Yom Kippur war. Listening to some of my research participants' lived-experiences of the Yom Kippur war brought back my personal memories of the first hours when the war broke out, on the Day of Atonement, the most important holiday in Judaism, when life comes to a halt: People do not work, many attend synagogue services and have a complete 24-hour fast. All shops are closed, and it is the only day of the year where there is no transportation, no television, or radio.

I come to the present study as an Israeli and a mother of sons. The fact that military service in Israel is compulsory and that men in combat-roles are recruited for about a month every year to the reserve until the age of 45, implies that Israeli soldiers are our sons, fathers, and brothers, our friends and their sons, and so forth. Thus the threat to life in Israel cannot be confined to "the military" as an anonymous and a distant entity: The threat to life has human faces which I desparately do not want to be able to recognize in the daily newspapers.

The years of the *Intifada El-Aksa* (2000-2008), (the Palestinian's war of national liberation against Israeli occupation) of escalating violence in Israel, especially with the suicide bombings, have brought the threat of death to the everyday lives of all Israeli citizens, civilians as well as soldiers. The frequent and vivid images of bodies and body-parts of men, women, children, and babies, blown up on a bus in the midst of Israel by a terrorist who exploded himself or herself, have been too horrific to bear. Suicide bombings can happen everywhere, especially in cities and big towns, in crowded places: on a bus or at a bus station, in a coffee shop, a restaurant, or inside a mall, on a market, or at a youth club. The fact that one of the suicide bombings took place near our home, in an unpopulated rural area, on the very same bus I am used to take to work, brought the threat of death in close proximity, shattering the illusion of the safe rural space.

However, my most vivid personal experience of the encounter with war and the threat of death took place in July-August 2006, during the Second Lebanon war, when both my husband's life and mine, living in the northern part of Israel, were under the concrete threat of death. Writing my Ph.D. dissertation in the sheltered room in my home, experiencing the dread of death while being under the attacks of *Khizbulla* Katyusha rockets (100 to 200 a day), feeling like living-ducks in a firing range, was a very weird sensation: Certain traumatic aspects of the experiences of my research participants became mixed with mine. Living under the constant threats of the Iranian president Akhmadinjaad to destroy Israel by a nuclear bomb, has added to the existential anxiety.

I come to the study as an Israeli clinical and rehabilitation psychologist of 31 years of practice and as a visiting graduate student in Alberta. I refer to the professional

context as personal as well because being a psychologist is part of my identity and personhood. As a (past) senior psychologist at the Psychiatric Services in Tel-Aviv Sourasky Medical Center, during the years 1995-2001 I was in charge of and personally conducted psychodiagnostic assessments at the PTSD Evaluation Center for Israeli veterans who asked the Ministry of Defence to be recognized with PTSD, compensated, and accepted in special treatment programs.

In my private practice I treat military veterans with PTSD: Jewish, Druze, and Beduin, referred by the Ministry of Defence Rehabilitation Division (equivalent to the VA), as well as traumatized civilians. I offer individual psychotherapy, accompanied by couple, family, and community interventions, striving to be culturally-sensitive.

At the Evaluation Center for PTSD, multidisciplinary evaluations include a psychiatric interview, psychological interview and tests, and a social worker's interview with spouse. The end-product is an integrative psychiatric report of the existence of mental disability and its degree (disability percents), its appearances, and implications for the person's functioning in the personal, employment, family, and social aspects of life. The report is a legal document, being used by the Ministry of Defence for the purpose of recognizing the military veteran as a mentally disabled and providing him or her with treatment and monetary compensation.

Five such evaluation centers for PTSD were established in Israel in 1995 by the Israeli Ministry of Defence, following advocacy activities of senior Israeli psychiatrists, who themselves had served in the military and played a key-role in the development of the military mental health care system. In other words, the initiative to establish the

evaluation centers came from persons who were experienced with traumatized soldiers and with war traumas.

The PTSD evaluation centers reflect the understanding that PTSD is a multi-faceted mental condition that needs to be addressed in a complex way. They also reflect the responsibility that the Israeli government and society at large take upon themselves to look into the needs of the soldier and family. The issue of assessment and psychiatric diagnosis is a core issue with regard to PTSD, even more than with other mental disorders, due to its socio-legal dimensions: PTSD has to be medically diagnosed and documented for compensation to be granted. Being socially acknowledged, PTSD does not merely reside in the private domain of the traumatized soldier and his or her family but in the social domain as well.

I felt very privileged to take part in the evaluation process of veterans with PTSD, as a way to ensure appropriate assessment and treatment for them and to enhance the social acknowledgement of the mental toll of war which, so I hope, may contribute to the search for non-violent solutions to violent conflicts. Yet, after conducting numerous psychological tests and writing concise psychological reports, I felt that the portrayal of the person as shown in them has become less full and lively, being reduced to schemes of cognitive and personality functioning. The fact that I adopted a positivistic way of doing psychological assessments for such a long time is one of the reasons why I find myself comfortably at home in the qualitative hermeneutic phenomenological research tradition. Listening to the concrete lived descriptions of the traumatized interviewees and reflecting

upon their meanings without having to label, categorize, and quantify their distress is a different experience for me.

In addition, in order to gain initial familiarity with the issues regarding PTSD in the Canadian military, I did my practicum at the Edmonton Garrison Mental Health Services and was there a co-facilitator for a support-group for spouses of soldiers with PTSD. Though my main interest was to meet the traumatized soldiers themselves, I was not allowed by the military to access them. Therefore, for the purpose of my study, I accessed military veterans who were already released from the army.

Soldiers who are employed in the Canadian Forces (CF) may respond with PTSD to operational stress, mainly following peacekeeping missions in war-zones, such as Bosnia, Croatia, Somalia, Rwanda, and Afghanistan. The awareness and recognition of PTSD in the CF has been evolving (Marin, 2001). In 1999, five operational trauma and stress support centers (OTSSC) were established throughout Canada, Edmonton included, for assessment and treatment of soldiers with operational stress reactions, especially PTSD. However, since 2002, there has been a shift in the attitude of the military with regard to the preferred treatment model for soldiers with PTSD. Today, two models exist simultaneously: the OTSSC ("PTSD Specific") and the Mental Health Services which provide mental health care for all kinds of mental problems, PTSD included ("PTSD General"). Edmonton Garrison has been chosen as a trial-base for the "amalgamation process" of the OTSSC within the new mental health services.

The mandate of the OTSSC (Canadian Forces, 2002) is to develop and maintain a body of expertise and experience regarding the management of the problems associated

with military operations, to share it with care providers at the base level through constant educational activities, and to apply this expertise and experience to the treatment of persons referred to the OTSSC. Embedded in the mandate of the OTSSC is the notion that special expertise and experience are needed for the treatment of persons with PTSD and that educating the community-based health services about PTSD is important. However, my personal experience also showed me that there is a kind of ambivalence on the military's part with regards to the last aspect of their declared vision.

Assessment and treatment, as well as educational programs are offered by the OTSSC's multidisciplinary team: psychiatrists, psychologists, social workers, a chaplain, and psychiatric nurses. The notion of a multidisciplinary team is compatible with seeing PTSD as a complex phenomenon that requires diverse modes of care. Pre and post-deployment screening is applied to all soldiers, reflecting the significance attributed to an early detection of PTSD. Psychological assessments are offered, following by individual, cognitive-behavioral, or psycho-dynamic oriented therapies, as well as group-therapy and couple-marital counselling. The spouses of traumatized soldiers are offered a one day workshop, assuming that there exists a general body of knowledge on PTSD that pertains to all persons with PTSD. Spouses are also offered psycho-educational support group and individual or couple counselling. After being released, veterans are treated by the VA as long as they and their families need.

Psychiatric Diagnosis of PTSD

PTSD is a psychiatric construct of a certain human condition, aiming to describe,

categorize, and conceptualize a way that human beings may respond to trauma.

According to the DSM-IV-TR (APA, 2000),

> The essential feature of Posttraumatic Stress Disorder is the development of
> characteristic symptoms following exposure to an extreme traumatic stressor
> involving direct personal experience of an event that involves actual or threatened
> death or serious injury, or other threat to one's physical integrity; or witnessing an
> event that involves death, injury, or a threat to the physical integrity of another
> person; or learning about unexpected or violent death, serious harm, or threat of
> death or injury experienced by a family member or other close associate
> (Criterion A1). The person's response to the event must involve intense fear,
> helplessness, or horror (...) (Criterion A2). The characteristic symptoms resulting
> from the exposure to the extreme trauma include persistent reexperiencing of the
> traumatic event (Criterion B), persistent avoidance of stimuli associated with the
> trauma and numbing of general responsiveness (Criterion C), and persistent
> symptoms of increased arousal (Criterion D). The full symptom picture must be
> present for more than one month (Criterion E), and the disturbance must cause
> clinically significant distress or impairment in social, occupational, or other
> important areas of functioning (Criterion F). Traumatic events that are
> experienced directly include, but are not limited to, military combat, violent
> personal assault (sexual assault, physical attack, robbery, mugging), being
> kidnapped, being taken hostage, terrorist attack, torture, incarceration as a
> prisoner of war or in a concentration camp, natural or manmade disasters, severe
> automobile accidents, or being diagnosed with a life-threatening illness. (...)
> Witnessed events include, but are not limited to, observing the serious injury or
> unnatural death of another person due to violent assault, accident, war, or disaster
> or unexpectedly witnessing a dead body or body parts. (pp. 463-4)

In other words, a person may react to a traumatic event by developing PTSD that is

comprised of three kinds of symptoms: intrusion, avoidance, and hyper-arousal. The

traumatized person continues to reexperience the traumatic event as intrusive, vivid

memories while being awake or asleep, as if the event is taking place in the here and

now. The traumatized person responds with intense distress to reminders of the traumatic

event and therefore tries to avoid places, people, activities, thoughts, and emotions that

are somehow associated with the traumatic event and which may trigger the memories. The traumatized person experiences increased arousal: Is constantly alert to potential danger in the surroundings, has difficulty to sleep, is irritable, and has difficulty to restrain outbursts of anger (Ibid, p. 464).

<div align="center">Social Context of Military-Related PTSD</div>

Living with (M-R) PTSD is not just the personal issue of the traumatized person: PTSD bears significant implications for society at large. PTSD is one of the rare mental disorders that is medically defined as being etiologically related to an external, real event, the traumatic event; hence the debate about exclusive or shared moral and financial responsibility of the traumatized person and society has been entwined in the history of PTSD of the last 150 years (McFarlane & van der Kolk, 1996).

Assuming responsibility by the state for the suffering of traumatized soldiers has implied also monetary compensation, an issue that has created an atmosphere of suspicion toward traumatized soldiers: *Compensation Neurosis* was the "diagnosis" given, already at the end of the nineteenth century, to railway accident-victims who showed PTSD symptoms. This derogatory term still exists in the 21st century psychiatric discourse of PTSD and is part of an on-going debate in the literature regarding "symptom exaggeration in compensation-seeking veterans" (Pitman, Sparr, Saunders, & McFarlane, 1996).

For the last 50 years, Canada has participated in peacekeeping and peacemaking missions mandated by the UN Security Council in conflict zones around the world, such as Bosnia-Herzegovina, Cyprus, Cambodia, Rwanda, Somalia, the Middle East, Haiti,

Angola, and Afghanistan. Over 120,000 men and women have served in close to 70 different operations, ranging from truce observance to the supervision of elections, and more than one hundred Canadians were killed during peacekeeping missions (United Nations Association in Canada, Retrieved on April 1st, 2009).

Over the years, UN peacekeeping has evolved to meet the demands of different conflicts and a changing political landscape. Born in the 1950s, UN peacekeeping aimed to maintaining ceasefires and stabilizing situations on the ground, so that efforts could be made at the political level to resolve the conflict. Those missions consisted of military observers and lightly armed troops with monitoring, reporting, and confidence-building roles in support of ceasefires and limited peace agreements.

With the end of the Cold War (in the late '80s), the strategic context for UN peacekeeping changed, with the UN expanding its field operations from "traditional" missions involving strictly military tasks, to complex "multidimensional" missions. Peacekeepers are deployed to monitor the implementation of the cease-fire, maintain the separation of forces, protect humanitarian operations, and assist in the implementation of the peace agreement. Peacekeepers are also involved in providing electoral support, helping to build institutions of governance, training local police forces, and monitoring human rights.

The nature of conflicts has also changed over the years. Originally developed as a means of dealing with inter-State conflict, UN peacekeeping has been increasingly applied to intra-State, often ethnic-based conflicts and civil wars (such as in Bosnia), as well as to fight terrorism. Although the military remains the heart of most peacekeeping

operations, peacekeeping now includes also civilians (United Nations Association in Canada, April 1ˢᵗ, 2009).

The more complex peacekeeping missions have seemed to produce even more stress than traditional peacekeeping or even traditional warfare: The peacekeeping principles of impartiality and restraint in the use of force may not lend themselves well to traditional military training. In fact, soldiers often say that the most stressful event of a peacekeeping mission was not the inability to defend their personal safety but rather to witness extreme atrocities they were helpless to prevent, such as the death of civilians, including children (Richardson, Naifeh, & Elhai, 2007).

The mental health consequences of combat and war-zone exposure has been extensively studied with regards to the two World Wars, the Korean and the Vietnam war, the Gulf war, and more recently, as related to combat duty in Afghanistan and Iraq. However, there are limited studies specifically investigating PTSD in peacekeeping veterans. In their comprehensive study of Canadian peacekeepers, Richardson et al. (2007) point at PTSD as being an important health concern in the veteran population. They found that between 11-15% of veteran peacekeepers were diagnosed with PTSD and about 30% were diagnosed with clinical depression.

The social attitudes of the Canadian forces (CF) and the Canadian society at large towards UN peacekeeper soldiers with PTSD are extensively dealt with by Marin (2001) in *The Ombudsman Report to the Minister of National Defence: Systemic Treatment of CF Members with PTSD*. The report was triggered by an act of protest of McEachern, a soldier diagnosed with PTSD, who out of frustration due to "ignorance, stigmatization,

and mistreatment" (Ibid, p. 205) of soldiers with operational-related PTSD in the CF, drove his vehicle into the Edmonton Garrison headquarters. The report is based on interviews with one hundred traumatized CF members or veterans, their spouses, and with soldiers in the chain of command.

McEachern and other soldiers with PTSD who had "the courage" to share their experiences with the Ombudsman, are praised by him:"My extensive investigation into this issue has confirmed that PTSD is a very real illness that affects many CF members and their families" (Marin, 2001, p. 205). In reflecting upon the phrase "a very real" illness, it seems to allude to the ever-present question of whether PTSD symptoms are genuine signs of mental distress and therefore deserve recognition and treatment, or are simulated for the sake of monetary compensation. Marin further states that traumatized soldiers have been exposed to stigmatization, ignorance, resentment, and accusations of malingering, often culminating in the release from the military, due to the lack of basic education about PTSD, and he calls on the military authorities to assume responsibility:

> Far too many soldiers who have been diagnosed with this illness are being stigmatized, labelled as fakers, ostracized and isolated from the system that is supposed to support them. The fact that the situation has degenerated into one of name-calling in itself cries out for acts of leadership by CF authorities. (...) Significant steps must be taken, to improve education and awareness of PTSD and its effects, to change the climate of disbelief and skepticism surrounding this illness. (Marin, 2001, pp. 205-6)

The Israeli psychiatrists Witztum and Kotler (2000) argue that political, ideological, and social factors had a decisive impact on the attitudes towards Combat Stress Reaction (CSR, the acute state of post-traumatic combat-stress) and PTSD in Israel, since the State's establishment in 1948. The overwhelming sense of vulnerability

and existential helplessness which are at the core of CSR and PTSD, argue Witztum and

Kotler, contradict the way in which the founders of Israel wished to see the "new Jew,"

the native-born *sabra*, as a strong and brave Jew, being freed of years of persecution and

humiliation in the diaspora. The insecurity of Jewish existence was substantiated by the

Holocaust and later by the persistent threats to Israel's existence by its Arab country

neighbors. This reaction to the existential fear led to strong pressure for heroism and

resiliency among Israelis, which were viewed as a necessary condition to ensure

individual and national survival.

Witztum & Kotler (2000) propose that this was the background for the denial of

CSR and PTSD until 1973 by military authorities, Israeli society, and even by military

mental health system: "We do not have this problem, and we cannot afford this 'American

luxury'" (Ibid, p. 106). According to the national ethos, Israel's (1948) war of

Independence was heroic: Around 6000 people, almost 1% of Israel's population, were

killed during the one-year war. Defeat in this war would have led to the end of the Jewish

State, a belief that was later transferred to other Israeli wars. The war was fought by men

and women with minimal weapons and with little or no formal military experience,

among them were Holocaust survivors. Taking into account the heroic ethos and the

existential fear, CSR and PTSD were considered as serious problems in that war and their

real dimension is difficult to evaluate. The injured people arrived after large battles,

among them many Holocaust survivors. They were diagnosed as "severely neurotic" or

"psychotic" and were treated in a psychiatric hospital. CSR was apparently widespread

enough for the army to establish special treatment-units shortly after the war started.

The assumption in the military medical authorities was that "battle-ready sabras" are less inclined to have PTSD than "unstable new immigrants:" Vulnerability and fear were ascribed to the Other, so that the new national identity would be intact. Patients who recovered were discharged from the army, and those who did not recover were stigmatized, and only many years thereafter, were recognized as disabled and compensated by the State. In the few medical articles published in 1948-9 (Halperin, 1949; Kalmus, 1949; Wollman, 1948), traumatized soldiers were described as weak, unfit, and cowards, psychopathic hypochondriacs who seek to avoid military service or seek compensation. These attitudes seemed to reflect the nation's tendency to ignore psychological vulnerability.

After the 1948 war, the psychiatric units were dismantled, little written documentation of the rich therapeutic experience was left, and both documents and knowledge were "forgotten." Though the pattern of "lessons learned and forgotten" has been typical to PTSD, Witztum and Kotler assume that specific factors – the great efforts of the new State of Israel to survive, receive immigrants, and build a new nation - played as well in the denial of PTSD; the State could not "afford" psychological problems.

The (1973) Yom Kippur war caught Israel by surprise, and the Israeli army had to fight three Arab armies simultaneously. During the three week-war, 2600 Israelis were killed and 7000 wounded, mostly in the first days. The impact on Israeli society was traumatizing, due to the Israeli high self-confidence after the Six-Day war, the high number of losses in the Yom Kippur war, and the total failure of the Israeli intelligence to

predict the war. All these led to loss of confidence in Israel's military superiority and in the civilian leadership and to extensive demoralization.

Being a traumatic collective memory for Israelis, the Yom Kippur war also changed the public's attitude to CSR and PTSD: The Israeli psychiatric establishment could not deny their existence; between 10% (official reports) and 55% (non-official) of all casualties were diagnosed with CSR (Noy, 1991), and many were diagnosed with delayed PTSD. As a result, special frontline mental health care units were established.

The (1982) First Lebanon war was the first elective and controversial war in Israel's history, initiated by Israel to put an end to the Palestinian Organization's (PLO) threat in northern Israel. 700 Israeli soldiers were killed, and between 25-50% of all casualties were diagnosed with CSR and/or PTSD; yet only 7% received frontline treatment, and again, not all accumulated therapeutic knowledge was implemented. However, following this war and the formal DSM recognition, CSR was recognized in its acute and prolonged form (PTSD), and treatment models were developed. The public controversy over the war and greater cultural openness to emotional expressions in men contributed to a greater acceptance of PTSD (Solomon, 1993; Witztum & Kotler, 2000).

Overview of the Following Chapters

The next chapter (chapter 2) is a reflective review of the literature, guided by the question of how the human response to trauma has been understood, while acknowledging the existence of a very extensive body of knowledge in diverse areas of PTSD (such as neurobiology, cognition, assessment, and therapy) that is beyond the scope of this study. Through a historical review on understanding the response to trauma,

I illuminate the main questions being asked from different worldviews, around which different ways of understanding evolved. Then I bring the current understanding of PTSD, the psychiatric diagnosis and the broader psycho-socio-biological model of PTSD, with empirical knowledge of PTSD in areas regarded as of most theoretical significance, followed by the early and recent psychological theories of PTSD since the '70s. Vis-à-vis the psychiatric and psychological conceptualizations of the response to trauma, I introduce voices from "another world," showing how the response to trauma may be seen as socially and culturally constructed. At the end of the next chapter, the phenomenological approach to (M-R) PTSD is reviewed, with a question as to a possible dialogue between phenomenology and psychopathology.

Chapter 3 describes the basic themes of the hermeneutic phenomenological methodology and the method of the present study thereafter. Chapter 4 brings the narrative of the traumatic experiences of the research participants on the background of their life stories. In Chapters 5 to 8 the main themes and sub-themes of the phenomenon of living with (M-R) PTSD are presented, together with lived experience descriptions. Chapter 5 addresses the question of trauma remembering in the day-to-day living with (M-R) PTSD, chapter 6 explores the question of the encounter with death, at the time of the trauma and in the posttrauma everyday living, chapter 7 addresses the experience of being hypervigilant in an unsafe world, and chapter 8 relates to being another to oneself and others, aspects of selfhood and relationality in the day-to-day living with (M-R) PTSD. Chapter 9 is a reflective ending of the research journey.

CHAPTER TWO: LITERATURE REVIEW

An essential part of the hermeneutic phenomenological research approach is *bracketing* the pre-understandings, assumptions, and beliefs, scientific knowledge and theories which we hold with regard to the phenomenon studied. This knowledge is seen as biasing the understanding of the concrete experience-as-lived. Bracketing does not mean to ignore what we know about the phenomenon but rather to make it explicit and critically analyze it (van Manen, 1997).

Bracketing and explicating the background presuppositions in the psychiatric and psychological discourse of the response to trauma further shows that ideas and concepts which appear to be the taken-for-granted, common-sense understanding of "the world as it is" are actually man-made, socially constructed. By explicating the basic assumptions of the main discourse on trauma, we also may give voice to alternative ways of seeing the world which have been hidden under the "common sense."

Historical Review on Response to Trauma

Despite extensive interest, research, and practical experience accumulated in the field of psychological trauma and PTSD, there is no central organizing idea with regard to what psychological trauma is and how it affects human beings; many questions are still open. Kudler (2000) argues that too often researchers tend to adopt a reductionistic: biological, psychological, or social formulation of PTSD, leading to high variety of therapies for persons with PTSD. Simplistic paradigms of PTSD, warns Kudler (2000), carry the risk of implementing partial and ineffective solutions to complex realities.

Even the term *Post-Traumatic Stress* itself bears some conceptual confusion as to how trauma and stress are related: Are they on a continuum where trauma is a more severe form of simple stress? Or maybe, as Yehuda (1996) and Yehuda and McFarlane (1995) argue, the biology of post-traumatic disorders is qualitatively different from that of stress? There is also the *organic or psychological* question of etiology: If it is true that brain structures are altered in traumatized persons (Bremner, Krystal, Southwick, & Charney, 1995), is it still relevant to discuss the psychological meaning of a traumatic event? If it is eventually demonstrated that there is a genetic tendency toward PTSD, is PTSD caused by the trauma itself, or by pre-existing vulnerabilities? And the question about authenticity: Is posttraumatic suffering real or a simulation?

One way to enhance the understanding of the response to trauma is taking a historical perspective on the dichotomous-phrased questions and their answers, as being discussed in the last 150 year medical-psychiatric literature. In the various attempts to understand the response to trauma, emphasis has been placed on etiology which is at the heart of the scientific-medical causal thinking. However, though the psychiatric discourse of trauma aims to advance knowledge of PTSD that is universally true, a close examination of the medical disputes in the field of trauma reveals the significance of social, cultural, and political contexts in shaping the understanding of PTSD.

Organic or Psychological?

The debate on whether the posttraumatic response has organic or psychological origins and whether the response is genuine or simulated was at the center of earliest scientific discussions of the effects of trauma in the 1850s in England, following law-

suits of railway passengers who were not physically injured, yet suffered from sleep disturbances and dreams about collisions, the *Railway Spine Syndrome* (Harrington, 1996). Surgeons debated whether those symptoms are the result of a physical injury (Erichsen, 1866) or a psychological origin, a *General Nervous Shock* (Page, 1885).

A similar debate took place between neurologists and cardiologists in Germany after the 1870 war, with regard to posttraumatic symptoms of combat-soldiers: Are the symptoms the results of subtle changes in the brain, *Traumatic Neurosis* as being called by the neurologist Oppenheim (1889), or are they an illness of the heart, *Irritable Heart*, or *Soldier's Heart*, as named by the cardiologists Myers (1870) and Da Costa (1871)?

Ascribing an organic origin to the traumatic response was particularly significant with regard to combat soldiers. Seeing trauma as a physical illness offered an appropriate solution for all parties involved: The soldier preserved his dignity, the physician did not have to diagnose the soldier as a coward or a deserter, and the military authorities did not have to deal with the effects of war and either explain how previously brave soldiers went through psychological breakdown or execute them (Moran, 1945).

However, since *Battle Neurosis* was found in soldiers who had never been directly exposed to gunfire, it gradually became clear that the causes of it were often emotional rather than neurological. During World War I, Myers (1915), the British military psychiatrist, coined the term *Shell-Shock* and regarded emotional factors as a sufficient explanation for the forming of posttraumatic symptoms.

Seeing Shell Shock and cowardice as a synonym continued with regard to traumatized soldiers during World War II, thereby revealing the power of society to

determine the prevailing medical discourse of the effects of trauma. Whereas to explain a soldier's suffering as being caused by war-traumas would have put the blame and responsibility on society and on the state, blaming the person's weakness of character and moral values was an easier way to escape social responsibility (McFarlane, 2000).

Underlying the organic or psychological question is the Cartesian dualistic ontological basic assumption that sees the mind and the body as two separate realms. They correspond to Descartes' two ontological types of Being: thinking, mental, or immaterial Being (*res cogitans, res mensa*) and extended or material Being (*res extensa*); the mind or soul belongs to the former, whereas the body to the latter.

A solution often being proposed to how mind and body can ever meet or influence each other involves the idea of mind-brain reductionism, whereby the mind is actually a complex way of looking at the brain. That is, the mental can be reduced to no more than the physical and physiological brain activities, a part of the body. It follows that the mind, the mental, or the soul is an illusory and perhaps dispensable concept, since only the body is "real" (that is, material) (Hersch, 2003). This reductionist view can be detected in the concepts of General Nervous Shock, Irritable Heart, or Soldier's Heart, which were at the center of the discourse about the response to trauma.

However, in our day-to-day living we never see disembodied minds, nor mind-less brains and bodies. In a phenomenological model, the mind and body are never totally separate to begin with: They are two different aspects of the whole person. Embodiment is seen as an essential feature of human experience, a feature that is always one of the ways in which we express and manifest our emotions (Hersch, 2003). Therefore, from a

phenomenological point of view, rather than asking the either-or question, we would inquire about the bodily and emotional aspects of the response to trauma.

Intra-Psychic or World-Related?

Although the knowledge that exposure to trauma can lead to troubling memories, arousal, and avoidance has been available at least since the time of Homer (Shay, 1994), psychiatry had difficulty to accept the idea that "outside" reality rather than inner psychic factors affects people's psychology and biology (van der Kolk, Weisaeth, & van der Hart, 1996). Psychodynamic theorists pointed to the ways in which traumatic experiences can activate pre-oedipal or oedipal conflicts of infancy and childhood, particularly those around safety, trust, maternal protection, and nurturance, dependency and autonomy, control of emotions, and aggression (Bracken, 2002). According to Freud's (1920/1955) conceptualization of *Traumatic Neurosis*, posttraumatic conversion symptoms are psychological defense mechanisms which protect the ego from unacceptable, unconscious impulses and wishes. Freud thought that defenses were consolidated over time and that earlier conflicts which had caused them were transformed into chronic repetitions of behavior. According to Freud, something becomes traumatic because it is repressed or dissociated from awareness, namely, the repression itself of traumatic memories is seen as the cause of later symptoms. This led to a treatment aimed at recovering repressed memories (the rationale of Abreaction therapy for PTSD). Thus, posttraumatic symptoms were seen as an intra-psychic, subjective creation, rooted in past experiences that had nothing to do with the present outside world reality.

Attributing the symptoms of the adult traumatized soldier to an early childhood

conflict implied that both the role of the soldier's war-experience in the etiology of his

"neurosis" and society's responsibility towards the traumatized soldier were ignored

(Rivers, 1918). By accepting the psychoanalytic theory of trauma, psychiatry has also

neglected, until recently, the research of childhood sexual traumas and their effects on

children's lives, except for Ferenczi (1933/1955). Again, underlying is the Cartesian

assumption that inner experiences are "subjective," and therefore "unreal or untrue," in

contrast to the "external, objective, and true reality."

Genuine or Simulated?

Following the studies of the French neurologists Charcot and Janet of hysteria and

dissociation as related to childhood sexual trauma, a connection was made between any

psychological trauma and hysteria (van der Kolk, Weisaeth, & van der Hart, 1996). The

discovery that traumatic memories of childhood sexual abuse are the cause of hysteria

initiated a debate about the authenticity of childhood memories of the "unbelievable"

parental incest, naming them *false memories*, or *Pseudologica Phantastica* (McFarlane &

van der Kolk, 1996).

The question of whether traumatic memories are true or false was asked with

regard to traumatized combat soldiers as well. This attitude led German and French

psychiatrists, during First World War, to search for signs of malingering among

traumatized soldiers: The treatment of war-syndromes turned to be a battle against

simulation. To regard posttraumatic symptoms as simulation was largely a moral,

political, and economic issue: Posttraumatic symptoms were considered by psychiatrists

and neurologists as a "disease of the will" and traumatized soldiers as "moral invalids,"

suffering from "moral inferiority." Hence, traumatized soldiers were "treated" by being

discharged or by facing a court-martial (Winter, 1978). If treated, "disciplinary therapies"

with painful electrical devices were used, the idea being that the consequences of the

symptoms had to be painful if the symptoms were to be removed (Leed, 1979).

In the aftermath of World War I, German psychiatrists claimed that the real cause

of traumatic neurosis among soldiers was monetary compensation and called it

Compensation Neurosis. As a result, Traumatic Neurosis was not compensated for by the

1926 German National Health Insurance Act until 1959, when the act was modified (van

der Kolk et al., 1996).

While in the military during the first half of the twentieth century, soldiers with

posttraumatic symptoms were punished and sanctioned, trauma among civilians started to

be acknowledged and studied. Stierlin (1909), the Swiss psychiatrist, studied the 1907

Messina earthquake survivors which killed 70,000 people and found that 25% of them

suffered from long-lasting sleep disturbances and nightmares. Stierlin challenged the

term Traumatic Neurosis, arguing that it is the only psychogenic symptom-complex for

which no psychopathological predisposition is required, hence the term neurosis is

unsuitable. This attitude echoes the DSM-III psychiatric model of PTSD (APA, 1980), in

which PTSD was seen as a normal response to an abnormal external event.

In the Cartesian paradigm, clinical phenomena such as hallucinations, delusions,

and traumatic memories are "mental, inner, merely subjective" phenomena, which are

judged to be lacking in their reality or truth, in correspondence with their "factual

objective" counterparts in external reality, and therefore are considered as false

perceptions, beliefs, or memories (Hersch, 2003). However, from a phenomenological

perspective, an experience is either experienced or not: It cannot be false. The

"falsehood" arises not in terms of the experience itself, but rather in terms of some

interpretation of the experience in its wider, worldly, meaningful context.

Hallucinations, delusions, and traumatic memories are far from lacking

experiential meaning, and they are never completely cut off from the contexts of their

worlds, no matter how bizarre those experiences may seem (Hersch, 2003; Straus, 1966).

Van den Berg (1972) calls it a *different existence*: The phenomenological psychiatrist or

psychologist needs to take the patient's experiences seriously as true and real for the

patient, even if in the phenomenologist's reality they are not happening:

> The depressed patient speaks of a world gone gloomy and dark. The flowers have
> lost their color, the sun has lost its brightness, everything looks dull and dead.
> (...) He says that the houses look old and dilapidated. He observes that they are
> about to collapse; they lean over and threaten to crush him. His complaint should
> be taken seriously. That is what the street in which the patient walks is like. It is
> nothing like the street as we know it, but this only means that the patient is ill and
> we are not. Nothing gives us a right to hold our own observation to be truer than
> the patient's. (...) He [the psychiatrist] takes the side of the patient. He puts
> himself in the patient's existence, *in his world*. (pp. 45-47)

Denial and Recognition of the Response to Trauma

Neither the Freudian nor the "disciplinary" schools could really understand and

deal with the experiential horrors of war. Due to a collective avoidance and denial of the

medical system, the devastating impact of war on the person was not part of the medical

and social discourse (McFarlane, 2000). Rivers (1918) describes how patients were

actively discouraged from ever talking about what they had experienced. McFarlane

interprets this denial as a coping mechanism on the part of the medical doctors who in order to survive the enormous casualties in the two World Wars had to distance themselves from the soldiers' suffering. The medical profession was part of the social effort to forget the war and its suffering and move forward, thereby refusing to listen to the soldiers who brought home the memories of war, while at the same time, political or social advocacy for the traumatized veterans did not exist (McFarlane, 2000).

Kardiner (1941), the psychiatrist who treated traumatized American war veterans, was among the few professionals who did listen. He described the posttraumatic symptoms as *Physio-Neurosis*, a chronic state of physiological and psychological hyper-vigilance to environmental threats. Based on the posttraumatic nightmares, chronic irritability, and aggressive outbursts, Kardiner suggested that the traumatized patient "acts as if the original traumatic situation were still in existence, and engages in protective devices which failed on the original occasion" (p. 82).

Kardiner's concepts were applied by American psychiatrists in the treatment of World War II soldiers (Grinker & Spiegel, 1945). Following their own war-experiences, psychiatrists such as Menninger in the U.S. and Bion in Britain acknowledged the preferable use of group-therapy on the individual one as the basic unit of treatment for posttraumatic states (Main, 1989).

Krystal, the psychoanalyst, studied the long-term mental effects of extreme and long-lasting traumatic stress in concentration camp survivors (Krystal, 1968; 1978; 1988). He suggested that the core experience of being traumatized consists of giving up and accepting death and destruction as inevitable. Like Kardiner (1941), Krystal (1988)

argued that the trauma response evolved from a state of hyper-alert anxiety to a progressive blocking of emotions, a "dedifferentiation of affects," and behavioral inhibition. Traumatized patients come to experience emotional reactions merely as somatic states, without being able to interpret the meaning of what they feel.

In recent decades, a personal experience-based understanding of the effects of trauma has emerged, especially from Vietnam veterans and professionals working with traumatized women and children. Figley (1978), the Vietnam veteran, published a first significant book on Vietnam war traumatic stress disorders. Burgess and Holstrom (1974) first described the *Rape Trauma Syndrome*, showing how flashbacks and nightmares in raped women and in traumatized soldiers are similar. Although in 1980, incest was still claimed by the psychiatric establishment (Kaplan, Freedman, & Sadock, 1980) to be rare and not so damaging, the widespread child sexual abuse and its harming effects began to be documented. Kempe and Kempe (1978) worked with abused children, and the first systematic research on trauma related to family violence was published (Strauss, 1977).

Herman (1992) argues that there has always been a tendency to push traumatic events not only out of individual consciousness, but also of social consciousness. Facing the effects of traumatic events, particularly of rape, torture, and sexual abuse, means to acknowledge the potential for both evil and vulnerability in human nature which people tend to avoid. Herman ascribes the emerging discourse on trauma in the past 20 years to the rise of the women's movement in Europe and North America and to the anti-Vietnam war social movements. Prior to this, American government propaganda and recruiting campaigns were promoting the benefit of the experience of battle and soldiering for the

maturing individual. The anti-war political campaign created a political context in which psychiatry could seriously consider the damaging effects of war-experiences.

Haley (1974), the social worker at the Boston VA Hospital and the daughter of a traumatized World War II veteran herself, recognized that many of her Vietnam veteran patients were misdiagnosed with Depression, Paranoid Schizophrenia, or Character or Behavior Disorders (Blank, 1985), rather than being recognized as having combat-related symptoms. In 1970, Shatan and Lifton, the psychiatrists and political activists, founded in New York the *Rap-groups* for Vietnam veterans. They responded to the veterans' frustration due to the rejection and misdiagnosis of the mental health services, and to the lack of understanding and help of the VA (Bloom, 2000). Shatan himself was personally familiar with the symptoms of war, being the son of a veteran of wars in Poland. The rap, self-help groups which received clinical consultancy from volunteer psychologists and psychiatrists, gave voice to the veterans' war experiences and to their anti-war protest (Shatan, 1987).

The returning Vietnam veterans were greeted with hostility and stigmatization by the left and right U.S. political wings and even by the military: They were either blamed for losing the war or for "killing babies" (Shatan, 1987). In the media they were described as psychotics, murderers, and rapists (Leventman, 1978). In response to the discrimination, veterans and their supporters organized counter-VA social and political protests. Shatan and Lifton came under government surveillance and were accused by the VA of "dishonoring brave men" when they estimated that 20% of Vietnam veterans suffered from combat stress (Shatan, 1985). Difficulties to get appropriate mental health

services from the VA was also due to the lack of diagnostic code for combat stress in the 1968 DSM-II: It seems that without a psychiatric label, the posttraumatic suffering was non-existent.

The medical and social denial of the response to trauma and the battle for recognition refer to the issue of what is regarded as "real" or "true." Whether this denial is based on an individual or social reluctance to acknowledge both evil and vulnerability in human nature or on a certain political agenda, the experience itself of the traumatized person is ignored and rejected. However, in a phenomenological inquiry there is no such question whether a phenomenon is "real" or "true;" rather, it is interested in what the person experiences, without trying to label it.

Interestingly, when the PTSD diagnosis was introduced, the psychiatric label received an ontological status. In what seems to me to be a reification process, a man-made construct, the PTSD diagnosis, was regarded as something more "real" than the posttraumatic experiences themselves.

DSM Views of PTSD

The Diagnostic and Statistical Manual of Mental Disorders (DSM), the handbook of mental disorders, was first published by the American Psychiatric Association in 1952, at a time when American psychiatrists were treating World War II and Korea traumatized veterans. DSM-I (APA, 1952) had the *Gross Stress Reaction* diagnosis to describe combat stressed veterans. In DSM-II (APA, 1968), published in the midst of the Vietnam war, the above diagnosis was replaced by *Transient Adjustment Disorder of Adult Life*. Consequently, "Fear associated with military combat" and "unwanted pregnancy"

received the same diagnosis (Shatan, 1985). Shatan suggests that the disappearance of stress reactions from DSM-II had great political value during the Vietnam war: "Every diagnosis is a potential political act" (p. 3). Blank (1985) attributed these dramatic shifts from DSM-I to DSM-II to social unconscious processes of denial that deeply affected the recognition of traumatic stress reactions by the psychiatric organization.

Furthermore, psychiatry made a clear separation between the acute reaction to stress and more enduring consequences. Thus, Gross Stress Reaction and Transient Adjustment Disorder were seen as disorders which resolved rapidly unless there was pre-existing personality pathology. For long-lasting effects, the disorder became *Anxiety Neurosis*, implying that stress responses were short-lived, unless the patient had some pre-existing vulnerability (Bracken, 2002). As a result, veterans with delayed post-traumatic symptoms were misdiagnosed and were denied VA services (Blank, 1985; Wilson, 1988).

Based on the presumption that showing similarities between combat-stress and other forms of traumatic experience will make it less difficult to include PTSD in the DSM-III, Vietnam combat-trauma activists recruited researchers and clinicians who worked with Nazi concentration camp and Hiroshima survivors, raped and battered women, and abused children. Based on the knowledge accumulated from diverse traumatized populations, the new classification of Posttraumatic Stress Disorder (PTSD) was introduced into DSM-III (APA, 1980). The new diagnosis was an official recognition of the psychiatric establishment in the suffering due to trauma, and it paved the way for Veteran centers to be formed, offering specialized therapy for traumatized Vietnam

veterans (Blank, 1985). Since the formal recognition in PTSD, there has been an ever-increasing research of different aspects of traumatization in civilian and military populations, special journals on PTSD, and professional organizations around the world.

The concept of PTSD as presented in the DSM-III implied that traumatic events are rare, that traumatic stress is a severe form of stress, that PTSD is a normal response to an abnormal, beyond-human-experience event, that most people who have been exposed to trauma will develop PTSD, and that trauma is the major, if not the sole, cause of PTSD (Shalev, 1996;Yehuda, 2002). However, after 20 years, the concept of PTSD has been changed again, as being presented in the DSM–IV-TR (APA, 2000).

Current Psychiatric Diagnosis of PTSD

PTSD is currently defined as a possible prevalent human response to trauma; it is an anxiety disorder, a medical condition that can be identified in terms of etiology, diagnosis, psychopathology, treatment, and prognosis.

The diagnosis of PTSD involves etiology: Characteristic symptoms develop as the result of exposure to an extreme traumatic stressor (Appendix A). The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others; and the person's response involved fear, helplessness, or horror (APA, 2000, p. 467).

The PTSD diagnosis involves symptomatology: The characteristic symptoms resulting from the exposure to the trauma include persistent re-experiencing of the traumatic event (Criterion B), persistent avoidance of stimuli associated with the trauma

and numbing of general responsiveness (Criterion C), and persistent symptoms of increased arousal (Criterion D) (Appendix A).

The PTSD diagnosis is time-dependent: The full symptom-complex must be present for more than one month, and the disturbance must cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. PTSD may appear in an acute form and/or in a chronic form, and may also have a delayed onset (APA, 2000, pp. 463-468).

Aside from the traumatic event as the cause of the disorder, the DSM-IV-TR ascribes a greater etiological role to the individual history and personality. The DSM assumes that PTSD symptoms are universal, not culture-specific, mostly the same in children and adults, and are the same regardless of the kind of traumatic event. If it is assumed that traumatized people from different populations respond to a variety of traumatic stressors in similar ways, one can also argue that similar therapies may be efficacious for various traumatized populations.

Although the DSM-IV-TR refers to the subjective psychological response to trauma as a necessary criterion ("Responding with fear, helplessness, or horror," p. 486), the experiential aspects of PTSD are described in a very schematic way. It seems that as a statistically-based classification system, the *lifeworlds*, the worlds of lived-experience of persons with PTSD and their meanings are mostly left outside the boundaries of the diagnostic criteria.

Giving the suffering of traumatized veterans a name and a place in the DSM-III was regarded as a tremendous achievement for the veterans and for the activist mental

health professionals: The PTSD diagnosis meant a formal recognition of the suffering due

to combat traumatic experiences and assuming of responsibility by society to provide

traumatized veterans with appropriate health care services and monetary compensation.

Bracken (2002) also points to the soothing effect of diagnosis for the distressed person, in

introducing order in a felt chaos; however, he also speaks of the deceiving aspect of

diagnosis that reduces a person's complex experiences:

> However, there is also a downside to diagnosis and the medical framing of
> distress. It can cover up as well as illuminate the reasons for our pain and
> suffering. It is often presented to patients as "the truth" of their condition, and
> serves to silence other possibilities. Psychiatric diagnosis is often little more than
> a simplification of a complex reality, and by formulating an individual's
> experiences in terms of pathology it can be profoundly disempowering and
> stigmatizing. (Bracken, 2002, p. 4)

<p align="center">Broader Psycho-Socio-Biological Model of PTSD</p>

Following epidemiological, neuroendocrine, and vulnerabilty studies of PTSD in

the last decade, there has been a major conceptual shift with regard to PTSD.

Epidemiological studies of the prevalence of PTSD in different trauma populations have

shown that the majority of survivors do not develop PTSD. For example, Kulka et al.

(1990) showed that "only" 15% of the Vietnam veterans were diagnosed with chronic

PTSD. Neurobiological studies and studies of risk factors for PTSD have shown a

neuroendocrine activity-pattern that is specific to PTSD, as well as specific factors which

make people more vulnerable to PTSD (Shalev, 1996; Yehuda, 1999, 2002).

The current conceptualization of PTSD states that PTSD is an abnormal response

to ordinary, as well as to extraordinary events; that traumatic events are common and

include events of lesser magnitude than war and atrocities, such as road-accidents,

medical procedures, and cardial infarcts (Shalev, 1996). It is argued that most people do recover from the initial response to stress and that only a minority develops PTSD; and that in addition to the biological component, also predisposed vulnerability factors, psychological interpretation of the traumatic event, and social factors take part in the development of PTSD (Shalev, 1996;Yehuda, 1999, 2002).

With new techniques of brain mapping (FMRI) and advances in neuroscience and psychopharmacology, recent studies (Yehuda, 2002) showed that PTSD starts as a normal, universal fear-response to stress. The amygdala is normally the first to detect the danger, activating the neuro-endocrine hypothalamus - pituitary gland - adrenal cortex axis. The end-point is to develop a higher cortisol secretion, to contain the stress-activated biological reactions of the sympathetic nervous system. Once the stress is contained, the cortisol normally inhibits the activation of the neuro-endocrine axis by a negative feedback process, and the system shuts down and recovers from stress within hours (Yehuda, 2002). The initial fear response to stress is inherently biological, but after that, the person needs to cognitively interpret the event and place it in a context of beliefs about the world, the self, and others. In other words, except for an initial biological response, the way a person will respond to trauma depends, to a large extent, on personal interpretation based on previous experience and on risk factors (Yehuda, 1999).

Unlike in normal stress situations, in persons with PTSD the activation of the neuro-endocrine axis results in a cortisol decrease (rather than increase), the hypothalamus remains over-activated, thus leaving the amygdala in constant alertness to possible danger. Namely, in PTSD there is a failure in the negative feedback inhibition:

The neuro-endocrine system fails to shut down. A decreased cortisol level at the time of the traumatic event can prolong the presence of certain neurohormones that affect the consolidation of memory, including the memory of the traumatic event which would be strongly encoded, together with strong feelings of distress (Yehuda, 2002).

What causes the neuro-endocrine system to fail is yet unknown. The current model suggests that the ways in which a traumatized person interprets the meaning of the traumatic event play a crucial role in the development of PTSD (Yehuda, 2002). For example, the degree of perceived controlability and predictability of the threat and the feeling that one could have prevented or minimized the injury to oneself or to others were found significant (Foa, Ehlers, Clark, Tolin, & Orsillo, 1999; Yehuda, 1999).

What makes a person be vulnerable to PTSD? Kessler et al. (1999) suggest that as many as 14% of the American population have developed PTSD at some point in their lives. Although exposure to trauma appears to be a necessary requirement of PTSD, the presence of a traumatic event does not sufficiently explain what makes one person more vulnerable to PTSD than another. Several risk factors for PTSD have been identified: in particular, a history of prior self-exposure to trauma, high severity of the traumatic event, female gender, and lower education. Traumatic events that involve interpersonal violence (such as rape and torture) are of higher risk to cause PTSD than events such as car-accidents and natural disasters (Ibid). If the traumatized person is wounded or exposed to pain, heat, or cold, the biological and psychological experience can be intensified (Lane & Hobfoll, 1992). A family history of anxiety and depression is a risk factor (Davidson & Connor, 1999), as well as being the child of a Holocaust survivor who had PTSD

(Yehuda, 1999). Several neurological and cognitive risk factors for PTSD, including lower IQ, lower working-memory performance, and reduced hippocampal volume, were found to be risk factors as well (Orr & Pitman, 1999). Yehuda (1999) suggests that vulnerability factors may be more relevant in the induction of PTSD following lower-magnitude traumatic events, such as a car-accident, than after higher-magnitude traumatic events, such as torture, even though both experiences may be associated with life threat.

The current psycho-socio-biological model of PTSD is essentially a multi-interactional, etiological model, raising questions as to how soma, psyche, and culture interact in the development of PTSD. Though a significant causative role is given to the subjective meaning attached to the traumatic event, the model is mainly based on the biological psychiatry approach which emphasizes the biological, physical, and bodily aspects of psychological life, arguing that one's mental states depend on one's physical or biological states.

Biological psychiatry sees psychiatry as very much connected with medicine, neurology, neuroendocrinilogy, and psychopharmacology, and with natural-science methodologies, and less with the humanities and hermeneutics; studying "the brain" is seen as more important than studying "the mind" (Hersch, 2003, pp. 330-331).

The underlying position is reductionistic, assuming that "higher" or more complex structures, processes, or phenomena can ultimately be reduced to "lower" or simpler ones. Accordingly, the whole can at least in principle be reduced to the sum of its parts. The current model of PTSD reflects also a materialistic position, assuming that the apparently mental or spiritual, ultimately can be reduced to a set of physical or biological factors

which are sufficient to account for most mental phenomena. This can lead to the assumption that mental and emotional phenomena can actually be "reduced" to physical patterns (such as neural networks) within the brain, and that by manipulating these biological substrates in particular ways, through physical or medical interventions, we may be able to control the psychological phenomena to a large extent.

A phenomenological inquiry is not interested in a causal explanation of PTSD, however truthful it may be. Instead, it asks how PTSD – be it because of a "neuro-endocrine hypothalamus-pituitary gland-adrenal cortex axis that refuses to shut down" or any other explanation – is experienced in the day-to-day living. Furthermore, a phenomenological inquiry sees the experience as embodied and does not assume that the "mental" or the "emotional" can be reduced to the "bodily:" Human experience is seen as primordially embodied. Hence, I ask how living with (M-R) PTSD is experienced both emotionally and bodily.

Empirical Findings of PTSD

The following are some of the significant empirical findings with regards to PTSD, though they are not meant to cover the vast empirical data that exist. It is worth noting that research findings are not sorted according to the kind of traumatic event: PTSD is rather seen as an umbrella-concept, encompassing all kinds of trauma.

Memory and Dissociation

PTSD is characterized by both intrusive trauma memories and by confusion and forgetfulness with regard to details of the traumatic event (Herman, 1992; Terr, 1990; van der Kolk & Fisler, 1995). A notable characteristic of posttraumatic memory is the

reliving of traumatic experiences in *flashbacks* that are dominated by vivid sensory details: visual images, sounds, and smells that are typically fragmentary. Reliving trauma memories occurs within a distorted sense of time, as if the past traumatic event is taking place in the present. The most unique feature of PTSD, as compared with other psychological disorders, is the unusual memory-phenomena of the event itself (Brewin & Holmes, 2003). Although flashbacks are routinely described by researchers and clinicians (Bremner et al., 1995; Ehlers & Clark, 2000) as a distinctive feature of PTSD, there has been relatively little published research (Dittmar, Stanton, Jezewski, & Dickerson, 1996) of how they are experienced by persons with PTSD. Reliving trauma memories is involuntarily triggered by specific reminders that relate in some way to the trauma (Brewin & Holmes, 2003).

Individual differences in working memory capacity (the ability to hold and manipulate material in focal attention) were found to be related to the ability to prevent unwanted thoughts, whether neutral or obsessional, from intruding on and negatively affect task performance (Brewin & Smart, 2005). Hence, lower working memory capacity may explain why low intelligence was found as a risk factor for PTSD (Brewin, Andrews, & Valentine, 2000).

Dissociation has been defined as any kind of temporary breakdown in the relatively continuous, interrelated processes of perceiving the world around us, remembering the past, or having a single identity that links our past with our future (Spiegel & Cardena, 1991). Though mild dissociative reactions are common under stress (Morgan et al., 2001), the more severe, common dissociative symptoms in trauma include

emotional numbing, derealization, depersonalization, and "out-of-body" experiences. Dissociation was found to be related to severity of trauma, fear of death, and a feeling of helplessness (Holman & Silver, 1998; Morris, Kaysen, & Resick, 2005; Reynolds & Brewin, 1999). It has been suggested that dissociative reactions reflect a defensive response related to immobilization ("freezing") in animals (Nijenhuis, Vanderlinden, & Spinhoven, 1998). Peri-traumatic dissociation (that occurs during the traumatic event) was found a predictor for PTSD (Ehlers, Mayou, & Bryant, 1998; Engelhard, van den Hout, Kindt, Arntz, & Schouten, 2003).

Cognitive-Affective

Intense fear, helplessness, and horror at the time of the trauma were found in PTSD (e.g., Brewin, Andrews, & Rose, 2000), among other emotions, such as anger and shame (Grey, Holmes, & Brewin, 2001; Holmes, Grey, & Young, 2005). Closely related to the feeling of helplessness is *mental defeat* (the perceived loss of all autonomy, a state of giving up in one's own mind of all efforts to retain one's identity as a human being with a will of one's own), an "emotional belief" that is sometimes experienced during a traumatic event and was found as a predictor of chronic PTSD. When experiencing mental defeat, traumatized persons describe themselves as being destroyed, like objects, ceasing to care whether they lived or died (Ehlers, Maercker, & Boos, 2000). Post-trauma cognitive appraisal of the cause of and the responsibility for trauma and its future implications was found to generate feelings of guilt, shame, sadness, betrayal, humiliation, and anger (Freyd, 1996; Resick & Schnicke, 1992; Reynolds & Brewin,

1999). Increased anger toward others was found as a predictor of a slower recovery from PTSD (Andrews, Brewin, Rose, & Kirk, 2000; Ehlers, Mayou, & Bryant, 1998).

Though a threat to life has been consistently identified as a powerful predictor for developing PTSD in diverse traumatized populations: for example, combat veterans, political prisoners, assault victims, and car-accident victims (for example, Dunmore, Clark, & Ehlers, 1999; Kilpatrick & Resnick, 1993), the subjective perception of threat is often a more significant predictor for the development of PTSD and for negative response to treatment than more objective indicators (Alvarez-Conrad, Zoellner, & Foa, 2001; Girelli, Resick, Marhoefer-Dvorak, & Hutter, 1986). However, the beliefs that were found to be significant with regard to PTSD are more extensive than relating to the subjective threat: Traumatic events are said to shatter a person's basic beliefs and assumptions (Bolton & Hill, 1996; Horowitz, 1986; Janoff-Bulman, 1992).

A general increase in the negative beliefs about the self, others, and the world was found in persons with PTSD (Dunmore, Clark, & Ehlers,1999; Foa et al., 1999). Trauma has the potential to destroy trust and to bring traumatized persons to believe that they have been betrayed (Freyd, 1996; Herman, 1992; Shay, 1995). Increased anger toward others, reported by PTSD patients, is also consistent with the loss of belief in the good intentions of others (Andrews et al., 2000). PTSD is associated with the belief that trauma brings about a permanent negative change in the self and in the ability to achieve one's life goals (Dunmore, Clark, & Ehlers, 1999; Ehlers, Maercker, & Boos, 2000).

Negative interpretations of the traumatic event and of the self were found more frequently in persons with PTSD (Dunmore, Clark, & Ehlers, 1999; Ehlers, Maercker, &

Boos, 2000; Steil & Ehlers, 2000). Peri-trauma negative beliefs (occurring during the trauma event) may become part of the intrusive memories and may be triggered by trauma reminders (Grey, Young, & Holmes, 2002).

Coping Strategies

Attempts to suppress unwanted thoughts were found to fail and even increase the thoughts (Wenzlaff & Wegner, 2000). The deliberate avoidance of intrusive trauma thoughts and memories was similarly found as unhelpful for most persons with PTSD (Ehlers, & Steil, 1995). Higher symptom levels were linked with greater avoidance in assault and car-accident victims (Dunmore, Clark, & Ehlers, 1999; Steil & Ehlers, 2000). Increased avoidance behavior and thought suppression have been found to be related to slower recovery from PTSD. Rumination and increased use of safety behaviors as coping strategies have been associated with a greater risk for PTSD (Dunmore, Clark, & Ehlers, 2001; Ehlers, Mayou, & Bryant, 1998).

Among the 14 risk factors for PTSD investigated in a recent meta-analysis, including the severity of trauma and gender, social support was found to have the strongest effect-size (Brewin, Andrews, & Valentine, 2000). However, most studies considered only positive elements, such as perceived emotional and practical support, and not negative aspects, such as indifference or criticism. When both positive and negative support elements were studied, a negative social environment was found as a better predictor of PTSD symptoms than the lack of positive support (Ullman & Filipas, 2001; Zoellner, Foa, & Bartholomew, 1999). Negative partner-support was also found to predict a poorer response to treatment of PTSD (Tarrier, Sommerfield & Pilgrim, 1999).

Psychological Theories of PTSD

The current psycho-socio-biological PTSD model (Yehuda, 2002) has left the door open for psychology to fill some missing conceptual gaps: What sustains the intrusion–avoidance symptom complex of PTSD? How does trauma-memory operate and how is it maintained? What role does individual and social interpretation play in PTSD? How does cognition contribute to the development of PTSD? Why do some persons develop PTSD whereas others do not? What makes acute PTSD become chronic? "Early," last four decade-psychological theories, as well as "recent," last two decade-theories have dealt with these issues and provide diverse answers.

Stress Response Theory

Horowitz (1976, 1986) proposes a cognitivist theory of the intrusion-avoidance symptom complex. He suggests that the response to trauma is a way to process extraordinary information, the traumatic event that causes a blocking in cognitive and emotional processing because it contradicts our pre-existing internal *grandest schemata* about the self and the world. This incongruity provokes a *stress response* which involves reappraisal of the event and revision of the schemata. If the event is highly traumatic, the process of working through is prolonged, and until the process is complete, the representation of the traumatic event remains stored in *active memory* and is replayed again and again in the form of intrusive memories, flashbacks, and nightmares, every time causing the person distress.

In order to prevent emotional exhaustion, inhibition processes (that is, denial, emotional numbness, avoidance of trauma reminders) act as a feedback system that

modulates the flow of information. The response to trauma alternates between periods of active memory (traumatic memory intrusion) and of inhibition (avoidance).

If there is a failure of inhibition, intrusive symptoms such as nightmares and flashbacks occur. On the other hand, if inhibition is too strong, symptoms of withdrawal and avoidance occur. As the traumatic information is being worked through, the intensity of each phase consequently decreases. When perceptions of the self and future goals are adjusted to the new data, trauma processing is considered to have been completed.

For Horowitz, the intrusion-avoidance process is assumed to be a purely internal phenomenon, located within the individual's mind. It is a process that can be understood scientifically and can be helped by specific interventions that encourage the processing of the traumatic material. Underlying is the assumption of the mind and the brain as being analogous to computer software and hardware. Human beings are supposed to process information about the world in the same manner as a software program processes information and stores it in particular ways. The mind-programs are made up of schemata that structure the person's perception of the world and determine how a person experiences events in the world.

It is also assumed that these cognitive processes are the mind's innate response to stress; they occur in all people, after all stressful events, and are not affected by social or historical context. While Horowitz acknowledges that there are social, cultural, and somatic aspects to the reaction to trauma, his approach is to separate out the cognitive-emotional phenomena and focus upon them. As the entire response to trauma involves only the traumatized person, only individual therapy is implied.

However, from a phenomenological point of view, the question is not why or what is the mechanism underlying the intrusion-avoidance symptom complex, but rather how does the traumatized person experience the intrusive trauma memories? How are these memories being lived in time and space? Is *intrusion* a bodily experience that involves the human senses? And what does avoidance experientially mean in the day-to-day living with PTSD?

Theory of Shattered Assumptions

Janoff-Bulman (1992) proposes that extremely frightening traumatic events have the effect of shattering the person's basic assumptions and lead to loss of meaning in life. As the traumatic experience remains unincorporated, it continually presents itself to consciousness in the form of intrusive symptoms. The intrusion-avoidance symptoms of PTSD are best understood as attempts of the traumatized person to rebuild the shattered schemata and the sense of meaning in the world.

As in Horowitz' theory (1986), in Janoff-Bulman's information processing cognitive model of trauma it is assumed that people hold certain *grand schemas*, internal basic assumptions about the self and the world which provide them with a sense of security, meaning, coherence, and order and motivate them to overcome difficulties and plan for the future. People develop theories or internal schemata about the world as they grow up; these theories guide us in our day-to-day actions and new experiences which, in turn, can challenge and change the theories held. The core assumptions that operate universally concern the nature of the world and the values that we attach to ourselves: We assume that the world is meaningful and generally good and that we are worthy human

beings. According to this theory, most people are optimistic about their own futures and believe that there is order and sense in the world. We generally believe in a contingency between what we do and what happens to us, we believe that we can control what happens to us, a belief that makes the world a meaningful place for us. Janoff-Bulman argues that people tend to preserve basic schemata and resist change: The "psychological crisis" following a traumatic experience is sensed as an inner turmoil:

> Suddenly, the self- and worldviews they had taken for granted are unreliable. They can no longer assume that the world is a good place or that other people are kind and trustworthy. They can no longer assume that the world is meaningful or what happens makes sense. They can no longer assume that they have control over negative outcomes or will reap benefits because they are good people. The very nature of the world and self seems to have changed; neither can be trusted, neither guarantees security. (1992, p. 62)

The traumatized person moves from feeling secure in his or her world to feeling vulnerable, which results in extreme anxiety and fear as survival is in question. Janoff-Bulman refers to two aspects of anxiety, *terror* and *disillusionment* and suggests that the symptoms of PTSD, particularly the intrusion-avoidance symptoms, are the person's innate attempts to cope with these feelings of terror and disillusionment.

In the recovery process, there is updating and rebuilding of the shattered basic assumptions and an attempt to incorporate the traumatic experience. Recovery can occur spontaneously, through the re-experiencing and avoidance process described by Horowitz (1986) or by deliberate reflection on the trauma. The importance of social support for the recovery from trauma is emphasized: The social world, being external to the person, provides feedback about the person's behaviors and about the nature of the world. This feedback is internalized and becomes the basis for new fundamental assumptions.

Underlying the Shattered Assumptions theory is the assumption that thought and affect are distinct and separate entities and that affect is dependent on thought; the cognitive is highly valued as the most significant for our knowledge, whereas the emotional perhaps represents the symptomatic consequences of cognition (Hersch, 2003).

Conditioning Theory

Keane, Zimering, & Caddell's (1985) Conditioning theory of PTSD explains the manner in which trauma reminders acquire the ability to arouse fear and how significant avoidance is for the maintaining of PTSD symptoms. This theory applied the behavioral, two-factor learning-theory of Mowrer (1960) which had been developed for other anxiety disorders. Keane et al. (1985) propose that through classical conditioning, neutral stimuli which were present at the traumatic situation become fear-provoking through their association with the unconditioned stimuli (the features of the traumatic situation that directly arouse fear). In the second phase, through instrumental learning, a wide variety of associated stimuli would acquire the ability to arouse fear through the processes of stimulus-generalization and higher-order conditioning and become trauma-reminders as well.

The traumatized person develops a range of escape and avoidance behaviors which are reinforced because they reduce the exposure to frightening stimuli. Whereas repeated exposure to spontaneous memories of the trauma would normally be sufficient to extinguish these associations, extinction would not occur if the person tries to suppress the memories. Avoidance of the conditioned stimuli (the trauma-reminders) will be reinforced by the reduced fear and will eventually lead to the preservation of PTSD.

Underlying the Conditioning theory is the behavioral ontological assumption, in which the "internal" or the "mental" is seen as ultimately reducible to the "external" or to particular forms of behavior. A total separation between the object and the subject is assumed; only what is directly observable is of concern, and one could even wonder whether the "subject" exists at all. On the epistemological level, the subject may have no significance at all: What can be known is delimited to the observable (Hersch, 2003). This is contrary to the present phenomenological study which is interested in meaning making and in the ways in which trauma reminders are experienced by the traumatized person in the day-to-day living.

Information-Processing Theories

Information-processing theories of PTSD focus on the encoding, storage, and recall of fear-provoking events and their associated stimuli and responses. The central idea is that inadequate processing of the traumatic event results in psychopathology and that the information of the traumatic event needs to be integrated within the wider memory system. Unlike in Horowitz and Janoff-Bulman cognitive theories, the difficulty to achieve integration is attributed to characteristics of the trauma memory itself rather than to conflict with pre-existing basic assumptions.

Early information-processing theories have their origins in fear-studies (Lang, 1979). Lang suggested that frightening events are represented in memory as interconnections between nodes in an associative network. Fear-memory consists of interconnections between different nodes that represent stimulus-information about the traumatic event, the person's emotional and physiological responses to the event, and the

degree of threat posed. Thus, cognition and affect are integrated within an overall response program which is designed to enable a quick escape of danger. In anxiety disorders, fear-memories are easily activated by stimulus-elements that resemble the contents of the memory. When a fear-network is activated, the person experiences the same physiological reactions and tends to understand the meaning in accordance with the original memory.

Applying Lang's ideas to PTSD, Chemtob, Roitblat, Hamada, Carlson, and Twentyman (1988) explain the persistent re-experiencing of the trauma and the high level of arousal in persons with PTSD as being the result of a permanent activation of their fear-network, thus causing the persons to function in a survival mode which was adaptive at the traumatic event.

Foa, Steketee, and Rothbaum (1989) offer a version of the fear-network theory which combines conditioning theory with subjective meanings. They suggest that, unlike other anxiety disorders, in PTSD the traumatic event is of monumental significance that violates formerly held basic concepts of safety. A traumatic event leads to a kind of representation in memory that is unique and that differs from the memory of everyday experience. The traumatic event activates the entire fear-network which in PTSD has particularly strong response-elements, such as heart rate, and which is easily activated by a large number of environmental cues.

In order for the information which is encoded in the fear-network to be integrated with the rest of a person's memories, the overly strong associations have to be weakened by introducing contradictory information into the network through imaginal or in vivo

Exposure therapy. In the modified network, the various stimulus and meaning elements are associated more weakly with fear. PTSD reactions persist if the person avoids re-exposure to trauma cues, leaving the various elements of the fear- network "intact."

Fear-network theories suggest that a traumatic memory is an ordinary memory that has a particular structure: more response-elements and stronger inter-element associations. The "fear-network" image is borrowed from the computer world to explain a human emotional response to trauma. Although *network* has a holistic connotation, the idea is mechanistic: An outside, world-stimulus triggers an inner memory-network, resulting in intensification of memory and fear.

In the present study I look at how traumatized persons experience fear: How is fear experienced in the body? How is fear or anxiety being experienced within space and time? And how are they being experienced within one's relationships?

Anxious Apprehension Theory

Jones and Barlow (1990) suggest that persons with PTSD are hyper-vigilant to information with regard to "emotional alarms" and trauma-cues and process information in a distorted way, as real alarms. Although in the face of actual trauma the alarm is genuine, false alarms can occur subsequently in the absence of danger, being triggered by physiological and emotional trauma-reminders. To prevent the triggering of alarms, the person tends to avoid emotional information through emotional numbing and also avoids external trauma-related stimuli. Consistent with this model, Ehlers et al. (2002) offers the *Warning Signal* hypothesis, suggesting that the content of intrusive memories corresponds to moments which act as warning-signals of the traumatic event.

In the present study I ask how the being hypervigilant to "emotional alarm" and trauma cues is experienced by the traumatized person in the day-to-day living.

Emotional Processing Theory

Both theories, Foa, and Riggs' (1993) and Foa and Rothbaum's (1998) are elaborations of Foa et al.'s (1989) Information Processing theory, which come to explain the accumulation of knowledge of PTSD, particularly with regard to victims of assault and rape. Emotional Processing theory is based on the idea of a single associative memory-network, in which all information, including trauma-memories, is represented in the form of propositions (that is, logical relationships between concepts). Foa et al. (1993, 1998) suggest that persons with more rigid pre-trauma views will be more vulnerable to PTSD. Such views can be either positive rigid views about the self as being extremely competent and the world as being extremely safe, views which are contradicted by the traumatic event, or negative rigid pre-trauma views about the self as being extremely incompetent and the world as extremely dangerous, views which are confirmed by the traumatic event. The observation that the rigidity of beliefs may be problematic, regardless of whether their content is positive or negative, is a significant contribution to fill unresolved gaps within the theory of Shattered Assumptions.

Foa et al. (1993, 1998) also show how negative appraisals of responses and behaviors can aggravate perceptions of incompetence: appraisals that refer to events taking place at the time of the trauma, to symptoms that develop afterwards, to disruption in daily activities, or appraisals that refer to the responses of others. Beliefs that were

present before, during, and after the trauma can interact, reinforcing the critical negative schemata of incompetence and danger which are presumed to underlie chronic PTSD.

Following their Emotional Processing theory, Foa and Rothbaum (1998) developed the Prolonged Exposure (PE) therapy for PTSD that has been shown as highly effective (Foa, Feske, Murdock, Kozak, & McCarthy, 1991; Foa et al., 1999), yet the question remains, whether trauma memories are really changed by the incorporation of new information or whether they are merely blocked or inhibited by new memories that are created through therapy.

Underlying Foa et al.'s Emotional Processing theory is the cognitivist faith in Reason and a belief in the ability of the "rational" to overcome the "emotional" or the "irrational." In cognitive therapy, the belief is that by teaching patients to apply more clear-thinking reasoning, we can overcome irrational, distorted thinking and its emotional consequences, such as post-traumatic anxiety (Hersch, 2003).

Dual Representation Theory

While Foa et al.'s (1993, 1998) Fear-Network, Emotional Processing theories suggest that there is a single type of trauma-memory that gradually changes over time, Brewin, Dalgleish, and Joseph's (1996) Dual Representation theory suggests that two types of trauma memory can simultaneously exist.

Whereas Fear-Network theories argue that a traumatic memory is an ordinary memory that has a particular structure (more response elements, stronger inter-element associations), other authors (Terr,1990; van der Hart & Horst,1989; van der Kolk & van der Hart, 1991) suggest that pathological responses, such as vivid and uncontrollable re-

experiencing of trauma memories, arise when trauma memories become dissociated from the ordinary memory system, and that recovery involves transforming these trauma memories into ordinary or narrative memories.

One way to understand the idea of a dissociated memory is to assume that there are two (or more) memory-systems and that trauma-information is better represented in one system than in the other. The Dual Representation theory proposes that two memory-systems, a *Verbally Accessible Memory* (VAM) system and a *Situationally Accessible Memory* (SAM) system, continue to operate in parallel and that one memory-system may take precedence over the other at different times.

It is suggested that an oral or written narrative of a trauma-memory reflects the operation of a VAM system, where the trauma-memory is integrated with other autobiographical memories and can be deliberately retrieved when required. VAM trauma memories are represented within a personal context, with past, present, and future dimensions. VAM memories contain information that the person has attended to before, during, or after the traumatic event and which has received sufficient conscious processing to allow the information to be transferred to a long-term memory store, in a form that can later be deliberately retrieved.

VAM memories are available for verbal communication with others; however, the amount of information they contain is limited: The need to divert attention to the immediate source of threat and the effect of a high level of arousal greatly restrict the volume of information that can be registered during the traumatic event itself. VAM memories register conscious evaluations of the trauma, both at the time of the traumatic

event and afterwards, when the person reflects on the consequences and implications of the event. Therefore, the emotions that accompany VAM memories include both "primary emotions" that happened at the time of the traumatic event and "secondary emotions" that are generated by retrospective cognitive appraisals of the event.

On the other hand, flashbacks (such as of intrusive trauma-images) reflect the operation of the SAM (Situationally Accessible Memory) system, where flashbacks can be triggered only involuntarily by situational reminders of the trauma (either in the external environment or by inner mental processes). The SAM system contains information that has been obtained from more extensive, lower level perceptual processing of the traumatic scene, such as sights and sounds that were registered too briefly to receive much conscious attention and hence were not stored in the VAM system. The SAM system also stores information about the person's bodily response to trauma, such as changes in heart rate, flushing, temperature changes, and pain; this results in flashbacks that are more detailed and emotion-laden than ordinary memories.

Because the SAM system uses a visuo-spatial code rather than a verbal code, SAM memories are difficult to communicate to others and do not necessarily interact with and get updated by other autobiographical knowledge. SAM memories can be difficult to control because people cannot always regulate their exposure to sights, sounds, or smells that act as trauma reminders. The emotions that accompany SAM memories are only the peri-traumatic, "primary emotions." Some traumatic events allow more complex evaluations at the time of the trauma: A person may experience anger and

shame, along with fear, helplessness, and horror, all of which are coded in the SAM

system (Grey, Holmes, & Brewin, 2001; Holmes, Grey, & Young, 2005).

The Dual Representation theory argues that PTSD incorporates two separate

pathological processes: One involves negative beliefs and emotions (stored in the VAM

system) and the other involves the managing of flashbacks (stored in the SAM system).

Recovery from PTSD depends on both processes: Negative emotions generated by

cognitive appraisal of the trauma have to be reduced by consciously regaining perceived

control, re-attributing responsibility, and integrating the new information with pre-

existing beliefs. The second requirement for recovery is to prevent automatic reactivation

of situationally accessible knowledge with regard to the trauma by creating new SAMs

that block access to the original ones (Brewin,1989). The new SAMs will consist of the

original trauma images, paired with states of reduced arousal and reduced negative affect,

created by habituation or by cognitive restructuring of the meaning of the event.

The Dual Representation theory is consistent with the idea that human thought has

two systems (Sloman, 1996): The first thought system is associative and automatic, using

principles such as similarity between elements or closeness in time of two elements. The

system bases conclusions on patterns and regularities between elements, such as images

and stereotypes. The second thought system is rule-based and deliberate, describing the

world in more conceptual terms and capturing a structure that is logical or causal.

Brewin (2001, 2003) proposes that there is a link between the Dual

Representation theory and cognitive neuroscience findings, referring to the importance of

the amygdala in activating fear responses and to the different pathways in which trauma

information can be transferred to the amygdala. Pathways involving processing by the hippocampus will result in integrated, coherent representations of conscious experience within the appropriate temporal and spatial context. Like VAM memories, these representations are available for deliberate recall. On the other hand, information that reaches the amygdala in routes other than the hippocampus will result in memories that are neither located in a temporal or spatial context, nor open to deliberate recall. These memories can be accessed automatically by reminders, particularly by perceptual features that are similar to those recorded in the trauma memory.

These anatomically distinct memory systems provide a possible neural basis for the two memory systems, the VAM and the SAM, and for the symptoms of PTSD. Verbally accessible memories which are flexible and can be modified but which are often also vague, disorganized, and full of gaps, strongly suggest a form of representation that is dependent on the hippocampus. Because temporal context is encoded, verbally accessible memories are experienced as taking place in the past.

On the other hand, situationally accessible memories which are perceptual, triggered automatically, and experienced as happening in the present, suggest an image-based, non-hippocampal form of memory that is unable to encode information in its temporal context. Therefore the recalled memories are re-experienced in the present, and the representation of an ongoing threat leads to hyper-alertness.

Flashbacks can be extinguished (Brewin,2001, 2003) when the person deliberately focuses on the content of the flashbacks rather than attempts to suppress them. This enables information that was encoded only in the SAM system to be re-

encoded in the VAM system, where the memories gain spatial and temporal contexts. The process has to be repeated numerous times because there may be a lot of extra information about the trauma in the SAM system that has to be transferred to the VAM system. Eventually, provided that the traumatized person feels now safe, detailed memories in the SAM system that signaled the continuing presence of danger are matched by detailed memories in the VAM system that locate the danger in the past.

It is proposed that when the traumatized person is exposed to trauma reminders, there is a retrieval-competition between the new VAM memories and the original SAM memories; if the new VAM memories are accessed, inhibitory pathways from the prefrontal cortex prevent inappropriate amygdala activation and the return of fear.

Unlike most other contemporary explanations of PTSD, the Dual Representation theory suggests that the original trauma memories are not changed in any way and that they may be vividly re-experienced again and again in the future if the person unexpectedly encounters very detailed and specific reminders of the trauma. Rather, recovery occurs when there can be a retrieval-competition between old and new trauma memories: So long as SAM memories contain information that is poorly represented in the VAM system, SAM memories will continue to have a retrieval advantage when encountered with similar trauma reminders. The new VAM memories will have a retrieval advantage to the extent that information that could act as a retrieval cue for them is well represented, that these memories have been well rehearsed, and that these memories are distinctive. The new representations do not have to be more accurate or contain corrective information; they need only to be more memorable.

Brewin (2003) also uses the principle of retrieval-competition to explain how within the VAM system, negative beliefs about the self, the world, and the future are overcome: People are assumed to have in their memories multiple self-representations or identities that compete to be retrieved. These identities represent experiences with the world and with others, accompanied by specific thoughts, images, or impulses. Common negative identities that can be evoked by trauma include, for example, the self as powerless, inferior, futureless, and the other as abandoning, betraying, or hostile.

According to the Dual Representation theory, cognitive therapy enhances the retrievability of positive identities by making them more distinctive and by creating new associative links that enable them to "win" and be retrieved, as compared to the activation of negative thoughts or images. As with SAM memories, old representations of the self and of the other remain unchanged and retain their potential to be retrieved by the right combination of cues which make continuous therapy necessary and valuable.

From a phenomenological point of view I wonder, can we say that SAM memories are like the pre-reflective experience of the traumatic event, before being verbalized and reflected upon? In the present study I ask how trauma memories are experienced, what trauma reminders are like, what their qualities are, and how they are experienced in everyday life.

Ehlers and Clark's Cognitive Model

Ehlers and Clark (2000) draw attention to the paradoxical feature of PTSD, the fact that persons feel anxious about the future even though the trauma occurred in the past. Ehlers and Clark suggest that pathological responses to trauma arise when persons

process the traumatic information in a way that produces a sense of current threat, either an external threat to safety or an internal threat to the self and to the future.

The two processes that produce this effect involve negative appraisal of the trauma or its consequences and the nature of the trauma memory itself. Following on the work of Foa and Rothbaum (1998), Ehlers and Clark identified a wide range of relevant negative appraisals of the traumatic event, of PTSD symptoms, of one's own or others' reactions, and of future prospects. The different types of appraisal which involve danger, violation of standards by self or others, or loss, explain the variety of emotions that are reported by persons with PTSD.

The likelihood of negative appraisals is increased by thought processes during the trauma, especially by mental defeat and by prior beliefs and experiences. The sense of inability to have an impact on one's destiny was pointed out by Ehlers and Clark as being a risk factor for negative self-appraisals, such as being weak, ineffective, or unable to protect oneself. Prior experiences of traumatization, weakness, or helplessness, further increase the risk of appraising oneself as being unable to cope effectively, as being extremely vulnerable to danger, or as being the target of others' hostility.

Ehlers and Clark suggest that a trauma memory is poorly elaborated, lacks a complete context of time and place, and is inadequately integrated into the general database of autobiographical knowledge. This explains the difficulty in intentional recall of trauma memories, the re-experiencing them in the present, the lack of connection with other relevant information, and the ease by which these memories are triggered by physically similar cues.

Ehlers and Clark suggest that the ways in which trauma memories are encoded affect their retrieval. Trauma memories can be encoded either by a data-driven processing (focusing on sensory impressions) or by a conceptual processing (focusing on the meaning of the situation, organizing the information, and placing it in context). Ehlers and Clark argue that conceptual processing facilitates integration of the trauma memory within the autobiographical database, whereas data-driven processing leads to strong perceptual memory which is difficult to retrieve intentionally.

Other proposed peri-traumatic factors that affect trauma memory include an inability to establish a self-referential perspective while experiencing the trauma, dissociation, emotional numbing, and lack of cognitive ability to accurately assess aspects of the event.

Ehlers and Clark also refer to the effects that maladaptive behavioral strategies and maladaptive cognitive processing styles have on the preservation of PTSD. Behavioral strategies that are likely to preserve PTSD include active attempts to distract or to suppress disturbing thoughts, avoidance of trauma-reminders, use of alcohol or medication to control anxiety, abandonment of normal activities, and adoption of safety behaviors to prevent or minimize trauma-related negative outcomes. Maladaptive cognitive styles include selective attention to threat cues, persistent use of rumination, or dissociative responses.

Ehlers and Clark's cognitive model provides what is currently considered the most detailed account of the way in which PTSD is preserved and how it could be treated (Brewin & Holmes, 2003). Ehlers and Clark have significantly enhanced the

understanding of a wide range of negative appraisals and have identified appraisals as well as a variety of cognitive coping styles that influence the course of PTSD. Research findings support various aspects of the model, especially with regard to variables that affect the preservation of PTSD symptoms months after the trauma event: mental defeat, peri-traumatic dissociation, data-driven processing, negative interpretations of the trauma, the responses of other people to the initial PTSD symptoms; perception of permanent change in the self or in life goals; thought suppression, rumination, safety behaviors, and avoidance (Ibid).

Ehlers and Clark's cognitive model focuses on causal questions, such as why trauma memories are re-experienced in a distorted sense of time, or what preserves PTSD, all important questions; however, in the phenomenological inquiry I ask different questions, such as how time and space are experienced in trauma memories, or how the the threat to oneself appears in day-to-day living with (M-R) PTSD.

Socio-Cultural Model of Response to Trauma

A widely accepted view in current psychiatric discourse with regard to PTSD (for example, Herman, 1992; McFarlane, 2000; van der Kolk et al., 1996) suggests that PTSD has always existed but remained almost invisible to psychiatry until recently, due to a profound tendency of individuals and society to deny the existence of traumatic events. However, in a historical review of the human response to trauma, O'Brien (1998) shows that while historically there is in the medical and nonmedical literature considerable evidence with regards to the physical and psychological reactions to traumatic events, most of these reports point to symptom-complexes that are not congruent with the DSM-

PTSD symptoms: They describe mostly physical symptoms rather than the intrusion-avoidance symptoms. For example, the Soldier's Heart or Irritable Heart syndromes were manifested in physical symptoms in the chest, and the Shell Shock syndrome (Mott, 1919) included fear, trembling, nightmares, and an inability to function. Conversion hysteria was commonly described during World War I, with the most common symptoms among British soldiers being paralyses, muscle rigidity, gait disorders, seizures, tremors, blindness, muteness, and fugue states (Shephard, 2000).

In "Post-Modernity and Post-Traumatic Stress Disorder," Bracken (2001), the psychiatrist who treated victims of torture in Uganda in the late '90s, supports the view that somatic symptoms appear much more often than symptoms of intrusion and avoidance. Therefore, argues Bracken, it is wrong to conclude that PTSD as currently defined has always existed as a real entity and was only "discovered" by psychiatrists: PTSD was created by psychiatry at a particular point in time.

Bracken (2002) further argues that Western psychiatric models of distress seem to be inappropriate in other parts of the world, such as Africa: They are too individualistic and "mentalistic" and seem to neglect the significant roles of social context and culture. Any understanding of the way in which people experience and react to the suffering of war has to involve a social and cultural perspective as a central dimension which implies a change in therapy models as well.

Young, the medical anthropologist, supports Bracken's approach; in *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder*, Young (1995) argues that PTSD is something created by psychiatry at a particular time, in a particular place,

and according to a particular moral and political agenda. It was not simply a medical condition waiting to be discovered, an "always-already-there object in the world." Young emphasizes that this does not mean that the suffering of traumatized persons is or was in the past unreal; it is meant to say that the symptoms defined as PTSD by the DSM constitute one particular way of understanding the impact of trauma.

Young argues that until the formal diagnosis of PTSD in 1980, *traumatic memory* was a clinically marginal and heterogeneous phenomenon. However, due to certain developments in American psychiatry (the adoption of new research technologies from medicine, epidemiology, and clinical psychology), traumatic memory was transformed into a standard and obligatory classification, the PTSD. Unlike Herman (1992), Young (1995) does not believe that PTSD has always existed, waiting to be discovered by psychiatry at a time when society was ready for it. He emphasizes the moral and political aspects in the creation of PTSD in post-Vietnam war America.

Bracken (2001) argues that the twentieth and twenty-first centuries' concern with psychological trauma is not just a clinical issue: It is a "cultural event" (p. 737). Although the discourse of trauma has been developed by professionals, it has been widely accepted by the general public in Western societies. Bracken proposes that PTSD as currently defined is a syndrome closely associated with the cultural dynamics of post-modernity: It is a syndrome of post-modernity, reflecting the post-modern Western culture's existential condition of the loss of meaning. While modern Western culture aspired to create a society that is orderly and predictable, free of chaos and disorder (Porter, 1987),

modernity has been also linked with uncertainty and the loss of meaningfulness (Heidegger, 1962; Taylor, 1989).

Along the same line, Giddens (1991), the British sociologist, argues that in the last thirty years, on the move from modernity to post-modernity, disorder has become an integral part of life. Meaning itself has been systematically undermined, and reality has been experienced as dynamic and unstable. In the post-modern era, Western societies have distanced themselves from religious and other belief systems which offered people meaningful frameworks with which to face suffering and death; the self has become the source of the meaning of the world (Bracken, 2001). While this change offers people a great deal of freedom to define their identities, relationships, and beliefs about the world, it also brings with it an "ontological insecurity" (Giddens, 1991); the self that became disconnected from the world is experienced as being weak and fragile.

In times of trouble, says Bracken (2001), this insecurity can become intense and unbearable. PTSD is currently popular among psychiatrists and the general public because it reflects the very sense of breakdown in the meaningfulness of the world. In the 20th century, the notion of meaning itself has been differently perceived: Heidegger (1962) questioned the Cartesian-based idea that meaning is something generated within individual minds and proposed that meaning is located in the socio-cultural realm of language and practice.

Bracken (1998) further proposes that much of our orientation to ourselves and to the world is not developed as a set of beliefs; it is rather a non-mental understanding, incorporated in our bodily experiences and our practices, in ways which cannot be

articulated in words. The meaningful nature of our lives is not something held together in a set of schemata, therefore a change in our reality can hardly be achieved through systematic introspection. Hence, the dominant tendency among cognitive psychologists to understand the loss of meaning following trauma as occurring "inside" a person's mind and to separate between psychology and culture is wrong. Although cognitive psychologists do accept that social and cultural factors may have some effect on the processes which generate a sense of meaning, these factors are not regarded as structuring the psychology of persons or the ways in which persons encounter traumatic experiences (Bracken, 2001).

Contrary to the cognitivist psychological approach, cross-cultural studies of emotion (Jenkins, 1996; Kleinman, 1988; Marsella, Friedman, Gerrity, & Scurfield, 1996) suggest that culture mediates, in a very pervasive way, the experience and the expression of emotion, including reactions to frightening events. Emotional states do not have the same form universally, independently of culture; emotions are both feelings and cognitive constructions, linking person and society. Emotions are regarded as aspects of cultural systems, related to the ways in which people shape and are shaped by their world (Jenkins, 1996).

Kirmayer (1996), the Canadian trans-cultural psychiatrist, says that trauma can be "inscribed on the body" in different ways and that in many non-Western societies, somatization and dissociation are the mechanisms most commonly involved. Kirmayer argues that the mechanisms of the cultural shaping of symptomatology involve attribution and interpretation, narratization, discourse, and praxis, in which simpler psycho-

physiological processes are embedded in more complex levels of social meaning. Hence, the efforts in the PTSD literature to isolate a simple cause-and-effect relation between trauma events and specific symptoms ignore the social and cultural embedding of distress that ensures that trauma, loss, and restitution are intertwined.

Kleinman (1987), the American psychiatrist, introduced the concept of a *category fallacy* (mistaken belief), arguing that just because we can identify a particular symptom in different cultures does not say that it has the same meaning in these different cultures. Thus, though most peoples report the experience of nightmares, the meaning of nightmares varies greatly.

Based on her work with Salvadorean women-refugees living in North America, Jenkins (1996), the medical anthropologist, argues that because traumatic experiences can also be collectively conceptualized, person-centered accounts are insufficient to understand responses to trauma. In addition to the social and psycho-cultural dynamics surrounding any traumatic response, the collective nature of trauma may be related to the political ethos which characterizes the entire society. Summerfield (1997), the psychiatrist who worked with refugee-victims of torture in Nicaragua and London, says too that culture determines how people cope with their suffering; he regards the individualistic concept of PTSD as inappropriate to encompass the cultural dimension of the suffering of war, particularly in non-Western settings.

The work of Jenkins, Summerfield, and others takes us out of and beyond the individualistic focus of PTSD and the therapeutic concern with "emotional processing," argues Bracken (2002); it seems that if the individual-centered trauma model works at all,

it works in a culture with a strong individualistic agenda; however, most non-Western

cultures do not share such an agenda. Thus, Bracken and Petty (1998) propose that we

need to shift the way of understanding and the therapeutic focus from the traumatized

individual and individual therapy to the community and to development of supportive

environments. For people from many cultures, the harmony of the family and the

community is more important than individual autonomy, and if this communal aspect is

neglected in therapy, social support for the traumatized persons, as well as their own

sense of self-worth, will be undermined.

Seeing PTSD as being socially and culturally constructed and emphasizing the

bodily aspect of the response to trauma present a more wholistic picture of the response

to trauma. The Cartesian separation between mind and body, person and world is

replaced by a wholistic approach that makes room for the various dimensions of human

existence as they appear in the response to trauma. This approach has assumptions in

common with the phenomenological approach that sees human existence as always

contextual, situated in time and space, in one's history and culture, one's body, loves and

fears, cares and anticipations. By choosing to explore the phenomenon of living with (M-

R) PTSD via the lived experiences of Canadian and Israeli participants, the socio-cultural

aspect of the phenomenon may receive additional attention.

A Phenomenological Approach to (M-R) PTSD

What can phenomenology contribute to the understanding of mental disorders,

PTSD in particular, and how can philosophy benefit from the psychiatric understanding

of mental disorders? In "The Link: Philosophy – Psychopathology - Phenomenology,"

Parnas and Zahavi (2000) define psychopathology as being the empirical and theoretical

study of *anomalous* experience, expression, and action. A very similar definition was

proposed by Jaspers (1922), the German psychiatrist and philosopher, who provided a

systematic description of anomalous mental phenomena, usually presented along with the

corresponding descriptive background of normal experience.

The use of the descriptive term anomalous which merely signifies the discordant,

stands in contrast to the commonly used term *abnormal* which bears a normative

connotation. In *A Different Existence: Principles of Phenomenological Psychopathology*,

van den Berg (1972), the Dutch psychiatrist and philosopher, refers to mental disorders as

being "a different existence." Does the current term *mental disorder* allude to the

"normal" as being "in-order?" Parnas and Zahavi (2000) relate to the possible benefits of

philosophy for psychiatry:

> In order to classify something as a delusion, a hallucination, an obsession, or a
> self-disorder, the psychiatrist cannot avoid relying upon his tacit understanding of
> the nature of "reality," "rationality," "personal identity," etc. That is, he must
> constantly make reference to philosophical issues, and since this is inevitably the
> case, why not benefit from the analyses that philosophy can provide. (p. 6)

Parnas and Zahavi further say that philosophy can help create a framework for the

description of experience and existence without theoretical commitments. Philosophy

enables the psychiatrist to address concrete psychopathological questions with a deeper

understanding of the common human issues, such as time, space, and self.

Straus, the German psychiatrist, neurologist, and philosopher, presents an

existential-phenomenological approach to psychopathology (Fischer, 1976; Titelman,

1976). Straus argues that psychopathology constitutes a profound transformation of the

norm. Yet he also points to the obseration that we live with this norm and its underlying assumptions so unreflectively that they remain hidden. The psychopathological, on the other hand, emerges as striking and bewildering in our encounters with it. In trying to understand the meaning of the psychopathological we are thrown back upon the norm, says Straus; we realize that psychopathological phenomena are intrinsically related to the norm, yet the norm is so taken-for-granted, that it remains inarticulated (Fischer, 1976).

Straus rejects the Cartesian dualism and sees the human world as co-constituted by varying human modes of experiencing and acting. Accordingly, psychopathological phenomena such as hallucinations, delusions, and compulsions can only be understood as manifestations of fundamentally altered modes of being-in-the-world, rather than mere additions to an otherwise normally functioning person.

For van den Berg (1972), psychopathological phenomena mean that the whole existence of the person is transformed; therefore, a person's relation with time and space, with one's own body, and with the Other (the *Allon*, the Greek word for earth and sky, inanimate and living things, man and animal) need to be understood (Straus, 1966).

Looking at the philosophy-psychiatry link from the opposite side, Parnas and Zahavi (2000) suggest that philosophy can also benefit from psychiatry; an examination of psychopathological disorders may help to illuminate the structures of the normal modes of experience: "The normal is often so familiar to us, that it remains practically unnoticed; it is so pervasive, that it becomes elusive" (p. 11); no wonder, therefore, say Parnas and Zahavi, that the prominent phenomenological scholars have written about psychopathological phenomena.

As the focus of phenomenological inquiry is lived- experience, phenomenology can contribute to psychiatry because a crucial first step in dealing with a psychiatric disorder is to recreate its experiential dimension: If we wish to understand, for instance, the meanings of depersonalization or compulsion, we first need to explore how one actually experiences them. Without a proper description of the disorder as a human experiemce, any subsequent attempt to explain it and to give a causal account will fail. Furthermore, if we look at some of the central experiential categories that are afflicted in different psychopathological conditions, such as the structure of time and space, the experience of one's own body, the question of unity and identity of the self, and the nature of intersubjectivity, the relevance of phenomenological writings to psychiatry becomes obvious (Parnas & Zahavi, 2000).

Although there is extensive knowledge on military-related PTSD, almost all of it is based on studies done within a positivist paradigm and only very few - within a hermeneutic phenomenological paradigm. However, with other traumatic experiences, including sexual abuse, incest, and rape, flooding, multiple abortions, a terrorist attack, and therapist's vicarious traumatization (for example, Christenson, 2005; Davis, 1997; Edgeson, 2007; Gorscak, 1998; Hepburn, 1999; Hetherington, 2002; Hughson, 1997; Kraegel, 2003; Laird-Bloom, 2002; Linkh, 2006; Supan, 1999; Torstenson, 2006), there is an ever growing body of hermeneutic phenomenological research.

I have found two hermeneutic phenomenological studies that explore the lived-experience of (M-R) PTSD: Ray (2009) conducted a philosophical interpretive inquiry into the experience of contemporary Canadian peacekeepers healing from trauma,

resulting from recent deployments to Somalia, Rwanda, and the former Yugoslavia. The participants included six soldiers, two chaplains, one medic and one female nurse. The peacekeepers' descriptions of the situatedness of their bodies in time, space and relation provided a fresh way into understanding the embodied nature of healing from trauma. Three overarching analytical interpretations emerged from the inquiry: the centrality of time and body in suffering and healing from trauma; the centrality of brotherhood and grieving loss in the military family; and the military response as betrayal and creating trauma from within.

Buck (1999) examined the lived-experiences of six Vietnam war trauma survivors, asking about the personal meaning of their lived experiences. The themes suggested these war trauma veterans felt irreversibly changed in a negative or diminished way, felt being damaged, different, and unable to fit into society, being unworthy and failures. In response to these intense feelings, they developed elaborate and strong defense systems which included rigid expectations of self and others in the areas of integrity, honesty, and reputability; cautiously tested others before considering any level of trust; and were quick to isolate from the general public. They did, however, report closeness with others who had shared experiences, other Vietnam veterans. Females in the study unanimously reported feeling discrimination within the military establishment. Vietnam veterans continued to struggle with making sense of the senselessness, asking "spiritual" questions of themselves. As they continue to struggle today, some of them seem to be finding some meaning or answers in a spiritual connection (Buck, 1999).

Three other phenomenological studies of military-related trauma explored the lived experiences of wives, and of care-givers or therapists: Lyons (2001) explored the lived experience of living with a partner with PTSD, for the wives of Vietnam veterans, and defined the central meaning of living with a Vietnam veteran with PTSD as "an experience that is a gradual process of becoming enmeshed in the veteran's pathology, with all energies directed at minimizing the effect on self and family, culminating in intermittent movement towards resolution/healing" (p. 75). Dittmar et al. (1996) explored the experiences of military nurses who served in war or conflict zones after World War II and found the common theme of "Images and Sensations of War." Story (1997) developed a phenomenological description of therapists' counter-transference responses to veterans' descriptions of guilt-producing killing and atrocities in war zones.

The above review of the literature brings to this study the last 150 year-history of the response to trauma, as well as the current conceptualizations: psychiatric, psycho-socio-biological, psychological, socio-cultural, and phenomenological. The literature review thus illuminates the diverse ways of understanding the response to trauma based on different worldviews with different underlying basic assumptions. So much knowledge and wisdom have been accumulated with regards to the response to trauma, and PTSD in particular. However important and rich the existent knowledge is, there still seems to be empty space with regards to understanding the experiential aspects of living with (M-R) PTSD, through a hermeneutic phenomenological perspective. The present study aims to explore what it is like and what it means to live with (M-R) PTSD, from a hermeneutic phenomenological perspective. Both the hermeneutic phenomenological

methodology's main themes and the method of the present study are described in the next chapter.

CHAPTER THREE: HERMENEUTIC PHENOMENOLOGICAL METHODOLOGY

The present study follows the hermeneutic phenomenological human science

methodology as developed by Max van Manen (1997), in *Researching Lived Experience:*

Human Science for an Action Sensitive Pedagogy. Rooted in philosophy, hermeneutic

phenomenology is phenomenological (describes lived-experiences or phenomena),

hermeneutic (interprets the meaning of lived-experience), and language-oriented.

Hermeneutic phenomenological research has a practical purpose for professional

practitioners: to act tactfully, on the basis of a carefully edified thoughtfulness. The

human science research approach as being presented by van Manen has been influenced

by the Dilthey-Nohl School, the hermeneutically-oriented German tradition of "human

science pedagogy," and by the Utrecht School, the phenomenologically oriented Dutch

movement of "phenomenological pedagogy" (van Manen, 1997).

Rooted in Philosophy

Phenomenology, from the Greek *phainomenon* and *logos,* is the study of human

experience and of the ways things present themselves to us in and through human

experience (Sokolowski, 2000). Hermeneutic phenomenology is an orientation in

phenomenology that is identified with the writings of Heidegger (1962), Merleau-Ponty

(1945/1962), Gadamer (1975/1992), and Ricoeur (1981), and their followers. Spiegelberg

(1960) speaks of the "Phenomenological Movement," pointing to the dynamic nature and

divides its history in three phases: the preparatory, German, and French phases.

Brentano (1838-1917) and Stumpf (1848-1936) were prominent in the preparatory

phase (Cohen, 1987). Brentano was the first to discuss *Intentionality*, the notion that

everything that we consider to be psychical refers to an object. Brentano also introduced the notion of descriptive psychology, the idea that describing comes before causal inquiry. Stumpf founded experimental phenomenology, an approach by which knowledge is derived from the analysis of empirical material (Ibid).

The German phase was dominated by Husserl (1859-1938) and Heidegger (1889-1976). Husserl's call "To the things themselves" signified that philosophy must begin with the phenomena themselves, while the study of theories is secondary. Husserl introduced the idea of *phenomenological reduction*, the purpose of which is to prepare us for critical examination of what is given to us in the *natural attitude*, before any interpretations and beliefs. An important aspect of Husserl's later phenomenology was its emphasis on *essence* (Moran, 2000). From the work of Husserl's students, forming the "Gottingen Circle," emerged the concepts of *intersubjectivity*, that the phenomenal world is shared by all of us, and the *life-world*, the world of lived-experience.

Heidegger, who was Husserl's student and the second prominent philosopher of the German phase, was mainly concerned with addressing the ontology of Being, seeing Being as essentially temporal. Phenomenology in Germany ended with the Nazi regime and moved to France.

The key figures of the French phase of the phenomenological movement were Marcel (1889-1973), Sartre (1905-1980), Merleau-Ponty (1908-1961), Levinas (1906-1995), and Ricoeur (1913-2005). French phenomenology was strongly associated with literature and politics, whereas German phenomenology was more associated with philosophy. Sartre dealt with the concept of *intentionality* and used the element of

absence as a philosophical theme in his descriptions of human experience. A few years later, Merleau-Ponty stressed the pre-reflexive, the perceptual, the temporal, the lived body, and the life-world (Sokolowski, 2000).

The phenomenological movement had its impact also on psychiatrists and psychologists. This existential-analytic (*Daseinanalyse*) movement, influenced by Husserl's and Heidegger's work, used a phenomenologically based approach in clinical work. Binswanger (1958a, 1958b), Kuhn (1958), Minkowski (1958), and Straus (1958) are examples of this clinical approach. Phenomenological descriptions were used to help therapists see the patients as they really are in their own realities, rather than seeing a projection of our own theories about them (Cohen, 1987).

Phenomenology influenced the development of other philosophical traditions as well: Gadamer's hermeneutics and Derrida's deconstructionism (Moran, 2000). Hermeneutics originally stressed the structures of reading and interpreting texts of the past, being a philosophy of biblical and literary interpretation and of historical research. Gadamer and Ricoeur expanded the notion of hermeneutics from the study of texts to the self-interpretation of human existence as such (Sokolowski, 2000).

Intentionality and *Being-in-the-World*

Phenomenology is the study of the phenomena of the world as being experienced by conscious beings (Giorgi, 1985). Phenomena are whatever appears to us, whatever we can experience, whether the object is real or imagined, empirically measurable or subjectively felt. Whereas the Cartesian tradition would argue that "being a picture" or "being a perceived object" is only in the mind, phenomenology would say that they are

ways in which things can be: The way things appear is part of the being of things (Sokolowski, 2000).

The notion of *intentionality* (Husserl, 1970b, p. 561) implies that there is always a dative element to every experience: Every act of consciousness, every experience is correlated with an object: If I see, I see some visual object; every intending (for example, seeing, thinking, imagining) has its intended object. *Intending* is the conscious relationship we have to an object, a way of knowing or experiencing. *Object* is used in the grammatical sense and can refer to a person, place, thing, idea, image, fantasy, and so forth (Sokolowski, 2000).

The idea of intentionality is important because in the Cartesian thinking there is an ontological separatedness of person and objects or world (*Cartesian dualism*). It is assumed that a thinking subject, an isolated *Cogito*, is primordially apart and distinct from a thought-of or external object and that the subject's relatedness to the objects of the world is secondary to the primordial separation of the subject and the object. It is assumed that our primary relationship to Being, to any external reality or object, is of knowing an object, cognitively grasping it within us, through an inner representation or image of the object that is said to correspond with the external object (Hersch, 2003). In the Cartesian thinking it is assumed that when we are conscious, we are primarily aware of the "self," of our own ideas and experiences, and not directly of the things "outside" (Sokolowski, 2000), whereas in the phenomenological thinking, "The world is what we perceive. (...) The world is not what I think, but what I live through" (Merleau-Ponty, 1945/1962, p. xviii).

Heidegger's (1962) notion of *Being-in-the-World* expresses the phenomenological ontological assumption that the nature of human Being is one of initial and fundamental openness or relatedness to our world. In contrary to the Cartesian primordial separateness of subject and object, phenomenology as expressed by Heidegger assumes an irreducibly holistic position, in which the human being can only be understood as a relatedness-to-Being and never as an isolated subject. The basic position of the person with respect to reality or the world is a relational one: "We must lay bare a fundamental structure in *Dasein* [Man's being]: *Being-in-the-world*... this structure is something '*a priori*': It is not pieced together, but is primordially and constantly a whole... The whole of this structure always comes first" (Heidegger, 1962, p. 65).

According to Heidegger, our relational human mode of Being is in the process of becoming; not as a static, complete, or self-sufficient "thing," but as an openness toward Being. Man's sort of Being, *Da-Sein* (Being-there), is better understood by recognizing the term *Sein* (being) as closer to the active verb sense of the word than to the static noun sense which better suits the Cartesian thinking. Worth noting that the Hebrew word for Being is *havaya*, from the verb *lihiyot*, to be, and that God's name is *Yehova*, which is a comprised verb-form of past and future.

Moreover, Heidegger proposes that our initial encounters with objects in the world are not of isolated subjects looking at "objective" objects in a "knowing" way: Our initial experience of objects is a function of our *cares*, concerns, and goals at the time when we perceive them. Our immediate world-experience is thus continuously and pre-

reflectively structured, organized, and reorganized along functional and interpretive lines (Hersch, 2003).

From a phenomenological perspective, human experience is always contextual, situated in time and space, in one's history and culture, one's body, loves and fears, cares and anticipations. Human experience is situated in the multidimensional sense of time; even our most future-directed projects can only be understood against the background of our past experiences and in the light of our present position as we interpret it (Hersch, 2003). Human experience is seen as always interpretive, from one's own unique spatial, temporal, and meaningful (careful) perspective. We interpret our situation in the light of our prior understandings, cares (*Sorge*, Heidegger, 1962), concerns, emotions, and values. The interpretive structuring of our experiences is present at a pre-reflective, as well as at a more reflective, conscious awareness. Also, all human perception is seen as experienced from an embodied perspective: The lived body is an integral element of the situation from which we view and live in the world. The world is experienced as primordially social (Schutz & Luckmann, 1973). Heidegger's (1962) notion of *Mitsein, Being-with-Others* reflects the perception that all human experience is necessarily embedded in an interpersonal, cultural, and social-historical contexts.

<center>*Horizon* and *Hermeneutic Circle*</center>

Holding certain ontological assumptions lead to certain epistemological assumptions with regards to how knowledge or Truth of Reality is achieved and being validated and of our possible knowing relationship to the objects of the world (Hersch, 2003). For Heidegger, ontology precedes epistemology: The experiential Being-in-the-

World unit comes first, whereas the knowing relationship or the "scientific"
understanding of the world is secondary. Thus, when we ontologically assume an
irreducible connectedness with the world, the truths of human experience are necessarily
interactional, being "co-constituted" through the experiencing human's selective,
interpretive, and meaningfully contextualized structuring and revealing of particular
aspects of the world, which nevertheless is at least partially independent of us (Ibid).

Holding a phenomenological ontological stance means that an object or truth can
only be seen or experienced from our particular situation and perspective and only in the
aspects which are accessible from that perspective. The area of the world that is seen or
illuminated by human perceptions is the *horizon* (Gadamer, 1975/1992) of our experience
and meanings:

> We define the concept of "situation" by saying that it represents a standpoint that
> limits the possibility of vision. Hence essential to the concept of situation is the
> concept of "horizon." The horizon is the range of vision that includes everything
> that can be seen from a particular vantage point. Applying this to the thinking
> mind, we speak of narrowness of horizon, of the possible expansion of horizon, of
> the opening up of new horizons, and so forth. (p. 302)

The horizon of any given perception will depend on the spatial, temporal,
historical, cultural, and motivational factors that make up our existential situation at a
given point in time. We can only see a limited amount of the world from any given
perspective, and we are always coming at it from some particular perspective. Our
horizons of meaning are multidimensional; they change and evolve as we and our
situations do.

Therefore, the truths of human experience are always partial and limited, never purely objective and complete, nor merely subjective. The particular truth elaborated will be limited by the particular perspective of the person experiencing it (spatially, temporally, culturally, ideationally, motivationally, emotionally, historically, and so forth), as well as by the particular aspects of the object which are uncovered in that particular relational experience. It is in this interaction that the truths of human experience emerge or are constituted (Hersch, 2003).

This implies a realist position at an ontological level, as it is assumed that the world includes portions that are not experienced by us in a given perception since they are beyond our horizon at that point in time, yet they exist and can be known. We can know these other aspects by adjusting our perspective so as to move or widen our horizons, or by getting other people's views on it. This kind of understanding is achieved through a *Hermeneutic Circle* process (Gadamer, 1975/1992), a repeated and expanding circular movement between parts and whole:

> Fundamentally, understanding is always a movement in this kind of circle, which is why the repeated return from the whole to the parts, and vice versa, is essential. Moreover, this circle is constantly expanding, since the concept of the whole is relative, and being integrated in ever larger contexts always affects the understanding of the individual part. (...) It is always in this movement that we learn to understand an unfamiliar meaning, a foreign language or a strange past. The circular movement is necessary because "nothing that needs interpretation can be understood at once." (pp. 190-192)

By examining a given experience repeatedly, from different angles or by getting other people's views on it, we can gain more understanding of it. However, just because a given experience of an object or truth is partial and incomplete does not mean that there is no meaning in it. Moreover, it also does not imply an extreme relativistic position in

which all perspectives, being equally incomplete, are necessarily of equal truth value (Hersch, 2003).

<div align="center">Starting From Concrete Lived Experience</div>

Phenomenology is the study of the *lifeworld* (*Lebenswelt)* (Husserl, 1970a), the world of lived experience: "The life-world was always there for mankind before science. (...) Is not the life-world as such what we know best, what is always taken for granted in all human life, always familiar to us in its typology through experience?" (pp. 123-4); "The life-world as universe of what is intuitable in principle" (Ibid, p. 127). Schutz and Luckmann (1973) say that the lifeworld is the unexamined ground of the natural world view: "In the natural attitude, I always find myself in a world which is for me taken for granted and self-evidently 'real.' (...) It is the unexamined ground of everything given in my experience" (p. 4). Each lifeworld has meaning structures that need to be discovered: "Lived experiences first become meaningful, then, when they are explicated post hoc and become comprehensible to me as well-circumscribed experiences" (p. 16).

Lived experience is the starting point and the ending point of phenomenological research. Phenomenology asks "What is this kind of experience like?" The aim is to transform lived experience into a meaningful textual expression, so that the text evokes in the readers their own lived experiences (van Manen, 1997). Phenomenological inquiry starts with the things of the everyday lifeworld as we conretely experience them: see, feel, hear, touch, and sense them (van Manen, 2001). By his call *Zu den Sachen selbst* (Back to the things themselves), Husserl (1970b, p. 252) stresses the preference of the concrete over the theoretical and the abstract and the need to be presuppositionless when

approaching a phenomenological inquiry: We need to discard all theories and other abstractions of knowledge and concentrate on the experience-as-lived. Unlike in the positivist behavioral empirical sciences, human science does not see theory as standing before practice, to inform it: Practice (or life) always comes first, and theory comes later, as a result of reflection (van Manen, 1997); Merleau-Ponty phrases it:

> All its [phenomenology's] efforts are concentrated upon re-achieving a direct and primitive contact with the world, and endowing that contact with a philosophical status. (...) To return to things themselves is to return to that world which precedes knowledge, of which knowledge always speaks, and in relation to which every scientific schematization is an abstract and derivative sign-language, as is geography in relation to the country-side in which we have learnt beforehand what a forest, a prairie or a river is. (1945/1962, pp. vii, ix-x)

Phenomenological Reduction and *Bracketing*

In the *phenomenological attitude* we reflect upon the *natural attitude*, the attitude or perspective we have when we are involved in the day-to-day living in the world (Sokolowski, 2000). We often live our everyday lives without reflecting on the meanings embedded in them, unless the natural course of life is significantly disrupted, says van Manen (2001); posing a phenomenological question makes us look and wonder at the taken-for-granted aspects of life:

> Reflection does not withdraw from the world towards the unity of consciousness as the world's basis; it steps back to watch the forms of transcendence fly up like sparks from a fire; it slackens the intentional threads which attach us to the world and thus brings them to our notice; it alone is consciousness of the world because it reveals that world as strange and paradoxical. (...) In order to see the world and grasp it as paradoxical, we must break with our familiar acceptance of it. (Merleau-Ponty, 1945/1962, p. xv)

Following the sense of wonder that is awoken in us at some aspects of the world, we need to practice the *phenomenological reduction*: *Bracket* all our common-sense pre-

understandings, assumptions, and the existing scientific knowledge and theories about the phenomenon, because they are seen as biasing our understanding of the experience-as-lived (van Manen, 1997). Bracketing does not mean to ignore what we know about the phenomenon but to make all this existent knowledge explicit and critically analyze it, to hold it deliberately at bay (Ibid). To bracket theoretical meaning is to examine it for any phenomenological insights or understandings embedded in it and also to show how theories hide the experiential reality upon which they are based (van Manen, 2002).

Description or Interpretation?

A phenomenological research aims to understand how a phenomenon is experienced by describing, rather than by explaining it in a cause-and-effect way (Merleau-Ponty, 1945/1962); but is pure description possible at all? Phenomenology, argues Heidegger (1962), "is hermeneutic in the primordial significance of this word, where it designates this business of interpreting" (p. 37). *Hermeneutics*, from the Greek *hermeneuein*, to interpret, originally referred to text interpretation. Dilthey (in Phillips, 1996, p. 61) extended its use as an appropriate methodology for the humanities and social sciences. Gadamer (1986) distinguishes two different senses of interpretation: pointing to something and pointing out the meaning of it, both being connected with one another:

> "Pointing to something" is a kind of "indicating" that functions as a sign. "Pointing out what something means," on the other hand, always relates back to the kind of sign that interprets itself. Thus when we interpret the meaning of something, we actually interpret an interpretation. (p. 68)

Van Manen (1997) says that a phenomenological text is descriptive in the sense that it names something: In this naming it points to the meaning of lived-experience that tends to be hidden or veiled and lets it show itself. "When we read a text," says van

Manen, "we are interpreting it in our particular way; therefore, to read a text is to (re)write it, as it were" (1997a, p. 361). A phenomenological description is always one interpretation, leaving room for other interpretations (van Manen, 1997).

Uncovering Meaning Dimensions

Human science research is concerned with searching for meaning which is seen as inherent in human nature: "Because we are in the world, we are *condemned to meaning*" (Merleau-Ponty, 1945/1962, p. xxii). In the Cartesian framework, meanings are mental or conceptual, theoretical constructs that are postulated, not given. Phenomenology argues that meaning is part of the being of things as experienced by someone (Sokolowsli, 2000). Meaning is sought in the parts and whole by examining entities from many sides, angles, and perspectives, until a unified vision of the meanings of a phenomenon is reached (Giorgi, 1985).

Through *phenomenological reflection*, we systematically attempt to uncover the *essence*, or meaning-structure of lived experience. Essence (Husserl, 1980, pp. 73-77), from the verb *to be*, asks of what something is and without which it would no longer be what it is, for the one who asks the question; it asks this question while being aware of perspective and context. Essence may only be grasped through the study of the concrete lived experiences (van Manen, 1997). However, van Manen calls to be cautious with the notion of essence and suggests to speak of *meaning aspects* or *meaning dimensions*:

> On the other hand, phenomenologists know that the notion of essence is highly complex and that the early Husserlian view tended towards simplifying the search for essences in some of his followers. Essence is not a single, fixed property by which we know something; rather, it is meaning constituted by a complex array of aspects, properties and qualities – some of which are incidental and some of which are more critical to the being of things. (van Manen, 1997, p. xv)

In doing a phenomenological study, we re-call the experience so that its meaning aspects are brought back in such a way that we can recognize this description as a possible human experience and as a possible interpretation of that experience (van Manen, 1997), or as Merleau-Ponty says: "Husserl's essences are destined to bring back all the living relationships of experience, as the fisherman's net draws up from the depths of the ocean quivering fish and seaweed" (1945/1962, p. xvii).

Generalizability

Phenomenology does not intend to lead to empirical generalizations and to establish functional relationships: The tendency to generalize is seen as interfering with understanding the uniqueness of human experience. Phenomenological research is concerned with both the concreteness and the essential nature of a lived-experience: "Phenomenology consists in mediating in a personal way the antinomy of particularity (being interested in concreteness, difference and what is unique) and universality (being interested in the essential)" (van Manen, 1997, p. 23).

However, I think that in a sense, in phenomenology we do generalize, as phenomenology always addresses any phenomenon as a possible human experience, pointing to its possible universal, intersubjective character. Thus, in phenomenological descriptions, the "I" form, the "phenomenological I" is often used to indicate that one's own experiences are the possible experiences of others and also that the experiences of others are the possible experiences of oneself (van Manen, 1997).

Research Leading to Practice

Phenomenological research provides us with tactful thoughtfulness, an in-depth

understanding of the experience as lived. By being thoughtful, Heidegger (1962) means a

minding, caring attunement, or as van Manen (1997) says:

> To become more thoughtfully or attentively aware of aspects of human life which until this time were merely glossed over or taken-for-granted, will more likely bring us to speaking up, speaking out, or acting in social situations that ask for such action. (p. 154)

Tact in this context means a particular sensitivity to situations, a perceptiveness, a

"knowing" how to behave in situations. It is not theory-based intellectual knowledge but

rather an instant sense of knowing how to deal with others in quite complex or delicate

circumstances. This tactful practice is based on phenomenological reflection on human

experiences which enables the person to be perceptive to the meanings of things as they

occur. Tact necessitates pathic intuitive understanding, the ability to be empathetic, to

understand the other's experience from the other's point of view (van Manen, 2002).

Language-Oriented

Lived experience is pre-reflective, given directly, unmediated by thought or

language. Yet, we are able to recall and reflect on experiences thanks to language.

Furthermore, language is implicit in the constitution of meaning (van Manen, 2001), or as

Merleau-Ponty says: "In the silence of primary consciousness can be seen appearing not

only what words mean, but also what things mean: the core of primary meaning, round

which the acts of naming and expression take shape" (1945/1962, p. vii).

From a phenomenological point of view, language serves to disclose the way

things are and to communicate it to other people and to ourselves at other places and

other times. At the same time, the words are flavored by our personal style: They disclose something about ourselves as well (Sokolowski, 2000). Through the collectivity of language we can access the experience of others as well as our own, living "in collective realms of meanings that adhere to the socio-cultural context to which a given language belongs" (van Manen, 1997, p. xiii). At the same time, language is too limited to describe the fullness and uniqueness of experience: Lived-experience is always more complex and ambiguous than words can describe because we experience and understand things not only intellectually, but also in corporeal, relational, and situational ways.

Phenomenological research attends to language as a path to the lived-experience itself: Phenomenology is sensitive to the ways language speaks when it allows the things of the world to speak to us. Language is most central in phenomenological research, for reflecting on the meaning of lived-experience and for writing, the very activity of doing phenomenology. Writing does not enter the research process just as a final step but is an integral part of the entire research process: Through writing we describe lived-experiences, reflect upon their themes, and integrate them into a phenomenological text (van Manen, 1997). The insights achieved depend, to a large extent, on the right words and phrases, on how the text speaks (van Manen, 2002).

<div align="center">Research Methods</div>

There is no fixed or strict method in phenomenological research that has to be followed. Merleau-Ponty (1945/1962) speaks of method as an attitude, a style of thinking. However, having no strict methods does not say that there is no method at all. When Gadamer (Palmer, 2001) is confronted in a conversation with his critics who "have

seen in your argument a rejection of methodology in general. Some of them have interpreted the title of your book to mean 'truth versus method'" (p. 41), Gadamer replies:

> This interpretation conveys the one-sided impression that I think there are no methods in the humanities and social sciences. Of course there are methods, and certainly one must learn them and apply them. (...) As tools, methods are always good to have. But one must understand where these can be fruitfully used. Methodical sterility is a generally known phenomenon. (...) It is not their mastery of methods but their hermeneutical imagination that distinguishes truly productive researchers. And what is hermeneutical imagination? It is a sense of the questionableness of something and what this requires of us. (pp. 41-2)

Van Manen (1997) says that what is involved in a hermeneutic phenomenological research method is "scholarship:"

> A human science researcher is a scholar: a sensitive observer of the subtleties of everyday life, and an avid reader of relevant texts in the human science tradition of the humanities, history, philosophy, anthropology, and the social sciences as they pertain to his or her domain of interest. (...) While it is true that the method of phenomenology is that there is no method, yet there is tradition, a body of knowledge and insights, a history of lives of thinkers and authors, which, taken as an example, constitutes both a source and a methodological ground for present human science research practices. Thus the broad field of phenomenological scholarship can be considered as a set of guides and recommendations for a principled form of inquiry. (pp. 29-30)

Van Manen (1997) suggests a few methodical guidelines for hermeneutic phenomenological research which will enable the researcher to select or invent appropriate research methods for the particular research question: being committed to and maintain a strong relation to the phenomenon by deeply questioning it, investigating experience as we live it rather than as we conceptualize it, reflecting on the phenomenon's essential themes, describing the phenomenon through writing and rewriting, and balancing the research context by considering parts and whole.

Evaluative Criteria

Being based on different ontological and epistemological assumptions,

hermeneutic phenomenological research needs evaluative criteria of validity that are

more suitable for it; van Manen (1997) suggests that a phenomenological text needs to be

oriented, strong, rich, and deep. A phenomenological text needs to induce a sense of

wonder in the reader, and to be "oriented," to be aware of the relation between content

and form. A text needs to be "strong," rigorously focused on the question of meaning and

evocative. A phenomenological text needs to be "rich" in concrete experiential

descriptions and "deep" in insightful reflections and interpretation of the phenomenon's

meaning-structures.

A good phenomenological description, says van Manen (1997), resonates with our

own sense of lived-experience; it is something that we can "nod" (Buytendijk) to,

recognize it as an experience that we have had or could have had. Van Manen refers to

the "validating circle of inquiry:" "A good phenomenological description is collected by

lived experience and recollects lived experience – is validated by lived experience and it

validates lived experience" (p. 27).

In addition to the thematic aspect of a phenomenological text, a

phenomenological text is evaluated as to its mantic aspects: How the text speaks, how the

text affects our understanding; both forms of meaning are important to hermeneutic

phenomenological research. A good phenomenological text needs to possess the

expressive or mantic dimensions of concreteness or lived throughness, evocativeness,

intensity, tone, and epiphany (van Manen, 1997a).

Lived throughness means that the researcher provides concrete descriptions of the phenomenon. Evocativeness means that experience is brought vividly into presence so that we can phenomenologically reflect on it (van Manen, 1997a). The more vocative a text, the more strongly the meaning is embedded within it (van Manen, 2001). Intensification refers to choosing the right words so that meaning becomes strongly embedded in the text. Intensification implies that we cannot change the text by paraphrasing without experiencing some loss of meaning (van Manen, 1997a). Tone means that we must let the text speak to us so that its deeper meaning has a non-cognitive, epiphanic effect on the reader, a striking understanding of the meaning of the text, when a text suddenly addresses us in a manner that validates our experience: "The phenomenological text does not present the reader with a conclusive argument. (...) Instead, the phenomenologist aims to be allusive by orienting the reader reflectively to that region of lived experience where the phenomenon dwells in recognizable form" (van Manen, 1997a, p. 367).

The Method of the Study

The Research Question

The lived-experience or the phenomenon of living with military-related (M-R) "Posttraumatic Stress Disorder" (PTSD) is the subject of the present study. What is it like and what does it mean to live with military-related (M-R) PTSD for the traumatized person is the phenomenological research question: How is this phenomenon being experienced in day-to-day living, in its temporal, spatial, embodied, and relational aspects? What are the meaning aspects of this lived-experience?

By asking about the experience of living with "military-related PTSD" rather than with PTSD alone, I presume that living with (M-R) PTSD may have different appearances and meanings, in comparison with "sex abuse-related PTSD," "earthquake-related PTSD," "road accident-related PTSD," or other traumatic events; that these may be different phenomena.

"PTSD" is written in quotation marks to denote that it is a medical construct, a psychiatric diagnosis, the name given to a specific, possible human response to a traumatic event. In the present study, the diagnosis of PTSD is used to draw the area of interest; I explore how persons who are labeled as having PTSD experience their everyday lives, rather than assume that all people with PTSD share the same lived-experiences. Though in my writing I will omit the quotation marks of "PTSD" for convenience, in my mind they are still there.

In phrasing the phenomenological research question I went through extensive self-deliberations: Should I ask about the lived-experience of "living with PTSD," or of "having PTSD"? Or maybe asking about the experience of "being Posttraumatic" would be more experience-oriented? And what do these different phrasings imply from a phenomenological point of view?

"Having PTSD" may imply that I, the self, and "PTSD" are separate entities and that the "I" contains PTSD; that PTSD is part of the self, though in a kind of separate relationship. "Being Posttraumatic" would imply that what we have has become an integral part of what we are, part of our Being or our identities as persons. Among mental health professionals it is more politically correct to speak of "A person with PTSD" or "A

person with Schizophrenia," rather than on "A posttraumatic" or "a schizophrenic." The wording "Having PTSD" comes to prevent seeing the disorder as possessing the entire personhood and to prevent stigmatization. However, when we say about a person that he is a father or that he is a lawyer, we do acknowledge that he has other personal attributes as well; it seems, then, that psychiatric diagnoses are very powerful in construing a person's portrait.

Unlike "Having PTSD" and "Being Posttraumatic," "Living with PTSD" sounds more neutral with regards to the "I-PTSD" relationship, but nevertheless implies that PTSD is part of the traumatized person's being, a possible human experience. While I was struggling with the diverse phrasing of the research question and its different meanings, the research participants had no difficulty in understanding what I aimed at and no doubt as to how the research question should be phrased: "What is it like for me to be 'Posttraumatic,' you are asking?" It seemed that the phenomenological question did resonate to a familiar lived-experience.

The Purpose

The present study aims to enhance the understanding of the phenomenon of living with (M-R) PTSD. By painting a rich picture of the experience of the day-to-day living with (M-R) PTSD, I hope to enhance the understanding of all: the traumatized persons themselves and their families, mental health care providers, military personnel and establishment, as well as society at large.

I believe that a better understanding of the experience of living with (M-R) PTSD as a meaningful human experience will help mental health care-givers become more

thoughtfully attuned to the specific needs of traumatized persons and act more "tactfully" in providing assessment and treatment services. Furthermore, since the phenomenological interview is a dialogical discovery process, it may also help the research participants themselves to enhance their understanding of their own lived-experiences by giving them words and meaning.

In our everyday living, people may say of a person suffering of mental distress that he or she is "strange" or "weird" when we actually do not understand the nature of their distress. Certain appearances of traumatized persons are often considered as weird or "abnormal." A better understanding of the phenomenon that we consider to be "weird, strange, or abnormal" will enhance our ability to be empathic toward the persons. Greater awareness and understanding will hopefully make people in society more sensitive toward the emotional distress, as well as to the needs of persons with PTSD, thereby providing greater empathy and social support for the traumatized persons and their families and easing the resentment towards them in society, as well as their isolation. Taking into account the mental toll of war is also hoped to be part of the public discourse with regard to the issues of war and peace.

In addition, as a clinical and rehabilitation psychologist, I wish to explore the compatibility of using hermeneutic phenomenology in research, in psychological assessment, and therapy of various psychopathological mental states. I wonder in what ways our knowledge of psychopathology can be enriched by a phenomenological approach, as well as how psychopthology can contribute to the philosophical understanding of human existential issues.

Preparation

Aside from my practical experience-based knowledge in Israel and in Canada, studying Phenomenological Inquiry and Writing (a one-year research seminar) with Professor Max van Manen at the University of Alberta and being engaged in reading phenomenological texts and in writing has been a most significant part of preparing for the study. The experience of learning has been precious and unique for me, becoming familiar with the new world of phenomenology. It necessitated a shift in my way of thinking; I was used to looking at the lived-experiences of my patients with a "Why" question of tracing the sources of, rather than staying with the "What is it like" question.

Ethical Considerations

The process of getting the Ethics approval of the University of Calgary (U of C) (June 2004) and of the Helsinki Committee at the Tel-Aviv Sourasky Medical Center in Israel (January 2004) has been illuminating for me with regards to how persons with (M-R) PTSD are perceived in academic and medical environments. At the U of C, my ethics application became the subject of deliberation between CHREB and CFREB. First it was decided that the subject of my study falls under the jurisdiction of the Conjoint Health Research Ethics Board, covering studies mainly in Medicine and Nursing. My argument that the subject of my study belongs to the human sciences, to the domain of the Conjoint Faculties Research Ethics Board, was finally accepted. This academic "journey" seems to reflect a tendency to see PTSD as a mental illness, within the domain of medical sciences, rather than as a human phenomenon, in the domain of human sciences.

A further comment of the Canadian CFREB reflects both concern for the researcher and the way persons with (M-R) PTSD are perceived:

> The safety of the researcher needs to be addressed. The investigator is female, all participants will be male. These men have been traumatized by war, and they suffer PTSD, whereby symptoms – including aggression – can be automatically triggered. My suggestion: Have interviews at the facilities that provide counseling and negate home visits as an option. (The CFREB, April 27th, 2004)

Fear seems to permeate the phenomenon of living with PTSD: Traumatized persons fear the world and others, whereas other people may fear them. Knowing that talking of the post/traumatic lived-experiences may be in itself stressful for the participants, I was highly sensitive and alert to signs of discomfort throughout the interviewing, using my sensibility, empathy, and experience as a psychologist and as a human being. I re-checked with the participants before asking certain questions and approved any reluctance to answer. Often the response was: "Indeed, it is difficult for me to talk about this issue, but I do wish to talk about it, so that other posttraumatic soldiers will get better help than I got." Only one participant cancelled the second interview which he previously asked for, feeling too stressed.

Furthermore, most participants said how important it was for them to have a dialogue with themselves through the dialogue with me: Certain things that have been hidden were now disclosed, lived-experiences received words and meaning, and new understandings emerged, accompanied with a soothing feeling. On the other hand, several potential participants excercised the freedom of consent by refusing to take part in the research, believing it to be too stressful for them.

Safeguarding the confidentiality and anonymity of the participants is at the heart of every research; in the present study, keeping the interviews' content confidential was especially important for the participants, reflecting an aspect of the phenomenon, the need to hide their difficulties, to look "normal." This ethical demand was highly respected by me, except for once, when a participant disclosed his plan to commit suicide. In the face of a threat to the participant's life, I chose to breach confidentiality in favor of preserving life and reported it to the appropriate person.

Participants

Site and Time of Study

The study was conducted in Canada in Edmonton, Alberta and its vicinity, and in Israel in Tel Aviv and its vicinity. The research participants are thirteen male military veterans, five Canadians and eight Israelis who were medically diagnosed with PTSD (APA, 2000) due to military service traumatic experiences. The interviews with the Canadian participants were conducted in September and October 2004 and with the Israeli participants in June, November, and December 2004, and February 2005.

Chosen and Accessed

In Canada, after having difficulties to access soldiers with PTSD via the military, I was granted access to potential veteran participants through their private-practice psychotherapists. Potential participants were chosen through a purposeful sampling strategy, the maximum variation (heterogeneity) sampling (Patton, 2002), while taking into account their current mental condition. The therapists informed potential participants of the study, handing them the Letter of Introduction (Appendix B). The names and

phone-numbers of those who agreed to participate were handed to me, and I called them to set the interview time and place most suitable for them.

In choosing this way of access I preferred to safeguard the participants' mental well-being, while confidentiality and anonymity are being compromised; I wanted to assure that the participants will have a safety-net to consult with regard to the decision to participate, as well as a safe place thereafter, if they need to further talk about issues that were brought up during the interviews.

In Israel, two potential research participants were accessed by their therapists at the Tel Aviv Sourasky Medical Center in the same way as the Canadian participants. Six other participants were accessed directly by me, after having a list of 15 potential participants handed to me by the PTSD Evaluation Center there of veterans whose evaluation and legal process was ended. I mailed them the Letter of Introduction (Appendix C) and called them thereafter to ask for their consent; if they agreed, we set the interview time and place most suitable for them. Some potential participants refused right away to take part in the study, others asked for additional time to think or consult with their therapists, whereas the rest immediately agreed. After additional phone-calls on my part, I had the consent of six persons and the refusal of nine.

The purposeful maximum variation (heterogeneity) sampling strategy chosen to recruit the participants aims to capture the central themes that cut across a great deal of variation. Personal characteristics, such as age, education, occupation, and marital status are not sampling criteria. Since the sample is quite small and is comprised of participants who are diverse in their personal characteristics, a considerable uniqueness and diversity

has been brought to the study. This sampling strategy turns the variability into a strength, arguing that any common themes that emerge from great variation are of particular significance in capturing the meaning-dimensions of the phenomenon (Patton, 2002). Hence it seems to be compatible with a hermeneutic phenomenological research that resides between the particular and the universal. I also find that diversity enables to understand a phenomenon in a figure-and-ground way, sharpening our ability to see subtle things that may be unnoticed within a homogeneous sample.

Negotiations With Professionals

Accessing potential participants via their therapists (psychiatrists, psychologists, or social workers) was not easy, both in Israel and in Canada: Therapists expressed their concern (shared by me as well) with regard to possible negative effects of the interviewing on their clients. Some therapists either promised to help but no referral was made, or frankly told me that none of their clients is currently in a suitable condition to participate. Eventually, the therapists who did refer their clients to the study were mostly social workers. A former personal acquaintance with the Israeli therapists seemed to make their decision to refer their clients to the study easier and without pre-conditions. With the Canadian therapists, the referral was subjected to the pre-conditions of conducting up to a two hour- single interview with each participant and refraining from asking about the traumatic experiences. These conditions were respected by me during the interview, unless the participants themselves asked to meet me for a second time and/or insisted to talk about their traumatic experiences.

These initial contacts with the therapists made me think of how fragile persons with PTSD are perceived by us mental health therapists. I wonder about our tendency to protect our traumatized clients from the "dangerous world:" Are we not sometimes over-protective, underestimating their strength to handle their own affairs, while over-estimating our own abilities to protect them from life's hardships?

Phone-Conversations With Participants

From a phenomenological perspective, when the Letter of Introduction has reached potential participants, an imaginary interviewing space started to be formed, being filled with the interviewee's expectations, doubts, and fears with regard to the unknown, the interview. This complex anticipation is also revealed in the initial phone-calls I made with potential (Israeli) interviewees, as well as with Canadian participants who already agreed to be interviewed. My first phone-call to potential participants is the time when the actual inter-viewing relationship starts to form and later on, evolves in the face-to-face encounter. Various aspects of the experience of living with (M-R) PTSD are already unveiled in a nutshell during those few moment-phone-conversations with both those who consented to participate and those who refused.

When I first called Erez, his father answered, "cross-examining" me as to who I am and what I want from his son. As I tactfully avoided answering and asked to speak directly with Erez, he answered that his son would not answer a phone-call if he is not able to identify the number. Do persons with PTSD experience strangers as a threat? Joe who did participate, referred in the interview to his habit never to answer a phone call unless the number is identified: "I will never answer, a restricted number, I'll never

answer, I don't know who it is - sorry, I don't answer; Safe! I don't feel safe I won't do it, thanks a lot, so..."

Some potential participants hesitated, referring to the study as very important, yet the very talking of their experiences was too stressful for them; by avoiding the interviewing, the re-experiencing of trauma memories is being avoided as well. For Roni who refused to participate, talking of his experiences is like probing into a wound, it is unbearable for him. Being on an approach-avoidance pendulum with regards to talking was expressed by some of the actual participants as well. Benny who would become a participant, greeted my phone-call with a double-message:

> I've been waiting several days for your call; at the moment, from a mental point of view, I don't wish to be interviewed. As for myself - I'd rather not talk, but I would like to help you to help others. Because it's important that people know: for 20 years I hold it in my belly! (T)

Benny holds "it" in his belly already for 20 years: The body bears the secrets of which he had rather not talk, yet he knows that other people should know what living with PTSD means, to "act thoughtfully and tactfully."

Close family-members of potential participants, wives and parents, seem to speak on their behalf. They are a protective shield, intimately familiar with what living with PTSD means. Shlomo's mother answered my phone-call, knowing already who I am, and related to her son's living in the hideout, distanced from others. I heard a protective voice also when the spouse of Andrew, a research participant, answered my first phone-call in what seemed to me a "non-Canadian" way, inquiring me who I am and regarding to what I wish to speak with her husband.

During these first phone-calls I also noticed the special place that mental health therapists have in the lives of persons with PTSD, saying that having a therapist, there was no need to further share their experiences. Others referred to their therapists as the ones who did not recommend that they talk about themselves.

Descriptive Features of Participants

Being a phenomenological study, the purpose of the study is to describe and understand the phenomenon of living with (M-R) PTSD as a possible human experience, through the lived experiences of participants as "examples" of the phenomenon. Though we are not primarily interested here in the subjective experiences of the participants for the sake of better understanding each one of the participants, I think that being familiar with the personal histories as a contextual background can enhance our understanding of the phenomenon. In particular, a traumatic experience is not just an object out there in the world; it has a dative, a person who experiences it. At the same time, the traumatic experience becomes part of the personal life-story: The personal history and the traumatic story are intertwined. Therefore I chose to bring the personal presentations of the research participants as a background of their traumatic experiences in chapter 4: Traumatic Experiences and Life Stories.

As I am "bilingual," trying to speak both the phenomenological and the psychological languages, I will introduce some additional informative data with regard to the research participants. All participants were diagnosed with Chronic PTSD (that is, symptoms of at least three month duration). All are in psychotherapy and/or in psychiatric therapy at the time of the interview or were prior thereto.

The Canadian participants are veterans of professional military careers who served as peacekeepers in war-zones, mostly in Bosnia and one also in Somalia. Almost all the Israeli participants are veterans of the compulsory military service who took part in Israel's wars and/or military operations.

Only men were chosen, as men make up the majority of soldiers participating in operational activities in both countries. The ages when being interviewed ranged between 32 to 44 for the Canadians, with an average age of 38, and ages 25 to 64 for the Israelis, with an average age of 47. Education in years: for the Canadians, between 9 to 14 years, with an average of 12 years, and for the Israelis, between 12 to 19, with an average of 15 years. The marital status: 6 of the Israelis are married (4 for the second time), one is divorced, and one is single. 3 of the Canadians are secondly married and 2 are divorced or separated. All the Israelis but one and all the Canadians have children. Half of the Israelis are first borns, as are 3 of the 5 Canadians.

The time (in years) since the traumatic experience/s (until the interviewing) ranged for the Canadians between 6-12 years, with an average of 10 years, and for the Israelis 6-36 years, with an average of 26 years.

6 of the 8 Israelis were also physically injured during the traumatic experiences and none of the Canadians. Whereas all the physically injured were immediately legally recognized by the (Israeli) Ministry of Defence as physically disabled, it took between 1-34 years for the Israelis to be diagnosed with PTSD and legally recognized by the Ministry of Defence, with the average of 18 years since the traumatic experiences; for the Canadians it took between 1–7 years to be diagnosed with PTSD and recognized by the

military, the average of 4 years. It seems, then, that for the Israelis, responsibility for the lack of recognition is shared: It is the State's and in some cases also the traumatized persons' who avoided applying for recognition.

I presented here some demographic features for the Canadians and the Israelis separately not for the purpose of comparing the participants as two different groups. However, I do assume that in order to better understand the phenomenon of living with (M-R) PTSD, the different socio-cultural backgrounds need to be taken into account.

Data Collection

Hermeneutic-Phenomenological Interviewing

The hermeneutic phenomenological interviewing is the study's main method for collecting lived-experience descriptions (LEDs). The interview serves to explore and collect experiential material that will serve as a resource for developing understanding of the phenomenon. The interview seeks to describe specific, concrete situations in the lifeworld of the interviewee and reflect upon their meanings (Kvale, 1983). The research interview is seen as a dialogical experience where the participant becomes an active partner to the research endeavor (van Manen, 1997).

The interviews were individually conducted. Though in this methodology an interview needs to have some structure in advance, it also needs space to evolve the way it takes. Thus, my original plan was to conduct with every participant two phenomenological-descriptive interviews and one hermeneutic-interpretive, but I realized from both the Canadian therapist referees and some of the potential participants that I needed to limit myself to one interview. However, a second and third interview was

conducted upon the participant's clear request, at the end of the first interview. With one participant I decided to turn down his request for a third interview, as I felt that he tried to turn the research interviewing into a therapeutic conversation.

Having the limit of a single interview and not knowing whether there will be another one, I focused mostly on gaining lived experience descriptions of the phenomenon. The interpretive aspect was present in various degrees, depending on the participants' interest and ability to reflect upon the phenomenon's meanings.

The research encompassed the total of 40 hours of interviewing. With the Canadian participants, the length of each interview was a-priori limited to two hours. Two Canadian participants asked to meet me for a second interview, with one of them it did occur.

With the Israeli participants, the length of each interview and the number of interviews were determined by both the participant and the researcher, in the course of interviewing which lasted for as long as the interviewee felt comfortable to talk about the phenomenon and until I felt that a rich description and understanding of the phenomenon had been created. The total interviewing time with each of the Israeli participants ranged from one to seven hours, in one to three meetings: With four Israeli participants I met once, with two twice, and with two others three times.

Structural Aspects

In negotiating with the participants the time and place of the interview, further aspects of the phenomenon are disclosed. Setting the time and place for a research interview may look like a technical, non-significant act; but from a phenomenological

perspective and for the research participants, choosing the "right" place and time for the interview was a significant issue. Extensive deliberations of the participants around this issue illuminated how time and space are experienced by persons with (M-R) PTSD, especially reflecting their search for a safe place and time.

For example, when I first called Bob at noon, his daughter answered that he had not yet awakened. On my second phone call, Bob informed me that he was not going to meet with me in Edmonton: It is unsafe, he rarely leaves his home-village, except for treatment; I should rather come to him (an hour drive). Then Bob asked me on the phone to pronounce my surname, saying that my name was familiar to him from being in Bosnia. Fearing that my very presence, my name, would trigger Bob's trauma memories of Bosnia, I clarified that it is actually a German name. Bob responded that he has German origins too, and I felt that the pendulum goes now from being scared of the stranger-me to being more familiar.

The exact time for the interview was chosen by the interviewees alone to accommodate their needs: time after their working hours, time when family members are not around, time at day-light to avoid the darkness when fears get intensified, or when meeting at a public facility, time after working hours of the clinic to ensure anonymity. Six participants (all Israelis) set the time for the interviewing in the morning, four participants (two Israelis and two Canadians) chose the afternoon, and three (Canadians) chose the evening.

A place has not only a topographical dimension; how we live it or how we experience ourselves in it is what makes a place warm and cozy for us or cold and

alienating, comfortable and peaceful or disturbing and haunting. For the participants, choosing the right place was a significant issue, already disclosing how important it is for them to be in a safe place, to feel safe.

My original preference was to meet the participants in their natural environment, their homes. However, in Canada, following the ERB's objection, I offered to meet at a University of Calgary department in Edmonton during office hours, but the interviewees had the last say: For most Canadian participants, setting the time within their working hours was out of the question, thus we could not meet at the university. We could either meet at my home, with the presence of my spouse on the second floor, or at their homes. Three Canadian participants expressed their fear to come to my place, an unfamiliar, unsafe place, or even leave their homes, and asked me to come to their homes; two other participants did prefer to come to my home; fear seems to play a significant role in how persons with (M-R) PTSD see the world.

In Israel, as I live in a rural area in the north part of the country, I offered the participants to have the interviews at the Sourasky Medical Center Psychiatric Clinic, my (then) working place and second home-base, where also the PTSD Evaluation Center is situated. However, for six of the eight participants, feeling safe was the main criterion for choosing the interview place: They chose either their homes, the Social Club for the Disabled Veterans, or the Psychiatric Clinic where they were treated. The same place (the Sourasky Medical Center) was experienced as an anxiety-provoking space when it was associated with the Evaluation Center, or as a safe space when being associated with

therapy. For two other (student) participants, not wasting their time was the main concern, therefore we met at their homes.

The specific location (in the building) for the interview, when being chosen by the participants, varied. Being seated in a living-room is experienced by us differently than being seated in the kitchen, on the veranda, or in the garden. Choosing a place for a specific interaction bears a certain meaning for both the guest and the host. This issue has cultural, as well as personal aspects of how close the relationship is.

When being interviewed at their homes, the participants chose the specific site for the interviewing. Dan and Elad, for example, chose to sit on the veranda, on the verge between home and the backyard garden, or in the backyard garden itself. Dan reflected on what the veranda means to him: his favorite, most private, safest place in the world: "And there is my own world in which I live, the world, like my protection. I can sit for hours... here outside [on the veranda]... with the cigarette and the coffee and... doing nothing..." (T). Does the choice of space allude to how he experiences his place in the world? For others, being seated next to a big window with a view to the outside was frequently preferred. When reflecting on what the specific location means to them, participants referred to their sense of safety, being in their own turf where they mostly feel "at home" and in control of the surroundings.

David chose to be interviewed in "his" room, which once used to be the family living-room and became his "private quarters," where he had his paintings, his computer, and the TV. The window was open, and from the sofa where he was seated David could see the yard and the street. However, even the very private place might still be

experienced as not absolutely safe. When I chose to sit on a (firm) wooden chair rather than on a (soft) armchair, David commented: "You sit on this chair because it's closer to the window, don't you?!" (T). For David, sitting is considered as safe or unsafe, rather than comfortable or uncomfortable; for him, sitting next to an open window has a survival value, being an observation-point to the dangerous world outside, as well as an escape-route in case of a threat to life.

Meeting the interviewees in the public space of the Sourasky Medical Center meant that I chose the appropriate site for the interview, based on my previous understanding of the phenomenon. I chose a room with an open window, so that the participants would not feel trapped and feel free to escape, being in control. To ensure confidentiality and privacy I also chose a quiet and distant room: The talking about personal lived-experiences which are not often easily shared needs a space with non-permeable boundaries, so I thought. Yet, in retrospect I realized that it was my need for silence and solitude, not the participants.'

When we think of setting the space for an interview, would we not prefer a quiet place? Background sounds in the interview space may be experienced as intruding. However, for the participants, background sounds were constantly closely attended and identified. David left the TV on during the entire interview: "This comes first: I have to listen to the news every half an hour, to be sure that no suicide-bombing is taking place out there" (T).

Background sounds can also be experienced as a veil, to cover other unpleasant "voices:" Joe left the TV on; at one point he jumped and made it lower, then jumped

again and made it louder, "so I wouldn't hear other [trauma memory] sounds," he said. Dan referred to the (very annoying for me) background noise of heavy trucks passing by, saying that the noise helps him not "hear" other things inside him.

While reflecting on the meaning of sound, I realize that my choice of a quiet room, disconnected from what I experience as distracting sounds, was what *I* needed: Having a personal conversation for me necessitates a sense of privacy, and privacy to me means, among other things, the setting of acoustic boundaries so that outside noise and sounds would not invade the private space, interfering with being fully attentive to the other, and at the same time, that the inside sounds of the conversation would not escape the room. The participants, however, needed the surrounding sounds, either to watch for signs of danger or to use them as a distraction of unwarranted memories and thoughts.

Though the interviews were carried out individually, when taking place at the participants' homes, spouses or parents were sometimes "around," mostly as silent background figures and rarely as taking an active part in the interview. Most family members "popped" in and out, as if to keep a watching, caring eye: It seems that close family members may serve as a buffer or a protective shield; moreover, living with PTSD is not confined to the traumatized person but is shared by the whole family.

Background figures included also pets who seemed to serve as protectors, as buffers, or as mediators between the person and the world. Elad's big black hairy dog approached me immediately when I first entered his home, sniffing me closely and then collapsed next to my feet. With his big dog on his side, Elad felt protected from the stranger who is not easily trusted: "Look at the dog: He's all the time around me because

you are a stranger, although he interacts well with you; Brave is a very aggressive kind of a dog, people usually are scared of him" (T). When the dog lay at my feet, Elad said: "Brave protects me (...) He allows himself to lie down beside you with his legs stretched as a sign that he trusts you. You're the first strange person whom Brave treats like that" (T). Through his dog, Elad first communicated his own initial distrust and then the feeling that danger is over, that he is safe now in the presence of the stranger-me. The dog is like a sensor to detect danger in the close surrounding, like an extension of Elad's body-senses, being directed to the world. As the three-hour-interview ends, Elad escorted me, saying: "My animals [the dog and cats] love you and this is rare. Come, Brave, say goodbye to Rachel..." (T). The presence of Bob's two cats served also to alleviate highly emotionally loaded moments in the interview, when Bob recalled the traumatic experience of digging mass graves in Bosnia:

> Well, the worst part for me was... I didn't like what I've seen and I didn't... (...) feeling and... seeing and stuff, you know. [He laughs] She's kind of want to sleep on your leg [he speaks of the cat crawling on me] (Ok!) [Now I laugh as well].

Descriptive and Interpretive Content Aspects

Interviewing was first descriptive, guided by the research question, what is it like and what does it mean for you to live with "post-trauma," PTSD in your day-to-day living? The participants were asked to focus on concrete incidents of experience as lived, while refraining from generalization and causal explanation and at this point, also from self-reflection and interpretation.

While collecting lived experience descriptions, I was on guard to assure the participants' well-being and asked for detailed descriptions as long as they felt

comfortable with it. However, sometimes not the research question but rather the participants' needs to tell their personal war-stories in great detail was what led the interview for a while. The pendulum between approach and avoidance, disclosure and hiding, has been a main feature of the study (and the phenomenon) during the interviewing phase and the reflective analysis, on the participants' part and on my part as an ear-witness-researcher as well.

The phenomenological interview was semi-structured: As a way to establish rapport and to understand how they are situated in their personal life-histories, I started by asking about their lives prior to the traumatic experiences: Where they were born and raised, what their childhood home was like, school, adolescence, and military service; their relationships with others along the years and their lives in the present: work, family, social life, and therapy.

The question about their military service seemed to lead them naturally to talk about their traumatic experiences; the extent of detail and depth of the trauma descriptions was determined by them and by me when I felt that it was in the best interest of the participant to refrain from going into more details.

Then the research question was presented as an open question: What is it like for you to live with "posttrauma," PTSD, in your day-to-day living? Could you, please, describe it in detail, in specific incidents that occurred on a specific day, incidents which you can vividly recall? What was the place where the incident took place like? What did you do? How did you feel? How did your body feel at that moment? How did you feel with regard to other people involved in that incident? Thus, in exploring the lived-

experience I paid special attention to the four lifeworld existentials: lived space, lived time, lived body, and lived human relations which are common themes in the lifeworlds of all human beings, regardless of their historical, cultural, or social situatedness (van Manen, 1997).

Once the research question was presented, the participant would lead the conversation, choose the issues in relation to the question and the sequence of their presentation. I participated by listening carefully, with empathy and sensitivity, asking questions for clarification or raising issues that were not brought up, sometimes responding emotionally to what I heard, and always bringing back to the concrete lived-experience descriptions and to the phenomenological question which was a leitmotif throughout the entire interview.

The issue which I was asked to refrain from asking, the traumatic experiences, was nevertheless always in the room: I let the participants choose whether or how deep to delve into their traumatic experiences, realizing that they usually know what is appropriate for them; interviewing is an interactive dialogue, a relational experience. However, though I repeatedly brought into focus the phenomenological question, when I felt that the interviewee needed to talk about things that are out of the interview's subject of interest I did go with him, while being cautious to keep the interview conversation within its research boundaries and not turn it into a therapeutic meeting. During the interview I also assumed an observer-participant attitude, thereby relating to the interview-situation as an example of the phenomenon of living with PTSD.

Phenomenological reflection as a way to uncover the meaning-dimensions of the phenomenon was mainly done by me and sometimes in collaboration with the participants, before or after they had the transcribed interviews. Elad comments on the hermeneutic aspect of interviewing:

> I'm aware that every contribution of mine for the collection of knowledge of this subject [PTSD] is significant and will bring benefit, and I'm ready to contribute my share to this matter. But (...) could you give me a copy of the transcript of our conversations? This is important to me (...); when I read it, I see things from a perspective. (T)

After reading the transcript, Gideon says:

> When I read my text, it turned it [the traumatic experience] into something, something very, I don't want to say philosophical, but this is an event, this is an event that extends its...its corporeal form, its physical form. Because... (...) Like what the encounter with death means, and what is the dread of death, and many questions of meaning! (T)

Most participants showed interest in receiving the transcripts of *their* interviews, saying that the interviews gave words and validated, in an accurate and comprehensive way, what they have always experienced yet were unable to verbalize. Though being in therapy, the research interview was different, I think, in giving a wholistic look on their lived experiences. Handing the transcripts to the participants was felt by me as giving their testimonies. In a way, I too feel as an ear-witness and as a facilitator for giving these testimonies. With some participants, such as Avi, I felt their request to own the transcripts as expressing some unease to leave "their lives" in the hands of a stranger. On the other hand, Elad and Benny consulted with me, months after the interviews, whether to use the interview-material as an evidence in the legal process of re-evaluation of their

mental status. This made me contemplate on whose property are the research interviews: the researcher's, the participants,' or maybe both?

Searching the Language

"Language as the medium and material of expression can never fully emancipate itself from meaning," says Gadamer (1986, p. 69). The words that we use in reference to a phenomenon may consist of experiential layers: "Being attentive to the etymological origins of words," says van Manen, "may sometimes put us in touch with an original form of life where the terms still had living ties to the lived experiences from which they originally sprang" (1997, p. 59). Etymological reflection, tracing the etymological sources of specific words, is another method I used to uncover the experiential meaning of the phenomenon. For example, when choosing the right place for the interview, participants were looking for a safe, *familiar* place, "from the Latin *familiaris*, of a household, domestic, from *familia*, family" (Agnes & Guralnik, 2001, p. 512). Thus, it is in the experience of being at home, in the safe space, or more accurately - in its absence that the primordial nature of living with PTSD can be intuited.

Another method was searching for idiomatic phrases. Ordinary language contains a rich variety of human experience, says van Manen; being attentive to the common expressions associated with a phenomenon may provide experiential material for linguistic reflection: To a large extent, idiomatic phrases are born out of lived experience (van Manen, 1997). For example, the idiom "having a short fuse," meaning "to have a temper that flares up quickly" (Gulland & Hinds-Howell, 2001, p. 254). Being often used by the participants, this idiom points to how they experience themselves as not being able

to hold tension or aggression for long without exploding: It seems that their safety system does not hold for long.

Data Analysis

Transcribing; Translating

I transcribed the interviews the way I heard them: not only with the exact words but also with the commas and pauses between the words, with the sighing and crying. Therefore the written sentences sometimes look grammatically wrong or awkward, the commas not being where they should be; however, they are expressed as lived, the authentic and meaningful productions of the persons; my role as a researcher is to reveal the meanings that are hidden in the pauses, in the odd grammatical structure, and in the "wrong" punctuation.

In translating interviews from Hebrew to English I tried to remain as faithful as possible to the original text, though certain words and phrases are difficult to translate without losing some of their original meaning. I translated it verbatim, without editing, neither changed the structure of the sentences nor corrected the grammar. To add to the complexity, also the Hebrew syntactic structure is different from the English. As I chose to remain faithful to the form as well as to the content of the Hebrew texts, the sentences when being read may sometimes look grammatically odd or incorrect.

In the transcribed lived experiences descriptions and reflections, brought as verbatim quotes from the interviews, I used different symbols:

... A pause that the participant made in his speech

(...) Indicates that I have omitted material from the original source to focus on the relevant theme that the material demonstrates or to avoid generalizations or explanations. I also omitted identifying details of the participants, such as names of family members and therapists.

(xxx) My questions or comments to the participants.

[xxx] My observations, thoughts, or clarification.

T Translated material from Hebrew into English.

Thematic Reflection and Analysis

Thematic analysis aims to disclose meaning structures that are embedded in lived experience descriptions (LEDs). A theme is a meaning aspect of the phenomenon, though a reduction or a simplification of it (van Manen, 1997). I used both the detailed, line-by-line approach and the wholistic approach (van Manen, 1997), analyzing every unit of meaning: a sentence, a few sentences, or a word, while paying attention to thematic content meaning-aspects, as well as to expressive meaning-aspects of how the text speaks, such as the punctuation, sentence structure, silences, sighs, and pace of breathing. I went back and again to the original interview-text to re-read it as a whole, in order to understand the meaning of a specific piece of text in its context, in its sequential location.

To disclose the meaning-dimensions I thematically analyzed each (written) interview-transcript separately, together with listening to the taped interview, reading and listening, time and again, to the nuances of how things were said. I had the interview copy which I worked on, while keeping the original interview untouched. While analyzing the themes and writing my reflections about the meanings of the LEDs, I found

it very important to return to the original, unanalyzed interview, in order to remain

faithful to the experiential material and not be carried away by my own interpretations.

For the thematic reflection I paid special attention to the four existentials. I also

related to phenomenological literature on issues close to the phenomenon, especially on

death, the I-world relationships and the senses, anxiety, and memory, as a way to enrich

my reflection and understanding of the phenomenon. In the chapter on trauma

remembering I even tried to have a "dialogue" with Casey's (2000) phenomenological

study of remembering, after I had my own thematic analysis, to see if and how what I

have found relates to his analysis. Recognizing that meaning is embedded in form as well

as in content, I often preferred to quote from the literature rather than to paraphrase it.

As I feel less at home in English, I take it that my thematic analysis of the

interviews with the Canadian participants lacks in understanding. As my

phenomenological text contains numerous verbatim quotes of LEDs, I invite the readers,

also for this purpose, to add their own thematic analyses and understandings.

However, even though I feel completely at home in Hebrew, I do discover that

each time I re-read the Israeli participants' LEDs, new understandings emerge, the

Hermeneutic Circle: Doing a hermeneutic phenomenological study teaches us to be

humble, to know that we can only understand a human phenomenon from our horizons

(Gadamer, 1975/1992) and to remember that a theme is revealed as a result of the specific

encounter that I have with the phenomenon at a given point in time.

Thematic meaning-aspects.

The procedure of the thematic analysis was, to a large extent, a dialogue between parts and whole: First, each of the interviews with the eight Israeli participants was thematically analyzed, the themes written in red after the relevant sentence or cluster of sentences; thus, each experiential description could have several themes attached to it. Reflections were written in blue. When more than one interview with a participant was conducted, all his interviews were analyzed sequentially, before analyzing another participant's interview. Second, each of the already thematically analyzed interviews of four Israeli participants, the longest interviews with the richest LEDs were re-analyzed.

Third, all the themes of the re-analyzed interviews (of the four Israeli participants) were sorted, from which eight mega-themes emerged; I had now eight chapters of mega-themes, such as Traumatic Experiences, Death and Life, Remembering, Lived Time, and Lived Body. Each theme in the analyzed interviews, now called "sub-theme," was transferred under one of the mega-themes, together with its adjacent LED, a technical, "cut and paste" procedure. Thus there were eight mega-theme chapters, with sub-themes and their adjacent LEDs. Thus, a specific LED could appear under several sub-themes, in various mega-themes. I also prepared 8 assisting lists of the eight mega-themes and their sub-themes, so that I will be able to "see the forest for the trees."

Fourth, I started to sort, organize, and place each sub-theme within the structure of its mega-theme. The sub-themes were organized in a way that made sense to me with regards to that meaning-aspect of the phenomenon. At this stage, extensive reflection was made with regard to the thematic meaning of the phenomenon.

Fifth, I re-read and re-analyzed each interview of the other four Israeli participants. When the re-analysis of the interviews of one person was finished, the sub-themes were transferred together with their adjacent quotes of LEDs to the appropriate mega-themes and put at the bottom of them, without putting each of them in their right place. The same procedure was done with all the participants' interviews, one by one.

At the sixth stage, I placed each of the sub-themes that came out of stage five in its place within the mega-theme, with the aid of the assistant list. At the same time, the list itself went through changes to accommodate the new-comers: Some of the existent sub-themes were re-phrased in what seemed now to be a more accurate understanding, and new sub-themes were added. The mega-themes with their sub-themes and quotes were re-organized accordingly. This was an ongoing assimilation and accommodation process, where the parts and the whole structure both went through changes. From time to time, I went back "to the things themselves," to the original interviews, to re-check my understandings.

At stage seven and on, I applied the same procedure of thematic analysis to the interviews with the five Canadian participants. The interviews were analyzed, one by one, and re-analyzed. Interestingly that out of the themes emerged eight mega-themes, the same mega-themes as with the Israeli participants. Each mega-theme had its sub-themes. Here also I had assisting lists of sub-themes for each mega-theme. The two lists of sub-themes, for the Canadian and for the Israeli interviewees, were very much alike but not identical. At this point I combined the two assisting lists of mega-themes, with their adjacent sub-themes, into one list.

Why did I analyze separately the Canadian and the Israeli interviews? First, it was easier for me to start the thematic analysis with interviews in Hebrew and where I am personally familiar with the socio-cultural and political backgrounds. Second, although I am not going to compare the participants' LEDs as two groups, the socio-cultural context may add to the understanding of the phenomenon.

Finally, I engaged the *Eidetic Reduction*, trying to identify those themes that are invariant and unique to the phenomenon of living with (M-R) PTSD, in comparison to the variant. For this purpose I used the method of *Free Imaginative Variation*, asking if the phenomenon will still be the same if I change or delete this theme from the phenomenon (van Manen, 1997). Accordingly, several sub-themes were omitted, re-phrased, or re-placed within the mega-theme. At the same time, some of the themes which I bring are shared by other phenomena, but they still have a special uniqueness to PTSD. I also reduced the eight mega-themes into four, deciding to incorporate Lived Time, Lived Space, Lived Body, and Traumatic Experiences mega-themes in the remaining ones, which in turn constitute the four main chapters of the phenomenological research text.

Expressive meaning-aspects.

The experience of living with (M-R) PTSD is given not only in the content but also in the way it is spoken. For instance, the way Gideon repeats certain words or pauses in his otherwise fluent speech, places where he puts the commas or where he omits them, the sighs and the tears, are all meaningful parts of the interview-text. When Gideon

describes very difficult experiences, his speech becomes more fragmented. After reading

his interview transcripts, he comments on the form aspect of the text:

> It appears that when we talk, we're very associative (...) When we write, writing is much more fluent, speech (...) was fragmented, and, and jumps to all sorts, to all sorts of places, and (...) there's again an association, and again one escapes to some place (...) It's like a tree with many branching out (...) The pauses, they make up the music, a verbal music... (T)

Writing the Phenomenological Text

Writing a phenomenological text is the object of the research process. A text

succeeds when it lets us see the phenomenon through the words. I chose to structure my

study thematically, the mega-themes constituting the study's chapter-themes which are

further subdivided into sub-themes, the meaning aspects of the phenomenon. Each theme

is followed by examples of LEDs or the participants' reflections that were chosen to point

at and point out the specific meaning aspect. As a LED may bear various meaning

aspects, the same LED may appear again, each time to show a specific theme.

During the process of analyzing and writing I was fascinated by the parts and

whole principle, how each thematic chapter is part of the whole phenomenon, but at the

same time it is a whole in itself. Therefore I preferred to bring sometimes the same LED

again rather than to refer the reader to another chapter.

There are four thematic chapters: Trauma Remembering, The Encounter with

Death, Being Hypervigilant in an Unsafe World, and Being Another to Oneself and

Others. Writing the text has been most challenging for me. The sequence of the thematic

chapters has been decided almost pre-reflectively. Upon reflecting on why I "chose" this

sequence rather than a different one, my right hemisphere will answer that it felt "right."

Asking my left hemisphere, I think that in order to understand the living with (M-R) PTSD, we need to start from the basis, the traumatic experience, which is the context to understand many aspects of the phenomenon of the day-to-day living with (M-R) PTSD. Moreover, this is where the research participants started to tell me about their lived experiences with PTSD. The traumatic experiences lead to its being re-experienced in trauma remembering and memories. The heavy weight of the (M-R) traumatic experience and the life thereafter lies, I think, in the encounter with death which I see as being a core. Then there is the person, living in the world, being oneself and being with others; this is how the structure of the phenomenological text took shape. The traumatic experiences are told in the next chapter in a narrative way, with the personal life stories as their background.

CHAPTER FOUR: TRAUMATIC EXPERIENCES AND LIFE STORIES

Traumatic Event or Experience?

Living with (M-R) PTSD implies that there has been a past trauma; but when we speak of trauma, should we speak of a traumatic *event* or of a traumatic *experience*? What do these terms imply with regard to their worldviews and the underlying ontological and epistemological assumptions?

When we think of a specific traumatic event, there is a dative to the event, a person who experiences the event as traumatic, that event is traumatic for somebody. There is no experience or event without the person who experiences it, this is the fundamental phenomenological ontological assumption of intentionality: An experience is always an experience of something and belongs to an experiencing person. Hence, an event may be or may be not experienced as traumatic: Only the experiencing person would know if this has been traumatic for him or her.

In the present DSM-psychiatric definition of PTSD (APA, 2000), though the experiential aspect is mentioned, the PTSD diagnosis speaks mainly of a traumatic event rather than of an experience. For instance, diagnostic Criterion B refers to the "persistent re-experiencing of the traumatic event" (Ibid, p. 424). Moreover, the DSM diagnostic criteria are perceived as valid for "all people" with PTSD: They do not refer to the individual's unique experience of the traumatic event and how the event is lived and interpreted by the individual person.

How can we tell that a specific experience is traumatic? Are there any "objective" characteristics that portray the "object," or do we rather need to listen to the experiencing

person and accept his or her testimony of that which is experienced by him or her as traumatic? It seems that a lot has to do with the meaning attached to the experience, with how the event is interpreted by the experiencing person. A specific event (such as the killing of an enemy soldier or being severely physically injured) may have different meanings for different persons who, in turn, may experience the same event as being either traumatic or not.

During the interviewing, when I ask the research participants about their traumatic experiences, I accept their understanding of *trauma* as that which has been experienced by them as traumatic. I do not present them with a-priori fixed criteria but rather listen to what they tell me about what was or has been the traumatic experience for them and its meaning aspects. All of them understood the question very well, showing no hesitation or doubt when pointing at the traumatic experiences for them.

I bring here the traumatic experiences in a concise narrative manner and the personal life-stories of the research participants (with disguised identification details) as a background context. The traumatic experiences as lived (not as narrated) will hopefully come to life and be gradually disclosed throughout the following thematic chapters. At the end of the personal stories, I will reflect on the ways that the traumatic experiences were disclosed during the interviews and on what I have learned from that about the phenomenon of living with (M-R) PTSD.

<div align="center">Avi</div>

Avi is in his mid 50s, born in Poland, the older of two brothers. His family immigrated to Israel when he was 6 years old. Both parents survived the Nazi

concentration camps, his mother as the only survivor of her entire family. Avi was raised in a town in the center of Israel; his father was a shopkeeper and his mother a housewife. As a child he was smart and curious, a chess champion, and had friends.

At 18, after finishing high school, Avi joined the compulsory 3 year-army service as a signal-operator. A year later (1969), during the Attrition War (taking place between Egypt and Israel along the Suez Canal), while serving on the front-line, Avi was sent to fix a telephone line; as he followed the phone-cables, he entered a landmine-field, stepped on a landmine and was severely injured in his foot and eye. Then, while being rescued by his comrade, the rescuer himself, while carrying Avi, stepped on a landmine too, was severely wounded and died a few days thereafter. This single event has been experienced by Avi as traumatic.

After being hospitalized for three months and having several operations, Avi came back home and continued his physical rehabilitation for another year. He also started academic studies in a paramedical field, in spite of difficulties to concentrate. Already in the hospital and while using his physical pain as the reason, he started to take Morphine as a self-therapy for his mental distress and became drug-addicted. For 13 years, suffering of traumatic nightmares without giving them a name, Avi used the drugs; being under their soothing effect, he successfully graduated.

Thereafter, Avi practiced for one year but could not stand the interaction with people, both clients and staff, and stopped working. He tried some other jobs but could not hold a job for long and in recent years he has not worked. Avi keeps himself busy with sports, watching TV, and reading books.

He first married when he was in his early 20s, then divorced and afterwards

remarried his first wife; they have two children in their early 20s and live in a big city.

Upon his re-marriage, Avi became more cognizant of his mental condition and joined a

3-year-drug-detoxification program that included psychiatric and psychological therapies.

For the physical injury Avi was immediately recognized by the Ministry of

Defense Rehabilitation Department as having a military service-related disability and

thereupon received medical care and monetary compensation. As for his mental

condition, he first applied to be recognized only in 1999, 30 years after the traumatic

experience, and was recognized as a PTSD mentally-disabled. Ever since Avi is in

psychiatric and physical therapies; he also takes drama lessons "to improve his social

skills." The research interview took place thirty five years after the traumatic experience.

Shay

Shay is in his mid 20s, born (the second generation) in Israel, the grandparents

immigrated to Israel from Yemen. Shay is the second of three children. His father is a

retired military person, his mother is a nurse. Shay grew up in a small town, in a warm

family atmosphere, having close relationships with his parents and siblings and where the

children's needs were being well taken care of. Shay was a "good kid" (well behaved),

"like other kids" (not different), and very sociable. He successfully finished high school,

majoring in Social Sciences, though he was more interested in friends and the joys of life.

At 18, Shay joined the compulsory army service as a fighter at a signal-corps

company. A year later (1998), during a routine military activity in southern Lebanon, his

team hit a road-side charge: Three of his team-comrades were killed and the other four

were injured, including himself. Shay was severely injured in his leg and hand, his leg was at risk of amputation as the main blood-vessel in his leg was torn, and his life was endangered, but due to numerous surgeries his leg was rescued. This single event was experienced by Shay as traumatic: witnessing the death of his team-comrades, especially of his best friend, and being himself close to death, being severely physically injured.

A year later, his physical disability was acknowledged by the Ministry of Defense Rehabilitation Department; thereafter, as traumatic nightmares appeared, Shay asked to be recognized for his mental injury as well, was diagnosed with PTSD and was treated in psychotherapy for two years.

Shay is now a student in Engineering, lives with his parents, has a girl-friend, and keeps good relationships with his close friends. The research interview took place six years after the traumatic experience.

Dan

Dan is in his early 50s, born in Poland as the younger of two to a Jewish father and a Christian mother who converted to Judaism; the mother was the family driving force for immigrating to Israel when Dan was small. The family settled in a *moshava* (a farming community of private farms) in the center of Israel; the father worked as an accountant and the mother as a home-maker.

Dan, the European-like, well-dressed (white shirt, clean boots) and well-behaved immigrant child picked up very easily the local language and way of conduct: He became one of the neighborhood kids, playing football and basketball and being involved in boys'

mischief. Dan finished the marine oriented high school. At 18 he joined the compulsory army service, serving as a tank commander in the armor corps.

Shortly after being discharged from the army, the (1973) Yom Kippur war broke out, and Dan was drafted with his reserve unit to fight the Egyptians in Sinai. After participating (as a tank commander) in heavy combats for twenty days, his tank was hit by a rocket and went up in flames. Being the only survivor of his tank-team and left alone, Dan managed, in spite of his severe burns, to rescue himself from the burning tank which was about to explode and walk the whole night, while leading two other soldiers whom he met on his way, to the Israeli front-line forces. This event Dan experienced as traumatic, one of several traumatic experiences during the battles: seeing dead Israeli soldiers, among them his comrades (Dan sees himself as a "left-over" of the whole battalion), hearing the wounded, being himself constantly under the threat of death, either by the enemy or by "friendly fire" which was part of the chaos of war.

Being hospitalized for a year, Dan went through numerous plastic surgeries and physical rehabilitation and was immediately legally recognized by the Ministry of Defense Rehabilitation Department as having a physical disability. Although trauma memories appeared as nightmares already at the hospital, Dan was mostly occupied with his physical condition; two years later he was diagnosed as having PTSD and began psychotherapy and medical treatment. Dan was encouraged by his first psychologist to refrain from applying to the Ministry of Defense to be legally recognized as a PTSD-mentally disabled, an act the psychologist considered as counterproductive for his rehabilitation.

Being one year in psychotherapy, Dan started to work as a bank-clerk, a job he held alternately for 16 years, until the 1991 Gulf war: When Israel was attacked by Iraqi Scud missiles, Dan's mental condition deteriorated, he left his job and has never worked ever since. In 2000, 27 years after the traumatic experiences, encouraged by his current psychiatrist, Dan applied and was recognized by the Ministry of Defense Rehabilitation Department as having PTSD-disability.

Dan first married after the Yom Kippur war and left the marriage a few years thereafter. He lives now in a common-law relationship and has three children (aged 9 to 17). The family lives in a remote part of a small village in central Israel, close to Dan's spouse's extended family; they subsist on his disability pension and on family support. The research interview took place thirty one years after the traumatic experiences.

Omer

Omer is in his 40s, born in Israel, the older of two. His parents immigrated to Israel from Poland: His father, a Holocaust survivor, was 5 years old when he lost his whole family; Omer calls him "a survivor-remnant" who has not really returned from "there," the concentration camp. Omer grew up in a very tense family-atmosphere, with a lot of Do's and Don'ts, like "Keep the windows and blinds shut," and a special concern with food which are typical to Holocaust survivors. Omer was a lonely boy, until the age of 14 when, as a self-rescue act, he left home to an agricultural boarding school; there he finished high school and had a few friends.

At 18 Omer joined the compulsory army service - the infantry and a year later (1982) he took part in the battles of the seven-month First Lebanon war, in which he

experienced numerous traumatic experiences which he mentioned only very briefly. Immediately after the war, Omer got Psoriasis but ignored it and returned to his life-routine as a self-employed in the fashion industry. With the (1991) Gulf war and the Iraqi missile attacks on Israel and the assassination of Prime Minister Rabin thereafter, the Psoriasis worsened so that he could no longer ignore the "signs of Post-Trauma." He was diagnosed with PTSD, was recognized by the Ministry of Defense Rehabilitation Department as a PTSD-mentally disabled and has been in psychotherapy ever since.

The suicide bombings of the 2000 *Intifada el Aksa* in Israel worsened his mental condition, his business collapsed, and he has not worked ever since. Omer lives in Tel-Aviv in common-law and has a small child. Omer distanced himself from family and friends and seldom meets with them. He keeps himself busy with taking care of his child and with painting, sculpture, and photography. The research interview took place twenty two years after the traumatic experiences.

<div align="center">Bob</div>

Bob is in his early 40s, born in Saskatchewan. His grandparents immigrated to Canada from Germany. Bob's father had a construction company; his mother is an alcoholic. Bob's parents divorced when he was 5. Bob left school at age 13 and lived "mostly on the street, doing bad stuff (...) selling drugs, surviving." Bob is the oldest of three, his sister worked as a prostitute: "I didn't come from a very... stable home?" he says; however, Bob's uncle was the significant person for him: "Always he was there for advice all the time, whereas my father wasn't." As a child and a teenager Bob had a few friends, mostly "acquaintances."

At 18, after an unsuccessful attempt to work with his father, Bob joined the army as an act of self-rescuing: "I would have been in jail or dead... I needed discipline." For seven years he served in the artillery air defense missiles in Germany and Canada. Then he moved to the military police for ten years, serving in Germany and all over Canada.

In 1997, Bob went on a 6-month-tour to Bosnia as a peacemaking and peacekeeping policeman to investigate and report on crimes done to civilians. He investigated rape camps and the deaths of children, women, and old people in villages and in mass graves. Witnessing "the absolute worse:" seeing people being killed, bodies of babies, old people, and women in mass graves, investigating rape camps, witnessing the deportation of families and the destruction of religious places, all have been experienced by Bob as traumatic. Furthermore, being himself unarmed under the constant threat of death by civilian snipers of all ages or by stepping on a land-mine has been experienced by him as traumatic.

Shortly after returning home from Bosnia, Bob was diagnosed with PTSD and was legally recognized by the military as mentally disabled. He was released from the army and has not worked ever since. Bob keeps himself busy with gardening and with wood sculpting. He is in psychotherapy and in psychiatric therapy and also gets physiotherapy for a military-related back injury. Bob first married at age 18 and divorced after 20 years, shortly before going to Bosnia. He remarried and has three children, two in their 20s and a teenager and one grandchild. Bob lives with his family in a small village in Alberta. The research interview took place seven years after the traumatic experiences.

Andrew

Andrew is in his early 30s, born in Quebec, the second of three children. He was born after the death of a baby, and his mother became depressed and a heavy alcoholic. At age 10, Andrew's parents divorced: "One day, out of the blue, dad threw mom out and asked us with whom we would like to stay;" Andrew chose to stay with his father.

Andrew's father ran a shop at home and was a kind of absent-present. Andrew grew up as a lonely kid, with one friend, feeling that nobody cared. School was a punishment: Though studying was easy, nothing really interested him. He often got involved in fights with kids who made fun of his short stature. Since age 11, Andrew used to get up at 4 o'clock in the morning and go hunting pigeons, all by himself.

At 18 Andrew joined the army in an attempt to get away from his emotionally absent parents. He served as an explosive engineer, learned parachuting and diving and saw the military as a "career for life." In 1992 Andrew went on a 6-month-tour as a peacekeeper to Somalia, to clean off mine-fields. He witnessed human atrocities done to women, children, and old people, death and suffering of famine and diseases, and was unable to help. Andrew himself was constantly under the threat of death by being shot at by invisible people or by being killed while blowing up land-mines. These were traumatic experiences for him. Moreover, Andrew came back to Canada and in 1996 he went on a 2-month peacekeeping tour to Bosnia, where he witnessed more atrocities against civilians and again was under the constant threat of death. In 1999 he was diagnosed with PTSD and since then has been in psychotherapy and psychiatric treatment. Until a year ago he also used alcohol as a "self-treatment."

In 2003, Andrew was discharged from the army, worked for a while in diving and works now as a salesman. He married for the first time when he was 19, divorced and recently remarried and is the father of two teenagers and a baby. The research interview took place twelve years after the traumatic experiences.

Edi

Edi is in his late 30s, born in Ontario, the fifth of six children. His father works as a painter and his mother as a salesperson. The parents divorced when Edi was 8, he was raised by his mother and later moved to live with his father for a year.

As a child Edi was not interested in school and was "a bit of a troublemaker, stealing from stores, and stuff like that, just typical kid stuff, you know (Which other kids did as well?) Ah, other kids that I've dealt with, you know, I don't think any of my brother and sisters did that, so."

At 16 Edi joined the militia on the weekends for two years, enjoying the "army stuff" and the social aspect. At 18 he left high school just before graduation to join the army: "It's just seemed like a cool thing to do, I was always akin of war-movies and stuff like that..." He did not want to "get stuck" in his home town, wanted to see Canada and the world and have good work: "I didn't see my perspective will be very good there."

Edi served in the Infantry in a Sergeant position. In 1992 and 1993 he went on a 6-month peacekeeping tour to Bosnia, then returned to Canada for several months and went to Croatia for 3 more months. As a peacekeeper he witnessed atrocities against civilians: the killing of children, women, and old people, while being unable to help, and the destruction of towns; Edi himself was under the constant threat of death, all these

were experienced by him as traumatic. Specifically traumatic for him was to see how a whole Serbian family: Parents, a boy and a cute little girl who used to come to him everyday asking for food, were murdered.

Edi returned home and continued his military service. In 1997 he was first diagnosed with PTSD and has been in psychotherapy and psychiatric treatment ever since. Edi was discharged from the army a year ago and is a college student of Business. Edi's wife left him in 1997, and he raises their two young children. He meets with his parents and his siblings once a year. The research interview took place twelve years after the traumatic experiences.

<div align="center">Joe</div>

Joe is in his late 30s, born and raised in Alberta, in a small farm-town community, "very small, very tight knit." Family and friends were very important. His father works on the farm, his mother is a teacher, "Good parents: Very disciplined, but very fair also, they gave us everything we needed as kids." Joe is the oldest of two. As a child he spent most of the time with his family and cousins-friends. He often got into trouble, doing "boys' stuff:" "I'll be the doer, if you think of something, I will do it!" After finishing high school, Joe wandered around, working and driving a lot, his "second nature."

At age 21 Joe joined the military as a mobile support equipment operator driver; since childhood he dreamt to be a soldier: "Watching John Wayne on the TV in his soldier material, everybody knew, I said that's what I want to be, a soldier, and I always said I want to join the army, and I did!" The first six years in the military things went well, until 1998 when he went on a UN peacekeeping 6-month-tour to Bosnia as a bus-

driver. There he went through numerous traumatic experiences: He was exposed to the arbitrary, constant threat of death by invisible snipers of all ages or by land-mines; witnessed the destruction of schools; investigated mass graves where he saw babies without heads or baby body parts and was surrounded by their grieving parents. He also had babies being thrown under his truck wheels by their parents; and the most traumatic for him was that he killed by mistake two children.

Shortly after returning to Canada, Joe was diagnosed with PTSD and started psychotherapy and psychiatric treatment. He continued his military service with great difficulties and was discharged in 2004.

Joe started college but could not concentrate and left. He works now as a technician in the media. Joe separated from his common-law spouse and lives by himself in a city in Alberta. He has two young children from two different mothers, living outside the city, with whom he meets (with one once a month and with the other once a year). Joe has three close friends: one in the city and two in the village where he grew up. The research interview took place six years after the traumatic experiences.

<center>Josh</center>

Josh is in his mid-forties, born in Germany where his father served as a medic in the Canadian army. The family returned to Canada and moved all over the country until Josh was 16. He liked moving every two years, even felt uncomfortable with staying in one place for long. His family was not "the most close-knit family but, we were a caring family, and a loving family. We weren't a model family but, in my opinion, there were no real problems, no real concerns." Josh's parents were born in Canada. The father was "an

old-style-medic, it is the type you would see in a war-movie, like 'Saving Private Ryan:'

He was always in the front-lines, always with the infantry." Josh's father served in Korea

and Vietnam, "He thrived on the front-line field activities." Josh's mother is a home-

maker. Josh is the oldest of three children.

Josh studied in Canada until grade 10 on base, then moved to the U.S. while his

father was stationed in Israel; he graduated with very good grades. As a kid and a

teenager, his friends were other soldiers' children, living on base in a close-knit

community; every move would end present relationships and start new ones.

Josh joined the army at 19: He loved the outdoors since age 5, when he used to go

to the woods by himself or with friends. In the military he wanted to be a forest-ranger

and do mountain climbing and outdoor activities or be a police-officer. Josh served as an

infantry officer for 24 years and retired in 2003 as a Major. He looks back on his military

service "generally with a lot of fondness," realizing that before he "didn't really have a lot

of direction in my life," whereas in the military "certainly there is a structure there that

was attractive to me, but I think more than that is the close-knit comrade of the military

that I really, really enjoyed." And on top of all, "you do jobs that no one else does, you

know, people don't jump out of airplanes for their jobs, so I liked that."

Josh was a platoon commander for two years, his job was to "close with and

destroy the enemy. We were in close combat, so hand-in-hand fighting was something we

were taught, but we also, we had weapons that were long range as well." In 1982 Josh

became a duty-officer in Cyprus, thereafter came back to Canada and gradually became a

company commander; he also held staff positions but wanted "more excitement and more action. And of course the Bosnia [He sighs] tour came up."

In 1992 Josh went on a tour to Bosnia as a UN peacekeeper observer-commander and stayed for a whole year. The Sarajevo area was very active: His UN force was heavily attacked on a daily basis. Josh describes his UN mission:

> The best job I've ever had, but of course, the trauma that came with it. (...) We were helping people; first of all, we were the direct first contact with soldiers, with hospitals, with children: We were responsible, in part, for doing prisoner of war exchanges, body exchanges, delivering medicine, or arranging the delivery of medicine. (...) We literally lived on the front-lines with both sides, in the trenches on the front-lines. We were unarmed; military observers don't have a weapon, no weapon at all; your weapon is the blue beret, and a little blue thing, a blue nylon vest that says "UN," just a uniform, that's it, and a flag. (...) We were observers (...) peacekeepers: We weren't able to enforce peace or make peace, we observed: We watched the atrocities, we investigated the atrocities, and we reported. And (...) we did what we could to help the locals.

In 1993 Josh returned to Canada to a headquarters staff job, then in 1997 went on another tour to Bosnia. Back in Canada in 1998 he collapsed at work. Josh went through numerous traumatic experiences in Bosnia: The most traumatic for him was to see five dead children lying at the corner of a temporary hospital, their bodies being stacked one on top of the other, and the boy on top, his eyes were open. Also traumatic for him was witnessing the suffering of civilians, children and old people being hungry, wounded, and freezing to death; being himself constantly under the threat of death and twice when he fought in a hand-to-hand combat, stabbing people to death.

Josh was diagnosed with PTSD in 1999 and has been in psychotherapy and psychiatric therapy ever since. In 2000, realizing that he is unable to go overseas again, Josh left the army on a "voluntary release" and recently, on a "medical release."

Josh works now as the director of a company which deals with emergency situations but is looking for another job, realizing that "in hindsight it was a mistake to take this job." Josh first married at age 19 and divorced. In 1990 he remarried and has three teenage children. The two research interviews took place twelve years after the traumatic experiences.

<center>Elad</center>

Elad is in his mid 50s, born in Israel; his parents immigrated to Israel from Romania after "the War" (the Second World War). Elad's father was killed in an accident when he was a baby, and Elad was raised by his step-father. Elad has very good relationships with both parents: His mother, an *Idishe Mame* (a "Jewish mother," a symbol of high maternal care and devotion) and the driving force of the family, worked all her life, running a grocery store. Elad's (step) father was a hard worker in a factory and was also a beach "muscleman." Elad has two younger half-siblings.

The family lived in a small town next to the beach; Elad recalls his childhood with nostalgia: "Fields, walking barefoot, an atmosphere of a small community, with open doors, everything was safe and pleasant." Having no TV, the kids used to play outside, in the friendly, safe neighborhood. Elad grew up in the early years of the new State of Israel, where most people were new immigrants who did not have much, a small community where people knew each other and felt safe to leave their homes unlocked: "There were Kurds and Yemenis and Romanians and Bulgarians; they had nothing, and what they had was shared among the kids." As a child and a teenager, Elad was a leading figure among his friends, the "king of the class" and very good in sports. He studied at a

maritime oriented boarding high school and was very happy "to live by the sea, live with the sea, and read books."

Elad served in the compulsory army service in the navy, then for seven years in the standing army, left for a few years to work in an oil company in Sinai and returned to the military until his retirement in 1991 as a Major. In the navy he served first as a defensive diver, repairing marine vehicles stuck under the water and searching for missing drowned soldiers; then he served as a commando-fighter and an explosives officer, taking part in numerous military operations.

Since his retirement, Elad has not worked. He studied religious studies for a few years, in search for meaning in his life; then studied History and Political Sciences. Elad married for the first time when he was 20 and divorced after the Yom Kippur war. He remarried in 1980 and is the father of five, aged 19 - 30. The family lives in a remote part of a small village in the midst of the country.

Elad cannot point at the exact time when his "Post-trauma" started: It was an accumulation of traumatic experiences throughout his extended military service. However, he does see the pulling out of the sea the drowned Israeli soldiers killed in military accidents during the '60s, some of whom he knew in person, as his first traumatic experience. Also traumatic for him was the collecting of body remains of his comrades, following a truck explosion and numerous other military incidents where he experienced his being alive or dead as coincidental and arbitrary. Then as a marine commando-fighter he was extensively exposed to the threat of his own death, as well as witnessing the death of comrades which were traumatic for him.

In 1976 Elad was recognized by the Ministry of Defense Rehabilitation Department as physically disabled (for Tinnitus), whereas only in 2001 he was first diagnosed with PTSD, applied to be legally recognized as a PTSD-mentally disabled and has been in psychotherapy ever since. The three research interviews were conducted thirty six years after the first traumatic experience had taken place.

Benny

Benny is in his early 50s, born in Romania, the younger of two children; his family immigrated to Israel when he was 7. He grew up in a town near the sea, in a warm family atmosphere. His parents were Holocaust survivors, apprehensive and over-protective. They objected to Benny's wish to have a military career and encouraged academic studies instead. As a child Benny was a "bookworm." He finished high school but at the same time he prepared his physical fitness for the military service.

At age 18, shortly before the Yom Kippur war, Benny joined the compulsory army service as a parachutist. Though he did not take part in the combat actions during that war, he did participate in collecting body remains of Israeli soldiers in Sinai which was traumatic for him, as well as the sight of desecration of enemy's bodies. After being discharged, he acquired a paramedical profession and started his practice. He had a girl-friend and enjoyed going out with friends to restaurants, movies, and night clubs, as well as on trips abroad. In the late '70s, as a reservist-fighter in a highly specialized army unit, Benny participated in several combat operations in southern Lebanon, only a few of them he experienced as traumatic; one was witnessing helplessly from a close distance how a young Israeli soldier was being killed, his body falling on Benny.

In 1982, Benny was about to commence academic studies, when the (First) Lebanon war broke out, and he was drafted. During the war he experienced as traumatic an incident where he shot an enemy-soldier in the face from a zero-distance and another incident where he killed a Lebanese civilian whom he thought to be a terrorist. However, the most traumatic experience for him was killing by mistake Lebanese children in a civilians' building occupied by terrorists. Later on, his half-truck was hit by a rocket, some of his comrades were killed and others, including Benny, were wounded; he was injured in his hand and was released from the military reservist service; however, he did not experience this incident as traumatic.

From the Lebanon war Benny came back "a different person:" He distanced himself from family and friends, broke his relationship with his girl-friend, discontinued his studies, and stopped working. Benny has often gone to the hospital due to signs of a "heart attack" which turned out to be the signs of anxiety. He started psychotherapy, although he was not diagnosed with PTSD. Then he went to Europe for two years, where he studied and received a medical technician diploma. Benny returned to Israel, worked for a while but could not hold a job for long and since 1999 he has not worked.

Benny married in 1990 and has 3 children, aged 3-13. The family lives in a village near his spouse's extended family. In the last year he visits everyday the social club for IDF disabled veterans, doing woodwork and painting.

Benny was legally recognized by the Ministry of Defense Rehabilitation Department as physically disabled in 1982, and in 1999 he first applied and was recognized as a PTSD-mentally disabled. He is in psychotherapy and in psychiatric

therapy for the last nine years. The two research interviews took place thirty one years

after the first traumatic experience.

<p style="text-align:center">David</p>

David is in his mid 30s, born to a "deeply rooted" family who has lived in Israel

for several generations. His father works as a welder, his mother as a homemaker. David,

the second of six children, grew up in a warm family with very close relationships.

Education and work were highly valued in the family which was quite poor, but the

children's basic needs were well taken care of. There were family routines of Friday

evening family-meals and an outing of David and his father to drink beer at the sea-shore

and talk. Living by the sea, David spent hours there. He was an active, curious boy, a

youth movement leader, had many friends and loved painting. David finished high school

and completed his matriculation during his military service.

At 18 David joined the compulsory service at the *Nakhal* brigade which combines

regular military duty with social activities, based in the *kibbutzim*. David served

alternately as a soldier on a military base near his home and on a *kibbutz*, where he was a

children's guide and a house-father for foreign volunteers.

In 1987, shortly before being discharged from the army, David's military base

was attacked "out of the blue" by a Palestinian terrorist from southern Lebanon, who

infiltrated the base at night using a hang-glider: Six soldiers, including David's closest

childhood friend, were killed and several others were wounded. Back then in the '80s,

(unlike today) such an incident was unthinkable and very exceptional and has been

experienced by David as a single traumatic experience.

After being discharged, David wandered around in Israel and abroad, working temporarily in various jobs. In 1996 he asked to be legally recognized as mentally disabled by the Ministry of Defense Rehabilitation Department and was diagnosed with PTSD. Since then he is in psychiatric and psychotherapeutic treatment, as well as in a couple therapy. David has not worked since 1997; he mainly stays at home, keeps himself busy with painting and the computer. He is married and has a 3 year old child; the family lives in Tel-Aviv. The two research interviews took place seventeen years after the traumatic experience.

<div style="text-align:center">Gideon</div>

Gideon is in his 60s, born in Israel as the only child to his parents who immigrated to Israel from East Europe. His father fought in the (1948) Israel's war of Independence and came back "a different person." Soon thereafter, when Gideon was seven years old, his parents divorced, and his mother remarried. Gideon grew up in a *moshav*, an Israeli cooperative settlement. His mother ran the family's farm, demanding that he shared the work with her. She was dominant and assertive and raised him to be a responsible, diligent, and honest person. His step-father with whom Gideon had a warm relationship introduced him to the Western European culture. Both fathers passed away decades ago; the mother is now in her '90s.

After finishing high school, Gideon served in the compulsory military service and afterwards in the standing army, in a non-combat role until 1987, when he retired as a Colonel; being a soldier is a significant part of his self-identity. During the military service he studied History and Social Sciences.

Gideon had a traumatic experience during the (1973) Yom Kippur war, when as an infantry soldier (not a pilot) he was flying on a dangerous mission, in a combat-plane which was struck by missiles and set on fire. Watching the missiles coming closer and eventually hitting the plane that lost control and started to burn and realizing that the pilot was unconscious (or dead) and that he was left alone, Gideon who himself was severely physically wounded managed to eject himself and the pilot from the burning plane. He was "rolling in space like a kick-ball," descending into war-zone, being the target of gun-fire from the ground and fearing to fall in the Egyptian captivity. However, he managed to run for his life and reach the Israeli forces. This experience was traumatic for him. Another traumatic experience occurred when he waited to be evacuated and was lying next to severely burnt soldiers; their sight and voices were traumatic as well.

Shortly thereafter Gideon returned to his military job which was involved in re-assembling the Israeli army after the war. After his retirement, he worked on various jobs until 1998 when he stopped working and became a Ph.D. student. Gideon was twice married and divorced and lives by himself. He has four children, aged 18-38.

Gideon's physical multi-injury (limbs, spinal cord, jaw, and eyes) was immediately recognized by the Ministry of Defense Rehabilitation Department, whereas his PTSD was acknowledged in 2000. Gideon has never attended psychotherapy, nor has he been in psychiatric treatment. The three research interviews took place thirty one years after the traumatic experience.

Summation

What have I learned so far on the phenomenon of living with (M-R) PTSD? A word of caution: I speak here in the masculine form as my research participants are all male, and though we are all human beings, I am not sure that (M-R) traumatized women would have exactly the same experiences as men.

A person may have PTSD following numerous traumatic events which have been experienced by him as traumatic or even following a single traumatic experience. The traumatic experiences may take place decades ago, even thirty or forty years ago, yet they are still being lived very vividly, as taking place here and now; they do not have that quality of absent-presence that ordinary autobiographical memories tend to have. (M-R) traumatic experiences may be of diverse kinds, but all of them have at their core the encounter with death in its various appearances.

Events that seem to be similar in a factual sense may be experienced differently by different persons. A physical injury may be experienced as traumatic, but not necessarily; also the encounter with death in itself is not always experienced as traumatic. Namely, human experience is complex, rich, and diverse in its appearances and meanings.

A (M-R) traumatized person may experience the death of his comrades and close friends in war or in military operations as traumatic; he may also experience the death of an unfamiliar soldier as traumatic, especially when there is a concrete encounter with death: with deformed bodies, body parts, or human remains, being within a sensuous distance, either through sight, smell, taste, or touch.

The death of civilians is often experienced as traumatic, the death of children in particular. Witnessing human atrocities done to civilians in conflict-zones around the world and being unable to help is often experienced (especially by Canadian UN peacekeepers) as traumatic. Also witnessing the suffering of the living is often experienced as traumatic: being hungry, freezing to death, being severely sick or physically injured, and losing everything that a person usually has in life. In all these experiences, most traumatizing is the suffering of children. In traumatic experiences there may be the encounter with the death of the individual, as well as with the destruction of society's symbols: the burning of towns and villages, the destruction of schools or of religious places.

(M-R) traumatic experiences involve not only the encounter with the death of others but also the encounter with the possibility of my own death. Being under the constant threat and dread of death may be experienced as traumatic and may shatter the basic assumptions a traumatized person held about life and death, the world, others, and oneself. The shattering of the basic assumptions is especially apparent in the face of human atrocities and suffering which raise profound moral questions.

There are the cognitive and the moral aspects of the (M-R) traumatic experience, as well as the emotional aspects; but it is striking to me how central are the sensual, bodily aspects in the traumatic experience.

(M-R) traumatic experiences may involve the encounter with the threat of death as emanating from others, but it may also involve the traumatic experience of myself as being the killer of other people, and especially traumatic when I am the killer of children.

Traumatic experiences may be told in various ways: Traumatic experiences may rarely be directly and immediately described in their wholeness but often tend to gradually unfold. A person may give a brief account of the experience, mainly the "facts," while leaving out the "details;" further details: Bodily-sensual, emotional, and cognitive details of the experience tend to be disclosed only later on. The contour of the traumatic experience is more easily told in a direct way, whereas the details unfold gradually, in direct as well as indirect ways, through nightmares, flashbacks, or trauma reminders. Describing the traumatic experiences in a "factual" way while leaving out the details is like taking the painful essence of the experience, making it felt less painful. The lived experience resides in the concrete details: the emotional, bodily, sensual details, and also in cognitive ones. Telling the experience in a skeletal form leaves out the heart or the "flesh and blood" of the experience.

Describing a traumatic experience is in itself difficult for the traumatized person, as is reflected in the fragmentary-missing content, as well as in introducing explanatory words to make the experience better understood by the listener, but sometimes it is also a way of distancing from the experience itself (distancing the teller and the listener too). The difficulty in describing a traumatic experience is also reflected in the way it is described: the pace of speech, the fragmented sentences and even words, the frequent pauses, the change in breathing, moving from speaking "in one breath" without commas or full stops to taking a deep breath and exhaling it in a sigh. The person may also fight with his tears, trying to control his emotions, but sometimes the pain is too much to bear, and tears burst out.

Telling a traumatic experience is an inter-subjective experience; it is an interaction between two subjects, human beings. Telling a traumatic experience necessitates the presence of the other: an interested, attentive, sensitive, and empathic presence, with the ability to sense the degree to which the traumatized person may be ready to be in touch with his experience. Telling a traumatic experience is a process rather than an account, it has its own lived time: It needs time, it unfolds with time, and it has its own pace which is different from the objective pace of events. Being an inter-subjective process, telling a traumatic experience affects the listener too, as I personally experienced it as a researcher. Listening to a traumatic experience is an emotionally involving experience and a body-experience for the listener too, touching my heart and turning over my guts. Reading the traumatic experiences may too be an embodied, emotional experience.

Though taking place in a relationship, in the presence of the other, the telling of a traumatic experience is first and foremost the way the (M-R) traumatized person tells his own experiences to himself, reflecting how close he can be with his experience: telling it in a brief, general, and distant way, or in a concrete, detailed, and more close, emotional, and embodied way; Is it a dry account that he gives to himself of himself, as if it happened to another person, or is it a lively, painful experience that occurred to himself? Does the traumatized person speak of his experience and of himself as the experiencer as an object, as another, or does he speak of himself as a self, as a subject?

Though being painful and stressful to tell, (M-R) traumatic experiences are often experienced as burning in the traumatized person's bones, as a cry that must be heard, to let people know what living with (M-R) traumatic experiences really means.

Traumatic experiences are significant experiences not only at the time of their occurrence; they have a profound presence in the everyday living of the traumatized person, through trauma remembering and trauma memories. In the next chapter, the various aspects of trauma remembering, trauma memories, and trauma reminders are explored: What is trauma remembering like in the day-to-day living with (M-R) PTSD? How do trauma memories present themselves? What are trauma remembering's unique qualities? How are trauma memories experienced in time, space, body, the self, and relationality? How are trauma memories evoked? And are there moral aspects to remembering trauma?

CHAPTER FIVE: TRAUMA REMEMBERING

In *Remembering: A Phenomenological Study*, Casey (2000) describes the

pervasiveness of memory in human existence and its significance to our sense of

selfhood:

> Remembering is at all times presupposed; (...) it is always at work: It is
> continually going on, often on several levels and in several ways at once.
> Although there are many moments of misremembering and of not successfully
> recollecting, there are few moments in which we are not in memory; and this
> immersion includes each step we take, each thought we think, each word we utter.
> Indeed, every fiber of our bodies, every cell of our brains, holds memories – as
> does everything physical outside bodies and brains, even those inanimate objects
> that bear the marks of their past histories upon them in mute profusion. What is
> memory-laden exceeds the scope of the human: Memory takes us into the
> environing world as well as into our individual lives. (...) It is an inescapable fact
> about human existence that we are made of our memories: We are what we
> remember ourselves to be. We cannot dissociate the remembering of our personal
> past, from our present self-identity. Indeed, such remembering brings about this
> identity.... It is the same memories that unite our temporally disparate selves into
> one self: my self. (pp. xix, 290)

Gadamer (1975/1992) sees memory as part of the "historical constitution of man:"

> Keeping in mind, forgetting, and recalling belong to the historical constitution of
> man and are themselves part of his history and his Bildung. Whoever uses his
> memory as a mere faculty – and any 'technique' of memory is such a use – does
> not yet possess it as something that is absolutely his own. (pp. 15-16)

From a phenomenological perspective, remembering cannot be understood as the

activation of traces, accompanied by the appearance of memory images:

> The subject of remembering is not a brain; neither is it a consciousness where
> single data follow each other in physical time. The subject of remembering is a
> human being who, living in time, experiences himself in a state of becoming,
> builds his life history in an ever changing continuum. (Straus, 1966, p. 67)

Rather, remembering is seen as an intentional experience which is comprised of two

closely intertwined dimensions, the "act phase" of how we remember and the "object

phase" of what we remember. It is while we are engaged in the activity of remembering that what we remember presents itself, and conversely: When something emerges in memorial form, we are then involved in an act of remembering (Casey, 2000, p. 48).

Being so pervasively present in our everyday living, remembering often goes unnoticed and stays at the background. However, trauma memories have a special central presence in the lives of traumatized persons, enforcing them to be aware of the memories remembered; remembering comes then to the foreground.

What is trauma remembering like in the day-to-day living with (M-R) PTSD? How do trauma memories present themselves? What basic forms do they assume? With what content are they concerned? Are trauma memories confined to the mind alone, as *memory's* own root, *memor*, mindful signifies, or are they also of the human body? How are trauma memories experienced or what are their phenomenal *qualia* (Larsen, 1998, p. 163)? What does it mean for the traumatized person "to remember"?

Trauma Memories are of Past Traumatic Experiences

Trauma memories are memories of past traumatic experiences; as such, they bear the experienced threat to life or to the intactness of the body to oneself or to others. While sleeping under his warm blanket at home, Dan has a nightmare in which he recalls himself waking up in the burning tank in the (1973) Yom Kippur war:

> Let's say when I lie down covered [with a blanket], from the heat I would feel as if... suddenly I'm in the tank, experiencing the experience of the waking up in the tank, and then I jump, and I'm actually in bed! (...) The heat... under the blanket... that I feel very warm... while asleep it's always the same situation that I get up in the... tank... (...) It's always that... that scene... always when... when it's hot... I get up, all in water, sweating... (T)

Josh recalls in a flashback the traumatic experience of seeing the five dead Bosnian children lying packed, one on top of the other, and the child on top, his eyes still open:

> More images then started to, to appear, but there, there was a recurrent theme of a few very, very specific moments. (...) The worst memory is, in the corner of this room were five dead children, ah... that may bother me even today, but it was the way they were placed that was... most... disturbing, I suppose; First of all they were dead children but, they were practically stacked one on top of each other: They weren't laid out, they weren't on beds, they were on the floor, and... the top one of the one highest was a little boy whose eyes were still open, and every time I looked over there, his eyes were open and I would see him, Ech...[Josh tries to control his emotions].

Are these *trauma* memories, or *traumatic* memories? Is there a difference between the two? Does *trauma* memories imply the presence of the traumatic experiences through memory, when memory is seen just as a vehicle, whereas *traumatic* memories imply that the memories themselves are traumatic as well? Let us bear this question in mind, while more qualia of the trauma remembering are further explored.

Trauma memories appear while being asleep in the form of nightmares and while being awake, as flashbacks or as recollections. The word *nightmare* in the folklore indicates "an evil spirit believed to haunt and suffocate sleeping people; A frightening dream, often accompanied by a sensation of oppression and helplessness" (Agnes & Guralnik, 2001, p. 974). In his nightmares, Bob recalls the wailing of the people at the mass-graves in Bosnia, grieving for their loved ones:

> Ya, all the sound is, and what I hear at night is wailing, wailing. They don't... It's different: Here they don't, when something happens they cry but it's... quiet; but over there when they mourn, there's no quiet, they'll wail and they'll...

A flashback, according to the lexical definition, is "an interruption in the continuity of a story, play, film, etc. by the narration or portrayal of some earlier episode"

(Agnes & Guralnik, 2001, p. 538). A trauma flashback is a vivid re-experiencing of a past

traumatic experience while being awake. A flashback is of the past, interrupting the

present flow of being and appearing in a sensuous mode. Though the word *flash* implies

"a sudden, brief, brilliant light" (Ibid), does a flashback necessarily come in the form of

sight or can flashbacks be also in the form of sound, smell, taste, and touch? Shay re-

experiences: sees, hears and smells in a flashback the traumatic experience of the

explosion of the roadside charge on which his crew stepped: It is a visual-audio-olfactory

memory, accompanied by bodily-emotional reactions:

> (You say that a sudden noise in the day-to-day living, an explosion, something
> that you're not prepared for, brings it back in a flash; what do you mean by "a
> flash"?) It's a picture and a sound and then silence. Because [at] the time of the
> explosion, there was a very very strong explosion, and afterwards like a kind of
> silence for a few minutes, that one can't hear anything in the ears, chimes... (...)
> All the chimes and all the noise (...) Usually... it brings me back... to this big
> explosion to this hu...[ge] mushroom of smoke...to this smell of gunpowder
> which... you don't know what's going on with you at all what was actually going
> on here now, we were shot at actually, we were exploded... what was going on
> here... [He stops]. (T)

Trauma memories may first appear immediately after the traumatic experience or

later, at their appropriate time and space. Shay's nightmares first appeared about a year

after the traumatic experience, upon his release from the hospital, after the treatment for

his physical injury ended:

> On the first year it was something that I didn't pay much attention to, because I
> was all the time busy: operations, treatment, physiotherapy, I was surrounded 24
> hours with people. (...) It started the moment I came home, (...) I came to my
> room, and I closed my room and I was quietly with myself and with nobody else,
> and when no family member is sleeping next to me who keeps an eye on me 24
> hours. (...) The moment I started coming home, on vacations... I began to feel
> suddenly, when I'm going to sleep in my bed in the room alone, then suddenly I
> started to feel more bad dreams, nightmares and more difficulty and more also

the... crying and more thinking of things, because there [at the hospital] I didn't have space at all... (T)

Though nightmares seem to appear with no control of the rememberer, it seems that they need their appropriate time and space to be recalled. When Shay was free of attendance to his urgent needs of physical rehabilitation, and when he had the private space of home, his own room and bed, and being all by himself, only then did he start to experience the emotional aspects of his trauma. Having both a physical and a mental trauma, Shay first attended the physical trauma, whereas the mental one remained "on hold." Does the attendance to the physical injury precede the emotional, as survival precedes the self-awareness to one's own physical injury? It seems that this is not always true: With Dan who was also severely physically injured, nightmares already began at the hospital. On the other hand, with Josh who had no physical injury, flashbacks of the traumatic experiences in Bosnia appeared immediately, but he became fully aware and bothered by them only six years after coming back home from his tour in Bosnia.

In Trauma Memory, Experience and Self are Recalled

Memory requires more than mere dating of a fact in the past: It must be dated in *my* past; I must think that I directly experienced its occurrence (James, 1950). The remembered calls for the presence of the rememberer at its original happening, says Casey (2000, p. 42); this presence is first-person presence, at the scene remembered. In remembering that something was the case, the "I" of the rememberer is involved as the onlooker or the witness of what is recalled (Ibid, p. 60). The rememberer's self-presence is one of four basic factors that constitute a memory-frame (together with worldhood, remembered space, and remembered time), the setting in which the specific content of

what we remember is situated. When we cannot "place" a memory in any such frame, we may doubt that we are remembering at all (Ibid, p. 68). Trauma memories in the form of nightmares, flashbacks, or recollections are personal autobiographical memories. The traumatized person recalls himself as appearing in the memory, either in an active role, as an observer, or as a witness. What is this self-presence like?

In his nightmare, Shay recalls his traumatic experience of stepping on a road-side discharge that exploded and killed some of his comrades and wounded others. He also recalls himself, feeling tremendously helpless and paralyzed, like a gun that got a jam:

> About four days I could hardly fall asleep: The moment I fell asleep I would get up: dreams, such discomfort ... (...) Usually it's...the situation of the explosions, or of the firing...of the firing and all the tumult that was afterwards, all this mess... and the helplessness that always falls on us, because we were injured by a charge and not in some battle, there's a feeling of helplessness, and also in my dreams afterwards there's a feeling of helplessness that comes back to me. (...) (How do you experience the helplessness in your dreams?) In the dream itself? I may be in battle, and... the gun wouldn't fire, pressing pressing and it isn't firing; you're trying to run, trying to do things and you don't succeed, you feel that you're halted all the time; You know that you want to do things, but it doesn't happen, you can't do it... (T)

Shay speaks of himself in the second person: Is it a way to distance himself from the situation or to the contrary, to draw me nearer to his own experience? Josh recalls in a flashback a traumatic experience in Bosnia, a hand-to-hand combat where his position was overrun by Muslim soldiers, and fighting for his life he stabbed people to death. He recalls himself being scared and alone and then floating above the traumatic scene:

> So the battle was over [a big sigh], we retained that position as the, the attackers eventually withdrew; they, they went back, but then there were bodies everywhere, and I remember a feeling of, of, I can visualize it now and, and, in the past of my mind, as if I'm walking around this position, it is dark but now there are lights on because there are wounded to take care of, and I can see frankly right now, I'm floating: I'm walking around the position, I still have a rifle

in my hand that I'm not supposed to have, and I'm just looking at the bodies; occasionally helping with the wounded, but I'm not walking, there are no steps, I'm just... floating. (...) I can still see the ground and I can still see the wounded I can still see the dead, and, and the damage and things going all around...

When recalling their traumatic experiences and themselves as being present there, Shay and Josh describe a displacement of the self: A state in which I, here and now, can remember myself or see myself in a situation somewhere and sometime else (Sokolowski, 2000, p. 74). "In remembering that I did this and that or that this and that happened to me, I see myself, as it were, from a distance," says Straus (1966, p. 65); "There is a kind of doubling: I, who speak now, and I, or he, who arrived five days ago, are in some ways identical – but we are also different. Still, I may say now, 'I did this and that some time ago.'" Straus points to another feature of the rememberer's self-presence:

> In remembering, I am aware of the continuity of my existence. I refer to my own historical self. In the order of physical time, a past event is gone; its reality has been cancelled out. But, in the historical order of time, the past remains, although in its own temporal position. (Ibid, p. 65)

With recalling trauma memories being re-experienced very vividly, as if taking place here and now, the gap between the "then and there" and the "here and now" is blurred, as is the gap between the self of the traumatic experience and the self of the present. Moreover, with Josh who describes himself as "floating" above the traumatic scene, there is even a third dimension of the self: Josh of today recalls himself in a kind of a "double" dissociated self-presence. I wonder, what does this fragmented modes of being do to the sense of continuity of the self?

A memory, the object of remembering, is given in different modes of giveness, says Casey (2000): clarity, density, texturality, and directness (p. 81). Directness may

have different forms: First, there is the directness of personal participation in the action being remembered, that is, self-presence in the form of enactment. Second, directness of presentation may occur in my having been the witness of an event that is being remembered. Thus we may say that trauma memories are direct: They have these two kinds of directness as their mode of giveness.

Trauma Memories are Recurrent, Intrusive, and Dominating

Trauma memories appear over and over again: They are intrusive and appear unexpectedly, they are uncontrollable and dominate the traumatized person's existence; the self becomes haunted by the trauma memories. Joe's traumatic experience of killing the two children in Bosnia is being repeatedly recalled in his nightmares:

> I only get maybe 3-4 hours a sleep, that's it. (Do you sleep all the 4 hours?) No. Sporadic [he sighs] maybe two hours, nightmare wakes up go back; second nightmare, I wake up, go to work. (What are the nightmares about?) Generally they're the same, sometimes they'll change, but... the endings are always the same... me and the kids crying, people yelling, being shot at... me screaming, waking up... (...) With me, you live it [the trauma memories] everyday, you just learn to cope... How do I describe it... it's always, it's a monkey on your back, it's always on your mind...

In describing his trauma memories, Joe uses a metaphor that refers to the uncontrollable quality of traumatic memories: It is like being drug addicted. When David goes outside his home in Tel-Aviv, "Pictures of the event start running, that's the routine of leaving home, because of that I hardly go out..." (T). The suffering of past trauma is "suffering from too much remembering," says Casey (2000, p.xiv). Unlike ordinary memories of everyday living which over time tend to fade away or move to oblivion, trauma memories are repeatedly recalled:

> Rather than being creatures of forgetfulness, such dreams are tantamount to suffering from too much remembering – too much for the dreaming subject to bear. (...) The victim of recurrent traumatic memories is in the anomalous position of wanting to forget – but being unable to do so. (Ibid, p. xiv)

Trauma memories are very "persistent" (Casey, p. 40). Persistence, the prolongation of the past into the present, characterizes all memories; by being remembered even once, they persist. Casey sees persistence as an eidetic, structurally inherent, primary trait of remembering. In some cases, persistence is the fact of being recalled from oblivion on some occasion subsequent to its origin in time, whereas in other cases, persistence consists in a tendency to be recalled on a number of subsequent occasions, often occasions of simply returning to the very place in which the remembered experience occurred. However, says Casey, "Persistence in memory is persistence *into* the present, but that which persists also derives *from* the past, and is itself a persistence *of* the past" (p. 40). Trauma memories own the basic trait of persistence but with unique attributes: Their persistence is very intensive: They reappear in many occasions, usually when being triggered by various trauma reminders, and they are experienced as being of the present and not of the past, as ordinary memories are. For nine years, David made every effort to avoid the recall of his traumatic experience, until the day he was called to the reserve duty; ever since, trauma memories took over, dominating his entire existence:

> I was called to the reserve duty to (...) the same base where the traumatic event [took place], and since then everything burst out, life has turned over... From a state where the event doesn't exist, it turned into, it... is dominating, it has dominated everything... Suddenly...to remember things that I didn't think that I remember and that happened... There were things that I didn't remember and at first I had to convince myself that it's impossible that I remember such a thing because I didn't see such a thing... And suddenly it took over everything, like flashbacks... that I didn't know at all where from, where from it came to me, this thing... It simply dominated... as if it were... I don't know how to describe it even... It simply caught everything, from nothing to everything... (T)

David's description alludes to the relation between memory and retentional consciousness: Not only is he not sure that he remembers things correctly; he is not even convinced whether he saw them at all, whether they really happened. Can I remember things which I was not fully conscious of?

Trauma memories are haunting, and the rememberer becomes dominated and preoccupied by them, like being their captive; they have a strong "atmosphere" (Casey, p. 78) presence. A memory consists of a specific content, a memory-frame, and an aura, the memory's atmosphere (Ibid).The atmosphere of a memory is experienced as pervading the presentation itself, as a presence felt throughout. Moreover, our present remembering-self often becomes caught up in the same atmosphere. The atmosphere is characterized by a particular emotion, giving this atmosphere its dominant tonality. Joe is haunted by trauma memories of himself and his comrade, shooting to death by mistake two kids in Bosnia; he tries to keep himself busy the whole day, to keep away the trauma memories that threaten to invade his existence:

> Eh, screaming people screaming children I can't stand them, I can't stand their cry, I can't. (...) It's one night there I wish I can forget ... (...) I cranked off 4 rounds (What do you mean?) shot, pull the trigger 4 times. And I didn't know if I hit or anything, and then I heard his weapon go 3 times, as we were walking up, there were two kids in the corner, and one was still breathing a bit ... pops in the head (...) That doesn't stop.....(...) I work 6 o'clock until now [7 pm]... When I come home I clean my pistol, clean the walls, clean the truck, clean my bed, do the laundry, just keep myself busy. (Why do you clean so much?) So I don't think! I stop - I think, it comes back, it haunts me...

Being recurrently recalled, trauma memories may remind us of Nietzsche's (2001) notion of *Eternal Recurrence*. According to Nietzsche, human beings are doomed to suffering in a horrific world, and there is nothing that we can do to change the eternal

repetitive nature of things. But if we accept the idea of living our lives over and over an infinite number of times exactly the same, without the slightest change, and even love this eternal recurrence; if we decide to submit to this life of suffering voluntarily, to accept it fully, then we end our slavery, put ourselves in charge. Rather than being dominated by suffering, we rule it by choosing it (Kain, 2007). However, although trauma memories and the suffering they bring are recurrent, they appear in an unexpected way, all of a sudden, and recur not always exactly the same due to the specific context, as they can be evoked by various trauma reminders. Moreover, the traumatized person is haunted and dominated by trauma memories and often tries to avoid them rather than accept and love them: The traumatized person is not a free person, he is in his memories' captivity.

To further understand how trauma memories are experienced, we may think of their antinomy, nostalgic memories, memories that we yearn for and voluntarily invite and rehearse. Whereas nostalgic memories are memories which we wish to recall and tend to cling to them, making every effort to hold them a little longer, trauma memories are dreaded, unwanted, they appear at their own timing, taking control and forcing themselves on the rememberer who makes every effort to avoid or get rid of them, but eventually they take over.

Recalled as Being of the Present: Having a Vivid Presence

Remembered time and space are parts of the memory-frame (Casey, 2000, p. 65) which situates specific experiential content in memory, anchoring it more or less securely. Without such anchorage, says Casey, this content would be drifting and

"worldless" (p. 70). Trauma memories have a special kind of lived space and lived time:

When the wheel of Dan's car explodes while driving near his home, Dan has a flashback

of the traumatic experience of having Katyusha rockets fired at his tank during the Yom

Kippur war: Dan reacts as if the event takes place in the here and now; he turns to the

present tense when describing it:

> Another incident I had, a situation... I had the car... I was driving... here, not far
> away from [the village where he lives], the back-tire... blew up, so it made... it
> made me such a noise, ppppaah! And... for a second suddenly I'm... as if...
> seeing flashes of... when Katyushas are falling. I stopped the car and jumped
> into... a ditch... it's such a... reflex and a second after that I'm looking like that...
> What are you doing here it's... I got up, changed a tire and went on... It's...
> there's no control over it it's unconscious it's... It won't help it's till today there are
> specific noises that you hear... (...) There are noises that... the noises.... you
> feel... the body the pressure simply mounts... until the... you need to really
> concentrate and... identify in a definite way what it is and... unconsciously it's
> immediately automatically, let's say the blood pressure is 120 on 80 it can reach
> 200 and go down... (T)

The space remembered may not only be visual but also of other modalities, such

as auditory, says Casey (p. 71). Each of the modalities of remembered space has special

features, such as the penetrable character of sound-space and the wavy and fragile quality

of olfactory space. In Dan's flashback, the remembered space is constricted to the

auditory sense, with no further articulation of spatial elements. In Dan's nightmare of

waking up in the burning tank, lived space is related to heat, and he recalls the traumatic

experience as taking place here and now, he is all sweating. Thus, the space of the past

traumatic experience is lived as being immersed with the space of the present life-

situation, and recalling the trauma memory becomes re-experiencing it.

Years after his traumatic experience of pulling out of the sea the bodies of the

drowned Israeli soldiers, the memory of the dead body-secretions keeps haunting Elad.

The experience is recalled when Elad stands on the sea-shore; he uses the present tense to describe this recalling-re-experiencing: "And till this day, when I overlook to the water from the platform, at any sea vessel, I wait for a white stain that is coming climbing on me" (T). Here the memory is anchored in a specific space, the sea, and in the visual and tactile space.

> Straus (1970) refers to the dual aspect of time in remembering:

> Memory is of the past; we turn to the past as past, and we turn to it at and from the present - present and past are entwined. The act of remembering belongs to my actual present, whereas the events remembered belong to the past (p. 47).

Straus refers to the question of presence and absence in remembering:

> Remembered objects, events, or persons are not present; yet, the predicate "not present" does not convey a purely negative meaning. Non-presence is a positive characteristic. Things remembered are not present to me in my actual present, but they are present in absentia. They are "re-presented" in the act of remembering. (Straus, 1966, p. 64)

> An experience can be remembered if it has acquired some "pastness," an eidetic, structurally inherent, primary trait of remembering (Casey, p. 39). Pastness places the memory's origin in a period preceding the present. Without this origin, it could not be remembered; we cannot remember the present or the future, they have to become past in some sense in order to be rememberable:

> To become past is to be situated in a period of time now elapsed (...) but it was sufficiently elapsed to fall away from the central focus of my ongoing sensing and thus to be recapturable as just-having-been-experienced. It had acquired enough pastness to be remembered as such, that is, as an experience or a phase of an experience that was no longer coincidental with my consciousness of the present.(...) What we remember not only has its origin in the past but is now completed, finished, or ended – or on its way to being so. (...) For unless an experience has become (or is becoming) genuinely an ex-perience, something standing out as lived through, it cannot begin to be remembered. (...) Only that which is now past can per-sist, i.e., last through the vicissitudes of intervening

time and be revived in the present. Thus pastness and persistence imply each other: the past alone truly persists, and only what persists is genuinely rememberable. (Casey, pp. 40-41)

The "pastness" of trauma memories has a unique quality, being experienced as having their origin in the present or having a "double presence," being both of the present and of the past. The sight of himself being thrown into the air by the exploding landmine keeps coming back to Avi as a flashback-memory, but not as something that belongs to the past: It is remembered as if taking place here and now:

> Many a time there would reappear to me this sight of the... it [the land-mine explosion] threw me into the air, and I was like from a bird's eye-view from the ground, and it [the ground] is coming closer to me, and then I start falling! So this sight – do you see what I mean? This would return, this thing (the sight of yourself gliding) yes, as if I'm in the air, and I'm starting to descend. (And what did you feel then?) It's really unpleasant in the stomach (...) (Were you afraid of being crushed?) I think that I was aware that this is something that... that this does not take place now! I knew that this is a sight that comes back to me from another place! The feeling that you, you are like from a bird's flight... this for many years would repeat itself... (T)

When speaking about the traumatic experience, Avi turns to the present tense. Though he knows that the sight that is flashed back is coming "from another time," Avi still experiences it as taking place in the present reality. However, this knowledge is partial: Had he known at the moment of re-experiencing that this experience is not really taking place here and now, he would not have reacted with that very unpleasant sensation in his stomach. In this trauma memory, temporality has three dimensions: Avi recalls now an experience from the past as if it takes place in the present, yet part of him is aware that this is a memory, not a real experience, whereas another part of him reacts as if it does belong to the present. Thus, trauma memories are strong in their "persistence" and weak in their "pastness."

When Benny describes the traumatic experience of killing the Lebanese children during the 1982 (First) Lebanon war, part of him seems to be dwelling in the past experience, whereas his body and language speak of the present. Benny switches from past tense to present, and his shaking legs and withdrawn silence seem to reflect that the past experience is being re-experienced as taking place right now:

> Look, in war like in war there's a lot of noise, you didn't hear, you didn't hear, there was a lot of noise, when my team... (...) I shot... and... don't know how many I shot and it also doesn't matter... [Benny's legs start shaking]... (...) There were there many children [Benny becomes quiet for a long time... he lights another cigarette... keeps silent for a few moments...] (The sights which you saw were...) [Benny is still silent, his eyes are closed, seeming not to be here]... (Benny, please tell me in words what's going on now in your mind?) [Benny is still silent and withdrawn...] (T)

In our ordinary episodical remembering we usually recall a memory, even a vivid one, as emanating from and being of the past. At the moment of recollection we do know that this experience is a remembered one, that it does not really take place in the here and now. However, a trauma memory siezes the person and takes possession; there is almost no distance (or freedom) left for the self to acknowledge the pastness of the memory. The traumatized person feels that he is displaced from his present place in the world to the time and place of the trauma, or rather, his present world is invaded and shaped by the past. The person experiences the same feelings which he had at the traumatic experience, yet part of him does acknowledge, immediately after the recollection or at a later time, the "pastness" of this memory, that this traumatic memory belongs to the past.

Not only their lived time and space but also the trauma memories' high vividness raises the question of the phenomenon of the now, of presence and absence. When comparing remembering with perception, Sokolowski (2000) says that perception

presents an object to us in a mixture of presences and absences: When one side is given, others are absent. Memory involves a much more radical kind of absence of the object than during perception, but it still presents the same object, though with a new noematic layer: as remembered, as past, at another time. The past comes to life again, along with the things in it, but with a special kind of absence. In memory we reactivate not just an object but an object as presenting itself there and then, and yet presenting itself again here and now, but only as past. This is the noematic form that remembered objects take on, a form different from that of perceived objects which are only here and now, not there and then (Ibid, pp. 66-68). With trauma memories, having the unique temporal and spatial dimensions of presentness, it makes them be experienced as very vivid and real, until the boundaries between memory and perception become blurred. Using Sokolowski's terms we may say that although being absent, trauma memories are intended by the rememberer in a "filled intention" rather than in an "empty intention" (p. 33), as if they are of the present. Another aspect that adds to trauma memories' vividness is their being embodied, being experienced in the body. Avi calls trauma memory "A Memory-of-the-Senses," a special kind of an in-between experience, a mixture of memory and perception:

> There are smells that reappear... of... gunpowder. No trigger, out of the blue. (What happens to you when the smell reappears?) I like freeze for a second, but eh... (Freeze?) I stop, simply stop! I like become tensed... and I see that... there is no, there is no source to such a smell, cause this is a memory of the senses, it is not a real smell... (T)

Trauma Memories are Unforgettable

In the Newtonian notion of time, time represents an absolute, external series of moments, and from this perspective, existing is in the present alone. However, from a

phenomenological point of view, existing is defined as a process of continually becoming and never being complete while alive. The experiential world in which we emotionally live is filled with presences and possibilities of anticipated and remembered things and situations that are not actually physically present at the moment (Hersch, 2003, pp. 196-7). Trauma memories show this tri-dimensionality: Being of the past, trauma memories are experienced as taking place in the present, and at the same time, as unforgettable, as being engraved in memory, as strongly persisting to the future. For Gideon, the memories of his traumatic experience are unforgettable: "It [the trauma memories] sits like a block of cement in me, it is not a thing that evaporates, it becomes more rounded, it, but it sits [Gideon sighs]" (T). Gideon uses the metaphor of "a block of cement" to describe how he experiences his trauma memories: They are not a natural part of the body, yet they cannot be removed. However, unlike real cement that becomes stiff with time, this "cement" becomes more "rounded," but nevertheless sticks to the body. Elad describes the ever-persistence of his trauma memories: They are "engraved in his mind" forever:

> There are events which are engraved in your mind so deep, that they're always with you... I'm talking with you now, and I see the pictures (...) like a film (...) The experience is here exactly as at the time of the event itself (...) like the explosion of the truck... (T)

Elad feels that part of him dwells in the present conversation that we have, whereas another part is possessed by the past traumatic experience that he re-experiences "exactly as at the time of the event itself." Even though we may doubt it that an experience can be relived exactly in the same manner, this is how Elad experiences it in his reality. Joe feels that his traumatic nightmares will last forever: "You take yourself out of Bosnia, but Bosnia doesn't ever leave you:"

> The dreams, the nightmares, I can't make sense of it, I don't understand why (...)
> Why I can't get rid of them, why can't they stop, why can't I be normal, why can't
> I be the person before, 4 years ago, no, 5 years ago now, 7 years ago? See, I don't
> know, I just live with it, deal with it! 7 years? Anniversary, yeh!!... That's the
> thing, I don't understand, and I get so pissed off about it, so angry with it (...)
> You won't necessarily get over it! It's life-long, you'd just have to cope with it
> differently... (...) You take yourself out of Bosnia, but Bosnia doesn't ever leave
> you...

Joe is haunted by trauma nightmares: He has no control over them, nor can he get rid of

them, as if they are"glued" to the self; it is as if he were sentenced to life without parole.

"If you can't beat them, join them" is what Joe tries to calm himself about his trauma

nightmares: They will be an inevitable part of his life forever, whether he likes it or not.

When Joe tries to communicate to me how persistent his trauma memories are, he uses a

bodily metaphor: "It's always, it's a monkey on your back, it's always on your mind,

you're always thinking about it..."

Being strongly embodied, or even appearing in the form of body memory, trauma

memories have the quality of persisting into the future, sometimes into an indefinite

duration of time. Being remembered forever, trauma memories are of high "density"

(Casey, p. 80). "Density" is the felt compactness or solidity of what we remember.

Memories in general vary in this respect: Certain memories present themselves as

temporary, not just in the sense of being short-lived but as transparent and light, as a

"passing memory," typically composed of a single image, often presented as having a low

degree of density. Yet other memories present themselves as high in density, as

concentrated, heavy, and solid from the very beginning. These are usually memories of

highly charged events (Ibid, p. 80). Another aspect of density is the sense of recency:

when the sound, look, or taste of the object is held in mind as dense presences, having

considerable sensuous solidity. Density is also associated with temporal and spatial frameworks: The more specific the date or the location of the memory, the denser its presentation is likely to be (Ibid).

Trauma memories have all these aspects of high density: Gideon describes them as "a block of cement" that does not evaporate; his trauma memories are heavy, solid, and they are not going to vanish. Elad speaks of trauma memories that are "engraved in his mind." These memories are not temporary, they are heavily charged with sensations and emotions, and they have the special spatial and temporal features of being vividly recalled, in the present here and now.

Intense Embodied Emotions Pervade Memory and Remembering

The high density of trauma memories is also due to their being charged, both the memory itself and the act of remembering, with intense emotions, mainly with fear, anxiety or dread, anger, helplessness, sadness, or guilt. Shay recalls the traumatic experience, with its strong emotions of panic and distress:

> (Can you tell me more about those pictures inside your head?) Friends with… a bullet in the head, in the face, that [are] full, that are full of blood, with a room that… everything everything blood simply, because w…[we] were evacuated… because… it was inside Lebanon, so we were evacuated to a rear post first, and from the post to cars to Israel (…), so it's almost an hour and a quarter of lots of lots of "like," shouts, screams of us the wounded, and of those who eventually were killed; screams of those who are taking care of us, "like" panic among them, and indeed those who took care of us they're friends of mine for whom it's difficult to see their friend being all over full of blood, and people who themselves also got into "like"" some panic… (T)

Often during the research interviewing, while they recall their traumatic experiences, participants' speech would be interrupted by pauses of silence, sighing, or crying, expressing their deep emotions in the pace of speech and breathing, and in the tears,

emotions that are lived by the body, emotions embodied. Blanchot (1995) writes of the "voiceless cry" of silence:

> Silence is perhaps a word, a paradoxical word, the silence of the word "silence," yet surely we feel that it is linked to the cry, the voiceless cry, which breaks with all utterances, which is addressed to no one, and which no one receives, the cry that lapses and decries. (...) The cry tends to exceed all language. (p. 51)

When Benny recalls the traumatic experience of witnessing the young soldier getting killed and then his body falling on him, Benny's heavy breathing tells how he feels:

> After a day or two that they were shooting at us, and... I approached the ramp... I'll never forget that... [Benny is breathing heavily]... Here was a road with a lower ramp, and here were earth ramparts, and from here they shot at us, here was an orchard... [Benny becomes silent for a long time, breathing heavily, his legs are shaking] ... (You are silent; can you share with me what is going on with you now?) [Benny remains silent, still breathing heavily]... (Are you there now?) Yes... [He whispers]... [Still breathing heavily]... (...) I'll tell you immediately, give me a minute. [He lights a cigarette]...It was a soldier of the compulsory service...(...) but in my opinion he was not skilled, either he got into a shock or this was his first baptism of fire, I don't know! And I... I sensed it, I called out to him, but he didn't... didn't respond... and... there was... on the ramp... there was... I had to jump over to reach him... and ... he started... and I saw him starting to climb [the ramp], there were shots, I shouted to him, Bend down otherwise they'll see him! (T)

Being highly charged with emotions, trauma memories have a strong element of "atmosphere" (Casey, 2000, p. 78) that is experienced as pervading the memory itself. Furthermore, the act of remembering too is saturated with the same emotions of fear, anxiety, or panic, or other strong emotions, granting the memory's atmosphere its dominant tonality.

Trauma Body Memory

Remembering can take multiple forms: We may not retain a mental image of an event that occurred to us, yet it may be recalled in an inarticulate but nevertheless

powerful body memory. Body memory is a unique form of remembering, a memory that is intrinsic to the body. Body memory is how we remember in the body, by and through the body, being in the situation itself again and feeling it through the body (Casey, p. xxi). Body memory is not just something we have but rather something that we are. Body memories tend to be marginal, situating themselves on the periphery of our lives so as not to preoccupy us in the present; it is a "field" factor, part of the ground of our experience (Ibid, p. 163).

Furthermore, Casey asserts that all remembering involves taking up some bodily point of view on an object or scene remembered, it has a "lived body" dimension. The body is our most immediate environment; it is that with which we live, in contrast to the more remote environment of the physical world around us. Body memories are located in the phenomenal body, the "lived body" (Ibid, pp. 172-178). Body memory is a priori, constantly at work: "Just as eliminating space and time as the indispensable parameters of our intuition would mean the undermining of human experience itself, so the absence of body memory would amount to the devastation of memory altogether" (Ibid, p. 147). The body acts as a human container or a place of memories, and it enables an unmediated access to the remembered past. No mediation by mind is called for, and therefore so much body memory arises spontaneously and without premeditation: "Because it re-enacts the past, it need not represent it" (Casey, p. 178). Body trauma memory is thus different from ordinary memory described by Sokolowski (2000, pp. 66-68), in which we relive earlier perceptions and remember the objects as given at that past time, with a kind of absence. The body serves as a place, an immediate setting for the memories:

To be disembodied is not only to be deprived of place, *unplaced;* it is to be denied the basic stance on which every experience and its memory depend. As embodied existence opens onto place, indeed *takes place in place* and nowhere else, so our memory of what we experience in place is likewise place-specific: it is bound to place as to its own basis. (Casey, p. 182)

We are used to thinking that trauma memory is of the mind: To "recall" means to bring back to mind; however, aside from nightmares, flashbacks, and recollections, trauma memories appear in the form of body memory. When trauma body memory is evoked, the body itself remembers the trauma; this leads to a vivid recollection of the trauma (Ibid, p. 154). It seems that sensory aspects of the traumatic experience are kept as body memory: The smell of death stays in Joe's mouth for ever, it is a body memory:

Well, the mass grave was a big one... that one really hit home (...) And the smell of death? Once it's in your mou... - that's it! Like... brakes or burnt metals, that's the best way to describe it; it makes you peep, makes me peep [He sighs].

The memory of witnessing the young soldier getting killed in front of Benny's eyes and his body falling on Benny is retained in his right shoulder; it is a body memory:

When I reached him, all was a matter of seconds, I jumped to save him, because I saw that something is about to happen – seconds – he got a bullet in his head, and he fell on me, here on the shoulder [Benny points at his right shoulder], and his brain was spilled on me...and this feeling accompanies me... I... am in therapies for already a long time but... many a time I feel warm and wet here... You know many a time I do like this [his right shoulder jumps], I've got this tic [of the shoulder], or I touch with my hand ... doing like this [He strokes his right shoulder with the left hand], he died in my hands... (T)

Whereas habitual body memory (another kind of body memory) forms a pre-reflective tacit aspect of human experience that serves as a familiar basis in dealing with our world, traumatic body memories are characterized by the fragmentation of the lived body. Whereas habitual body memory constitutes the body as a coordinated whole, in traumatic body memories the body is experienced as broken down into uncoordinated

parts (Casey, p. 155). Dan's excessive sweating, the smells by which Josh and Joe were nauseated, the tic in Benny's shoulder, all are examples of the fragmented nature of traumatic body memories.

Body memories are felt as "dense and deep" (Casey, p. 165). Their density is experienced in their being dim, involuntary, and inarticulate. Body memory is pre-reflective, it takes us directly into what is being remembered (Ibid, p. 167). Trauma body memory is hard to erase, it tends to stay in the body forever, it is high in density. Elad's body still bears the trauma memory of the body liquids of the dead soldiers whom he pulled out of the sea, it is a body memory: "And till this day, when I look at the water from the deck, at a vessel, I await a white stain that is climbing on me" (T).

Do sensory trauma reminders tend to target trauma body memories to be re-called? The smell of cooking sheep acts as a trauma reminder that makes Josh feel nauseated, triggering a flashback of the traumatic experience of the hand-to-hand combat in Bosnia; the nausea is part of the trauma memory, a body memory:

> I don't have, any particular smells in mind with the exception of lamb, sheep, cooking sheep. I can't be, I don't like it, if I'm in a restaurant and someone orders it, it's really nauseating and it gives me immediate vivid images of a particular incident in Bosnia (…) One night while I was in the trench with a partner, we've got position got attacked, (…) but it also got overrun. (…) I was fighting with… people and… stabbed people and… picked up weapons and shot, and it, it was… it was scary.

The act of trauma remembering itself is also accompanied by painful body sensations, such as heaviness in the chest, trembling, and sweating. It seems to be a lived body aspect, but I also wonder, are these sensations in themselves a kind of body memory? In the "exploding car-tire incident" when Dan's body feels the stress, his blood-

pressure mounts as if he were right now in a life-threatening situation; is it a trauma body memory, or is it the lived body of trauma memory? Are they different? David describes the tremendous tension that he felt in the body during flashbacks and nightmares, how he ground his teeth:

> And then flashbacks have started, dissociations...I ground and lost all my molar teeth, I broke them all, during sleep and when I was awake. During sleep, D. [his wife] would wake up at night because of the tooth screeches... (T)

Dan too lost his upper teeth: He used to grind them during his nightmare battles. Buytendijk draws a close connection between the pathic experience and the mood of the lived body: "The pathically tuned body perceives the world in a feeling or emotive way" (in van Manen, 1999, p. 30). "To grind one's teeth" means to express one's fury (Gulland & Hinds-Howell, 2001, p. 92): Do David or Dan experience anger while remembering their traumatic experiences?

Like in nightmares and flashbacks, in trauma body memory there is co-immanence of past and present. Joe's smell of death in his mouth and Benny's tic in the shoulder are both recalled here and now. Another feature of trauma body memory, unlike habitual body memory, is that it naturally calls for narrativity of their history, due to their episodic character and to our concern about their exact origins (Casey, p. 162). Thus, the trauma body memory is told in a narrative form, from the moment of the original trauma up to the present moment of remembrance.

Trauma Memories Become Part of Self and Relationality

When I remember something past, says Sokolowski (2000), I also displace myself into the past; there is a distinction between me here and now and me then. In

remembering, just as the past-object is brought to light again, so my past-self as an agent of that experience is brought to light again. Through memory, a distinction is introduced between the remembering self and the remembered self (pp. 69-70).

Though we might think that the "real self" is the one here and now, the one doing the remembering, whereas the reactivated self is only an image of some sort, from a phenomenological point of view it would be more appropriate to say that my self is the identity constituted between myself now remembering and myself then remembered: "Without memory and the displacement it brings we would not be fully actualized as selves and as human beings" (Sokolowski, 2000, p. 71). What happens to the self when the remembering person recalls the trauma memories, unable to get rid of them, as if being "glued" to them? Is a distinction maintained between the self "here" and "there"? Can a synthesis between the remembering self and the remembered self be possible? Gideon experiences his trauma memories as "a block of cement" that inhabits the self, like a non-human body tissue that has become an inseparable part of the self. Joe calls his trauma memories "a monkey on your back:" Though being of a different species, trauma memories are part of the embodied self. For Omer, displacing himself to the traumatic past does not bring a sense of self-coherence, to the contrary: When he recalls his trauma memories, Omer feels as if his self is falling apart:

> If people talk about the war I don't necessarily talk about these things... (...) It's a kind of secrecy in which you live, in order to preserve ehh... to preserve a facade of a normal person. If I analyze the... things and talk about things, then everything gets lost, there is no order, there is chaos. There is chaos, then I am not a whole figure anymore. (T)

Remembering of ordinary memories often enables us to achieve a sense of self-coherence and integrity. But unlike ordinary episodic memories, trauma memories are experienced as habitating the body as an alien, non-human entity. Remembering trauma memories seems to have a disruptive, disintegrative, chaotic effect: "Then I am not a whole figure anymore," says Omer.

A memory is personal and private and cannot be experienced by another person, says Straus (1970):

> No one can break into the treasure house of my remembrances, not even if using atomic force. And I, even if I wanted to do so, could not make them accessible to anyone else. Sure, I can speak about them and through language I can share with others what I experienced and what I did, but I cannot let or make anyone see what I saw. (p. 51)

Although trauma memories may be difficult to be communicated in words and understood by others, they become an integral part not only of the self, but also of the traumatized person's relationality. Having nightmares has a relational aspect: When war-battles are re-experienced in nightmares as real, it may be quite painful for their spouses, like with Joe who during his sleep is all over the bed, yelling, screaming, and beating:

> Eh, I've quite a few girl-friends tell me that I yell and scream and beat them up while I am sleeping, so that's another reason why I am not with somebody right now. I am alone. I pity the person who wants to be with me.

When I ask Josh if he hits his wife while being in a nightmare, he laughs:

> That only happened once, and I didn't hit her; it's the, the reaction I've heard others have, where you're strangling someone or what not. One time only, probably about a year and a half, maybe two years ago, I woke up and my fist was coming down at my wife, and where I was: I was on that position that was overrun, and we were struggling on the ground. I stopped, she screamed, of course, ran out of bed, but immediately I turned the lights on and - ok, and that only happened once! So the rest of the time if I hit her, it's only because I'm, I'm moving, there's no intent to hit her, or so I'm told.

For Elad's wife too, sleeping together may be painful when Elad has his night's battles:

> Sometimes I hit my wife very hard, she gets up and wakes me up crying.
> Sometimes when I dream that I'm fighting, I'm really fighting: hands, legs, and
> teeth; it's not against her, but she gets it. She's asleep, suddenly – a blow in the
> belly, or in the back, it's unpleasant! ... (T)

Not only during the night but also during the day, witnessing Bob's flashbacks while

being awake scares his wife so that she calls for emergency help:

> When I get to that angry point, then I start thinking more of the grave stuff, and
> then I sort of take my anger up here? (So actually you're not here) No, I had...
> many where it was like this, and my wife had to call for an ambulance and stuff,
> sending me to the hospital (Because you got hurt) No, I haven't hit my family, but
> my wife gets scared because she says my eyes are, when I get angry, my eyes are
> black? (Are black with rage?) You know, pupils get very big - like you know the
> fight and flight?

<div align="center">Recalled and Forgotten: Memories with "Holes"</div>

Forgetting is not just the absence or lack of memory; it is "the primary other of

memory" (Casey, p. xi), or "a condition of the life of mind" (Gadamer, 1975/1992):

> It is time to rescue the phenomenon of memory from being regarded merely as a
> psychological faculty and to see it as an essential element of the finite historical
> being of man. In a way that has long been insufficiently noticed, forgetting is
> closely related to keeping in mind and remembering; forgetting is not merely an
> absence and a lack but, (...) a condition of the life of mind. Only by forgetting
> does the mind have the possibility of total renewal, the capacity to see everything
> with fresh eyes, so that what is long familiar fuses with the new into a many
> leveled unity. (Gadamer, 1975/1992, p. 16)

A memory can be given to us with varying kinds of clarity. There is the diminishing

clarity with which an experience, with time passing, naturally fades away in memory and

becomes dimmer. There is also the diminishing clarity that is related to effects of various

parts of the mnemonic presentation: the content, the memory-frame, and the atmosphere.

For instance, lack of clarity can arise from omission of parts of the content itself, from

indefiniteness of remembered time or space, or from the kind of atmosphere that obscures the memory (Casey, p. 79).

What is trauma forgetting like for the traumatized person? Is it a "healing process" as Gadamer describes it? Trauma memories are like a crossword puzzle: There are some parts present and some absent, and one needs to fill in the missing parts in order to get the whole picture. Thus, presence and absence can be identified not only in the temporal way of how trauma memories are recalled in the here and now, but also in forgetting specific parts of the trauma memory. Gideon recalls every minute detail of his traumatic experience of flying in the burning plane that is about to explode any second; however, details pertaining to how he felt during this experience, emotionally and bodily, are not spontaneously recalled: Parts of the memory's atmosphere are missing: "If I felt sweat, if I felt coldness, if I felt, if I was shivering or what, this I already don't remember, but the the... the most significant thing? It is it is the...knowledge that it's going to hurt..." (T).

We tend to consider presencing as good and the absent and the hidden as bad, says Sokolowski (2000, p. 165); but hiddenness is not just loss, it can also be preservation and protection; things need their right time to be seen. Even forgetfulness may also be seen as a positive phenomenon, a mode of relating, which reveals Being and brings it to presence in its own special way (Ibid, p. 166). The traumatic memory is often hidden or concealed for protection of the rememberer. Concealment can occur in two forms, either as absence or as vagueness. Vagueness occurs first as the hazy presence of an object; once an object has been evidenced, however, it is possible for it to move back again into vagueness (Ibid, p. 166). Omer's modus operandi in life is to try and forget everything

that is associated with the traumatic experiences, to marginalize the trauma memories so he can "preserve a façade" of normality:

> There are things that you remember, and there are things that you already don't remember (...) And the best is to try and repress, and then a person in my state that is emotional and sensitive is trying to repress... (...) When there is talking about war, I don't talk about it (...) I don't talk about myself at all (...) This is a kind of secrecy that you live with, in order to preserve ehh... preserve a facade of a normal person. (T)

In the first few years following his traumatic experience of the terrorist who penetrated his military home-base from the sky, David remembered that such an event did occur, but he hardly remembered any details; the very specific content of the trauma memory was forgotten, as well as the memory-frame's temporality:

> During the entire first years [after the event] I didn't connect all this, my situation, to the... [traumatic event] in any way... After some time I already didn't remember, I didn't remember nothing of. I remembered... that there was such an event, but I didn't remember, neither the date, nor the names of the people who had been killed, although I... it simply wasn't there anymore... (T)

The traumatic memory was mostly forgotten by David and has remained as a skeletal memory, of which the significant details have been omitted. However, when being triggered by a trauma reminder, memory details start filling in, though some of the essential details are still forgotten, the atmosphere of the memory: David recalls silent and motionless pictures of the wounded soldiers, the memory's emotions are silenced:

> (Can you describe how was it for you, yesterday walking on the streets of Tel-Aviv?) Pictures of the event start running... that's the routine of leaving home... because of that I hardly go out (...) Pictures of the yard, wounded people... pictures without sound... sometimes frozen [motionless] pictures, I don't know. (What did you do in the incident?) I stood and looked around... immediately after the event, when I tried to make sense... the second the event started... [He becomes silent]... (T)

It seems that what has been forgotten is the sight of people running to rescue the

wounded or themselves, the human voices of pain and panic, and the sound of ambulance

sirens. It is a "schematical" remembering: The memory is abbreviated in such a way as to

be sketchy or blurred, not fully presented (Casey, p. 43). Trauma memories sometimes

have this feature that serves to conceal or veil painful aspects of the trauma memory.

When David finally recalls his traumatic experience in detail, he still does not recognize

the experience as "his," as "real;" a part of the memory frame, the self-presence of the

rememberer, is missing:

> From a situation where the event doesn't exist, it has become, it... is dominating,
> it has dominated everything. Suddenly...to remember things that I didn't think
> that I remember and that happened... There were things that I didn't remember
> and at first I had to convince myself that it's impossible that I remember such a
> thing because I didn't see such a thing... (T)

David describes here what Casey calls a "Double Oblivion" (p. xii): Forgetting that we

ever knew something, in contrast to remembering that we once knew something but

cannot now recall what this something is. Caruth (1995, 1996) calls such a lack of

remembering "an unclaimed experience," and Casey adds:

> To be unclaimed is to be forgotten in that the trauma waits in limbo until
> reclaimed. To reclaim a trauma is to remember it: it is to take away its lethic veil
> and to make it part of one's accessible memorial repertoire. It is to reown it - to
> acknowledge it as something that happened to oneself, not to someone else (and
> not to another self of one's own). (p. xiv)

Within the same trauma memory there can co-exist various degrees of clarity, the

schematical and the unschematical: a very vivid recollection of a certain part of the

trauma, along with very sketchy remembrance of its other parts. In the first few years

after coming back from his peacekeeping mission in Bosnia, Josh vaguely remembered a

few images and memories but would respond with great distress to specific TV pictures of children being harmed, without relating his memories and emotional reaction to his experiences in Bosnia:

> Well, from that time, for the following months, I would have then specific images and memories of Bosnia, but (Only then, for the first time!) Yes, but only then it came in a bothersome way, in a way that bothered me, or otherwise affected me: Previously, from '93 to '99, I would talk about it only to very close friends, and I would sometimes remember things, but I couldn't associate that with Bosnia.(...) In that intervening time, for instance, I could not watch children, or innocent people being harmed, on television. I would break down, I would cry, I had to leave the room, but I didn't know why, or I wouldn't acknowledge why, I suppose it would be better. So...

Josh's trauma memories vaguely pointed to the traumatic content, something associated with the suffering of children, a meager scheme without details. Also the memory-frame was absent: The memory was not anchored in time or space, nor in the self-presence of the rememberer. However, the atmosphere, the emotional aspect of the memories, was retained. More things related to the traumatic experiences which Josh experienced in Bosnia are now recalled for the first time in many years, though in a condensed way, and have become verbally narrated since being communicated to his therapist. Being in therapy helped Josh fill in forgotten details of the trauma memories. Looking at his diary, Josh realizes that the details are missing. Writing down about the traumatic events in general, while leaving out the details is like remembering the trauma vaguely, it is a porous memory, full of holes, lacking its unpleasant aspects; the lived experience exists indeed in its details:

> The, the night that I described when we moved around and had to do the hand to hand - my diary talks about we got hit, we were overrun, my partner hiding in the corner, we fought – that, that much – nothing. (...) When, when I described that night to other therapists, of being overrun, I left out the details, and it's only been

within, less than a year, of sitting with M. [his therapist], telling her the story, and, and she did, you know, she looked kind of astounded; I asked, what, what did I - You never, you never told me about these details before; I said, Sure, I must have, I mean, it's the story, remember that? It's the details! (...) And... it [therapy] allowed me for better or for worse, to fill in the gaps, some details!

Trauma Memories are Evoked by Trauma Reminders

Reminding in our day-to-day living is a mnemonic mode that aims to overcome the limits of memory: "Reminders are designed to draw us back from the edge of oblivion by directing us to that which we might otherwise forget" (Casey, p. 90). In reminding, three components are at work: the reminder, the remindand (what it reminds me of), and the remindee (I).

How does the reminder remind me of the remindand in the day-to-day living? One traditional model of reminding is of being iconic, exact resemblance between the reminder and the remindand (Casey, pp. 94-5). Another model is that of indication, which is not bound by any requirement of resemblance: Husserl (1970b) suggests that reminders are indicative signs (*Anzeichen*). He also recognizes the essential role of the remindee, stating that a thing is only properly an indication if and when it serves to indicate something to some thinking being. Casey regards the two models as non-exclusive with regard to reminding (ibid, p. 96).

Instead, Casey proposes that the reminding function resides in the "figurative and schematical adumbration (literally, 'shadowing forth') of an object, action, or state of affairs" (p. 97). A reminder is normally presented to the remindee in a "figurative," sensuous or quasi-sensuous format, like a "schema," in a condensed way. The schematical aspect of reminders subserves their adumbrative dimension. A reminder is

more a type of relation than a mode of manifestation; what is shadowed forth to us remindees is the remindand itself, by various ways, among them the iconic and indicative ways. The adumbrative relation is best understood as "evocation" and "allusion." The remindand is not only evoked by the reminder, but it is also referred to by it by allusion which is different than indication: We can indicate only that which exists, has existed, or presumably will exist. In allusion, on the other hand, we may refer to what is purely possible, or even to fictitious actions, because of the indirect and somewhat indefinite nature of this mode of reference. Hence, reminding may occur by means of a strictly iconomorphic relation between reminder and remindand, via an indexical relation or by evocation or allusion (Casey, pp. 97-100).

So far we spoke of a reminder as a desirable, welcomed way to fight forgetfulness; however, trauma reminders which tend to trigger trauma memories seem to be far less welcomed. What are trauma reminders like? What are their main features, and how do they operate?

Sensory Evocations

Trauma memories are often evoked by specific sensory stimuli which target the various sensory modalities: Specific sounds, sights, smells, touch, and heat, either as separate reminders or evokers or in combination, can trigger trauma memories to be re-experienced. What does the sound of ambulance sirens mean to you? Usually it does not leave us indifferent; we tend to stop for a second, divert our attention to it and decide whether to go on with our day-to-day activities or not. All over the world, the sound of ambulance sirens signifies an emergency state and the presence of a threat to life. For

David, this sound bears not only its general meaning, but it mainly evokes the whole traumatic experience, when his military base was unexpectedly attacked by a terrorist, with David feeling totally lost in the midst of the chaotic state there. The sound of ambulance sirens is associated for him with a sense of madness, with a feeling of profound dis-order:

> I would walk on the street, such as here, when the street is very quiet I walk very normally. The moment there are ambulance sirens, sirens…stop me on the spot, it drives me crazy the most. This was the noise immediately after the event… What immediately brings me back home is the noise of a helicopter – I'm totally lost… This occurred the second that the event started there were two helicopters very low, so that we almost hit them by mistake… (T)

The sound of a helicopter does not necessarily bear a unified universal meaning: A small child will be attracted to it as "an airplane" in the sky; for others it may remind a nice tour-flight. For me, as living in northern Israel, it is an alarm cue, a reminder of the military helicopters during the Second Lebanon war, transporting severely injured soldiers to hospitals in the center of the country. For David, while walking on the streets of Tel-Aviv, the sound of a helicopter evokes the entire traumatic experience, with himself there feeling "totally lost," confused, and disoriented, not knowing who the enemy was and where from did danger emanate. The sound of prolonged whistling of artillery shelling during a military training in Canada triggered in Josh a flashback of a traumatic experience in Bosnia:

> I was in an operational unit then, and we were on the range, on a live fire advanced contact, so rather than sitting there and shooting at a target, there is this running and moving and there is artillery, it was practice, and there are tanks and everything, all with live bullets rather than blanks; (…) It was the first time that I've heard artillery coming close to us since Bosnia, and, I had a flashback: I was back in Bosnia, I had to protect the civilians that we were observing, I had to protect them, and I got very anxious - it's difficult to breathe, and I had to leave,

the range. (...) So the whistling is, is one. (...) Artillery falling, and it's not like in the movies; In the movies you hear [he imitates a whistle] that's not like it at all; If it's coming very close to you - within about a hundred meters - there is a very short whistle, and then an explosion. If it's, if it's longer than a hundred meters, about a hundred meters, then you know will hear a whistle that's coming near, but I'm not worried that – it's within a hundred meters, and everyone over there, or everyone who goes through it - you can tell very quickly, if you have to worry about that shell, or not.

When comparing between sight and sound, Straus (1963) says that whereas color always appears to us out there, limited to a particular place, "delimiting and dividing space into sections, manifesting itself as next-to or behind-one-another" (p. 206), sound seems to have an existence all of its own: "It comes to us, reaches and holds us, floats past us, fills space and hurries through it, and divides itself according to a temporal succession into parts that are *after* another" (Ibid, 206). Thus, the temporal quality of sound had a spatial function for Josh: The sound of whistling of the shelling was a measure of how close the artillery was and how dangerous for his life.

Whereas Josh's flashback was triggered by an army-related reminder that resembles (is iconic to) the original situations in Bosnia, various sounds of everyday living that have some resemblance with the sounds of war may as well trigger trauma memories. For Avi who was severely injured while stepping on a land-mine, the everyday sounds of a car back-fire or of a supersonic boom would act as trauma reminders. Interestingly, when Avi first describes his traumatic experience, the description does not include the sound of the explosion of the land-mine. Josh too responds with flashbacks to the sound of a car's backfire or to any sudden loud noise. Though the sound of a car's backfire may resemble in a way the sound of war-explosion,

they are not iconic; it reminds Josh, Avi, and Dan (in the car tire-explosion incident),

through evocation and allusion, the entire trauma memories.

Using Sokolowski's terms (2000, p. 23), a trauma reminder is a "moment" to the

trauma memory, a non-independent part that does not exist on its own but operates in a

gestalt-way: The reminder brings back the trauma memory as a whole. In *Purim*, a Jewish

holiday, children dressed in costumes use firecrackers to celebrate the holiday. The

sudden sound of firecrackers' explosion triggers Benny's trauma memories of the first

Lebanon war:

> Purim is like a nightmare for me: I'm walking outside with a stick, and wherever
> there is a child who throws it [the firecracker], I stop him. Once they threw a
> firecracker into my yard in Purim, don't ask what happened there: I went outside
> with my throwing knife, and I called the police, and that became known in the
> village, that if it happens near my house... One of the parents contacted me, I told
> him, "You should know one thing: From my point of view, a firecracker in my
> yard is an attack!" (T)

Josh tells a "funny" story: When being back home on a visit from Bosnia, he went with

his wife to the theatre, to see the Phantom of the Opera:

> A funny story: (...) My wife and I decided to go to the Phantom of the Opera (...)
> so, she dressed up fancy, I had my military masked on; I didn't know what the
> Phantom of the Opera was, the, the real details of it; In the beginning scenes, in
> the opening scenes there's a loud explosion where the phantom comes out and -
> [He laughs] my wife still laughs at it, so do I – when the explosion happened, we
> were sitting in the theatre, and I jumped across the rows of people, and [He laughs
> again] I was laying on these people who, of course, they were very reserved,
> who's this crazy person is. (Could you stay there, afterwards?) Ya, I had no
> problem with that – I knew exactly where I was, and we laugh about that, today.
> (But then, could you pull yourself and stay?) Yes, there was no, no problem at all.
> (It was just a minute) It was immediate, because the, the, the whistle of a shell or
> explosion is usually followed by another one, and you don't even think – you, you
> react immediately – or you're done! So that's what I did, ya.

Most of the sounds described so far as trauma reminders are sudden, unexpected, and loud sounds. Though they are a natural part of everyday living, for the traumatized persons they bear a totally different meaning which can only be understood in their traumatic context, according to the phenomenological principle of parts and whole. Whereas with the sounds of an explosion, an ambulance-siren, or fireworks one can easily understand how they allude to military-related traumatic experiences, there are specific unique sounds that act as trauma reminders which are not so self-understood, such as the sound of glass breaking in a bar, or a certain song; both make Joe so anxious that he has to leave the place. The sounds which were described so far as trauma reminders are inanimate, but also a human voice may act, for some remindees, as a trauma reminder. The voice of crying babies and children makes Benny very anxious, triggering the trauma memory of the Lebanese children whom he killed or wounded by mistake during the Lebanon war:

> A. [his younger son] suffered a lot because of me... (...) hitting, getting angry, I couldn't hear his crying, I would get hysteric! (...) I had to silence him because he would go into a fit of crying, and I couldn't... I couldn't stand it! (...) because I ... I would go back to a specific moment ... He would scream, go wild, I was not... those children... there was... a moment... which I would go back to, and that would make me mad, and I not for once would throw tables at home, I would cause damage... (T)

Also Joe cannot stand the voice of screaming people and children: It reminds him of being at the mass graves, seeing the dead babies and their parents screaming in agony and anger. The voice of crying children also triggers in Joe a specific trauma memory, the killing by mistake of the two Bosnian kids. Whereas inanimate sounds that act as trauma reminders seem to signify the threat to one's life, human voices tend to trigger trauma

memories of human pain and suffering at war-zones which the traumatized soldiers witnessed, as well as the memories of themselves being in those situations and the way they acted there.

Sounds that act as trauma reminders, activators, or evokers can be more easily understood as to how they resemble, indicate, or allude to the threat of death, being simple, direct, and common signs of the threat to life. However, sights as trauma reminders are more specific, personal, or even idiosyncratic in their traumatic meaning and their ability to evoke trauma memories. The sight of the pale legs of a young girl whom Elad met at a friend's house evoked the repulsive memory of pulling the soldiers' dead bodies out of the sea:

> I was about 20-21 years old, I have a friend in (...), one day I came for a visit. He wasn't at home, his parents were at home, and we sat and talked, and his sister came in. His sister was then 16-17 years old, and she came in shorts, and she sat beside me and stretched her legs like that, very effeminate, celebrating her femininity. And I look at the legs and I see white chubby legs, and I look and I say to her, this reminds me of the legs of a corpse... You know what, till this very day I don't know how to ask for her forgiveness for that. I was looking at her legs and suddenly I was in a different place! This this is simply the legs of a corpse in the water! It was so flaccid, chubby, you know, chubby, quavering... (T)

The sight of specific parts of meat at the supermarket evokes the flashback of the traumatic sight of Avi's comrade's wounded leg, with its inside parts being visible:

> There was one sight that used to reappear to me quite a lot – do you know how living tendons and cartilage look like? It is like glittery white – haven't you ever seen it at the supermarket? (...) even in beef. When his [the comrade's] foot flew, then was revealed all the...this sight of the torn tendons and cartilage... There were times when I wouldn't pass near where the meat at the Super is...... [Avi becomes silent for a long time] It's... it's different when a person, a corpse in anatomy [class] lies down – an alive person who has been torn apart is a different thing... (T)

A trauma reminder or activator may also evoke a trauma body memory which is only allusively recalled, mainly the memory's atmosphere, without the verbal narrative. Joe gets mad at the sight of bingo-holes and has to leave the place, though he has no idea as to the remindand. Also the sight of Canadian teenagers and of schools is nauseous for Joe who becomes pissed off by them: Schools in Bosnia were destroyed, and kids as well were a threat to life:

> Teenage kids – I can't…I hate them! Schools! Oh… [Joe makes a sound of vomiting] God, I can't stand schools! (What about schools?) Just schools – I drive by a school, I get pissed off (Why?) Cause all in Bosnia, that's what we did, we helped re-build the schools, and then they just destroyed them!

Smells are experienced as properties of something, says Straus (1966).The verbal expressions of smelling, scenting, or stinking indicate that smells present themselves as an activity, emanating from the objects. Smell detaches itself from the object and is breathed in and incorporated by the person who smells them (Ibid, p. 93). The smell of gunpowder makes Avi freeze for a second: It shadows forth Avi's traumatic experience as if it were taking place here and now, with the automatic bodily reaction to the threat to life. Like the audio sense, smell reaches us first, and thereafter the sense of vision gets activated; we cannot control smell, we are passive receivers of it. The second interview with Gideon took place a day after a fire broke in the vicinity of his home. During the entire interview he was distracted and bothered by the smell of smoke, whereas I could hardly smell it. Edi too cannot stand the smell of burning wood; for him it is a reminder of the burnt towns in Bosnia. The smell of a rotten carcass or the smell of a damp place triggers Elad's trauma memories of the dead bodies and body-remains.

Whereas the smell of gunpowder, fire, or rotten carcass can be easily identified as to its traumatic source, evoking memory through resemblance, there are other specific smells which are harder to see how they evoke the trauma memories. The smell of perfumes or body-odor of strangers in a bar evokes in Joe the trauma memory of the constant threat of death in Bosnia. For Josh, the smell of cooked sheep triggers his trauma memory of the hand-to-hand combat in which he stabbed people to death in the trenches of Bosnia and that which happened a day after:

> I don't have, any particular smells in mind with the exception of lamb, sheep, cooking sheep. I can't be – I don't like it, if I'm in a restaurant and someone orders it, it's really nauseating and it gives me immediate vivid images of a particular incident in Bosnia. (...) That was the actual incident, but the next day, the following day when it was day light and the position is cleaned up, one of the, the Serbians who had been killed in his trench during that, the hand to hand - was a very popular soldier with Bosnians - they had within the position, they had a, a memorial barbecue celebration, and what they did is they threw a bunch of wood in his trench – the trench that he was killed in, they took a whole sheep after being skinned, but everything else was in – its eyes, they threw it in and they cooked it until it was basically black; Then they picked it up, and we all are sitting in a wooden table, with no, no knives or forks or plates or anything like that, and they put it on the table, they put a big pile of salt in the middle of the table and they took an axe, and just chopped hunks off, and we're all supposed to eat this and, I got about two bites and, and then threw off and I couldn't eat so - now sheep – I, I can't smell, sheep smell - it makes me nauseous, and immediately takes me back – I, I, I can recall and see in my mind everything from, getting attacked right through... When that happens though, I, I don't... I know where, I am conscious of my surroundings: If I'm in a restaurant, I know that I am down town... [in Canada] in a restaurant but, the images are there and like that.

For Elad as well, the smell of grilled meat at a barbecue-party reminds him of the dead bodies during military service. Smells come toward us, says Straus (1966); borne by air currents, the fire smell reaches us. Smell announces something which is not present itself, something which is nearby. The not present is not absolutely absent, not an empty nothing; the smell announces its nearness (p. 93). Smell, like sound, reaches us from

distance even before we can see its source; therefore, the sense of smell, like the audio sense, can function as a sense of distance. As the sound leaves the sounding body, smell leaves the odorous body. Does smell in military-related life-or-death situations function as a warning sign? Does smell have there a survival value?

In a life-threatening situation, time is critical: The first to shoot or to escape is the one who will survive. Hence there is preference to those senses that are the first to detect danger: In humans they seem to be the audio and the smell senses. Sound and smell can reach us from far away and do not necessitate direct eye-contact with the source of danger, as is in the case of sight; we can hear a person walking in the woods in our vicinity even before we see him or her; we can also smell fire or a rotten body as a source of danger, but the range of smells which may serve us humans as warning signs seem to be quite limited.

Specific kinds of touch may act as trauma reminders or activators: The touch on Gideon's face of the medical mask used for treating sleep Apnea evokes his trauma memory of floating in the sky without the oxygen-mask which was torn off when he was ejected from the burning plane, fighting to breathe and dreading the possibility of falling in Egyptian captivity. Benny cannot touch his personal pistol, the "pistol of war:" It reminds him of a traumatic experience of killing a soldier from a zero-distance during the (first) Lebanon war:

> Today I can't take the pistol (...) It - I haven't touched it, do you understand? (...)
> I that pistol of war I couldn't touch, the pistol of war... (...) I don't want it... (...)
> I can't touch it. I brought it in a small bag – it was impure. It served me... in one
> of the incidents... within a zero-distance. (...) In order... to save myself – I once
> had to - like that – from a close distance – like that – blow up a skull. (T)

Even the touch of a loving hand from behind may evoke the memory of horrific

experiences; Josh reacts to it with an automatic response of fighting back:

> They know, close friends know not to touch me from behind, just don't do that,
> don't touch me; My wife tells my children, don't sneak up on your father, don't
> do this because I have – physically a person grabbed me by the shoulder, turned
> out it was a friend of mine, and I flipped him, and it was like this, when he was on
> the ground, you know – milliseconds – it's, it's not a conscious thought, it's an
> instinct, ya, ya, so.

Unlike sound, sight, smell, and touch, heat as a trauma reminder seems to be less

specific: It is either heat or coldness that shadows forth a trauma memory, such as for

Dan, the heat under the blanket in his bed at home reminds him of the traumatic

experience of being caught in his burning tank in the Yom Kippur war.

Sensory trauma memory reminders are ways of I-world communication: "In

sensing," says Straus (1963, p. 202), "we experience ourselves in and with our world." I

wonder, when sensory stimuli act as trauma reminders or evokers, do they first trigger the

body memory, before any other kind of memory?

Spatial and Temporal Evocations

Place serves to situate one's memorial life, to give it a local habitation. In this

respect, phenomenology follows Aristotle's definition of place as "the innermost

motionless boundary of what contains" (Aristotle, 2005, pp. 20-1). Place aids

remembering by being well suited to contain memories, to hold and preserve them

(Casey, p. 184). For Descartes, space was conceived as sheer spatial site that has length,

breadth, and width. A site possesses no points of attachment or cues onto which to hang

our memories or to retrieve them. Place, in contrast, contains memories, it holds and

preserves them. To be in a place is to be held by its containing boundary (Casey, p. 185).

When being called to the reserve duty, in the same military base where the traumatic experience took place, this specific place evokes in David the whole memory of the traumatic experience:

> At that moment, everything that was around me was slowing down to the slowness of a turtle: I was walking in a long corridor (...), my whole body was trembling...I couldn't speak, I didn't understand, I couldn't figure out what's going on – I was healthy when I arrived there and I felt ok...(...) Since then everything broke out – life made a turn... From a situation where the event doesn't exist, it became, it's... dominating, it has dominated everything... (T)

Public places with strangers have been experienced by most participants as trauma reminders; chapter 7 describes it extensively.

Trauma memories may be evoked and activated also by temporal reminders: specific dates, specific day of the week, specific hour of the day, or specific season. Dates such the annual Memorial Day for the fallen or the date when a war broke out are examples of possible trauma evokers. At that day, Shay feels the tension built in his body, "Like a kind of pressure in the chest. (...) I become more irritable, and less patient" (T). July and August are a bad time for Bob, the time when he "worked mass graves." Evening and night time tends to be experienced as dangerous. When the evening comes and it becomes dark outside, David starts feeling uncomfortable: The traumatic experience took place in the evening. Benny does not leave home at night: He becomes anxious in the dark. Josh too becomes hypervigilant when it becomes dark outside, looking for invisible threats to life:

> This past summer with my daughters, and we were playing on the beach on the West coast - I didn't think of it, but, coming back from the beach when it was dark, and having to walk through the woods, then it picked right up: Ok, what's here what's here, how do we get out and.

Relational and Situational Evocations

Strangers often evoke in the participants their trauma memories, being

experienced as a source of threat to life. Being caught by surprise by my presence at the

front door of his home makes Joe instinctively run inside home and disappear, leaving me

standing there:

> (You know, when I rang the door-bell and you...) Oh, gee! You scared the shit
> out of me (You really meant it, I really scared you!) Ya! People know not to ring!
> Normally people don't come through the front, right? They always come through
> the back! (Why?) I don't know, that's just the way we are here? You always come
> to the back; people I don't know always come to the front, but usually I leave my
> door open and I see them and it's ok, that's ok. But I didn't see you, didn't hear
> you, bing-bang quick puck puck! [He imitates the sound of gun shooting] Ok, ok.

Whereas we can understand more easily how strangers evoke trauma memories in the

(M-R) traumatized persons, there are trauma reminders that are more idiosyncratic. Little

blonde girls with ponytails adumbrate in Edi the trauma memory of the murder of the

Bosnian family whom he knew in person and liked:

> Little blonde girls with ponytails, everywhere I saw them, I would get off, you
> know, choked up and really emotional and, you know I'll have to go and... You
> know, get into the basement and ...(...) But I had to learn to deal with that one,
> because I can't... (...) go on around my whole life avoiding little blonde girls [He
> laughs] you know, so... One thing that I did do was that I got active in my kids'
> school, so I was amongst kids all the time, so I was seeing them... you know, and
> I see a little blonde girl and, over time you just sort of... it didn't get you, and
> then you get to know them again? (Pardon?) You started to know them? And also
> you know her name and, once you got over that fear that, you know... Somebody
> is not going to come and kill them and their families, it came easier? But it was a
> tough fight, you know, but I I ... You know, it came down to focus, for me - I had
> to do it for myself, but I had to do it for my kids too, so...You know at a time I
> used to [he laughs] have... a little blonde girl living right beside me, so I always
> had my drapes closed? Like I never had the front window open... So if it's open,
> because I didn't want to see her because... you know, so it won't get to me...
> This is, you know... another military guy living beside me - his daughter, so...

Not only strangers may evoke trauma memories; also familiar people, like Edi's neighbor's daughter, or close people like Josh's daughters:

> It was difficult for me to actually get attached to them, to my daughters, because... I see what they have, and they're very privileged, and I think of the children who are eating grass, that, that literally eating grass, and that's what they would eat, and they didn't have a change of clothes or they didn't have shoes, or they froze to death in the winter time – so it, it, it... it was very difficult for a long time... [He sighs]

Events and situations that allude to the trauma memories evoke them to be re-experienced. Watching the Israeli astronaut Illan Rammon sitting in spaceship Columbia that is about to crash and being completely aware that he is going towards his death, triggers Gideon's trauma memory of himself, sitting in the burning plane, acknowledging his coming death:

> I was the whole time focused on the picture and on what he's feeling – this extinction of the body (...) Mainly I was... the first picture that repeats itself the whole time in this case of Rammon, is his sitting tied to the chair, and the knowledge that it [death] is coming. (...) There is nothing nothing nothing more sharp than this to to to bring a ... an outburst of pain, of of of an outburst of memories, of, this is the feeling that I know what is going on with him right now... (...) At that second I felt what he felt... and a few [people] on the entire globe could feel what I felt: The fire – to sit in that capsule or to sit in the cockpit, to feel that it's falling apart that it's burning, and you are going to be burnt altogether.

The shooting of children in the Russian school of Beslan evoked Josh's trauma memories of the atrocities done to children in Bosnia: "The, the circumstances were too similar: It was... fanatics, killing children, to make a point, killing defenseless children to make a point." A situation of day-to-day living, such as cutting the grass at home activated Joe's trauma memories of Bosnia: The grass there was trapped with land-mines. Since then, Joe also cannot ride a bus: It reminds him of his first traumatic experience in Bosnia, of

being shot at while driving the bus with a group of UN peacekeepers. Those situations are more easily comprehended as being trauma evokers. However, the following one is more unique: When David's little daughter falls asleep in his arms, her head naturally drops; this evokes in him the memory of his best friend being killed and dying in his arms:

> If my kid falls asleep on me, and suddenly her head drops, I can't describe what it can do to me – I would immediately wake her up – I'm convinced at that moment that she's dead, that something horrible happened – I mean, such a thing brings a response, of very irrational acts... (T)

Cognitive and Emotional Evocations

Though memory reminders or activators present themselves at first glance as external, there are also internal reminders: Talking with other people in detail about the traumatic experiences, in situations such as social conversations or the research interviews, thinking or writing about the traumas, or giving a moral testimony, all may evoke the trauma memories. Watching certain TV programs or pictures, reading certain articles in a newspapers or a book, may as well act as trauma reminders. Joe had a flashback during the research interview itself:

> Well, the mass grave was a big one - that one really hit home – my ... seeing on the CNN - what you guys see is very mild, versus what we saw. (You saw the graves) Right there! (The bodies?) Everything, eh... How do you explain to somebody else, when they're yelling and screaming at you, they want their baby... Here's his head, here's his two arms, here's his body – here's... here's your child! [He laughs in helplessness] No-no, baby! Oh no, I'm not a pathologist, I don't know what it is! Get off my back! I am sorry! And there are...You got thousands of people standing around, screaming and yelling at you, and you like... what do you do? (...) Ah [he sighs] seeing it right now... ah, sick! [Joe looks like seeing the traumatic scene in front of his eyes again].

A given memory, says Casey (p. 100), can be as effectively remindful as any perceived object; and the memory as reminder may itself be of various sorts, such as a recollection

or a body memory: "We here confront a situation in which memories become reminders, even though reminders themselves constitute a subset of remembering itself" (Ibid, p. 329). Bob cannot tolerate the sight of suffering children in war-zones on TV charity commercials: They evoke the memories of the Bosnian children, the ones who were victims of violence, as well as children who posed a threat to his life. Reading as well may trigger a trauma memory: While reading the story of Rudolf Hess, the Nazi pilot who rescued himself from his burning plane but was captured, Gideon re-experiences his own self-rescue from the burning plane:

> And he didn't manage to release himself of the harness and he didn't manage to release himself of the chair and the plane – in short, he got into trouble, and then at the last second, at the last second he turned the plane over, rolled the plane and got out falling downwards. (...) The descriptions (...) brought me back to the same place... in a physical way, yes, I can see everything again – I see the chair I see the meters I see the explosion I I see the neck of the pilot – the sa...the same awe, and it's a horrible paralysis. (...) Then there is here in the book a description – he was brought to (...) prison (...) again I read of a prison, and I go back (...) I had a horrible fear of prison, I had the fear of falling in captivity... (T)

Feelings as well as thoughts can be memory reminders. Josh has suddenly a feeling of discomfort, without any conscious thought, triggering in him a hypervigilant mode:

> We were fishing once, my daughters and I on a river in a free zone - it's a very pretty, pretty picture, and we were just fishing - just nice, and something just inside me just quivered and I started looking around: You can hide there, you can get away there, here's an escape route, here is a good place to attack, so - it comes and goes often without a conscious thought...

Qualities of Trauma Reminders

Trauma reminders evoke trauma memories in an automatic way, before any reflection or thematization of them can be made; the reminders are triggered in a pre-reflective way, whereas reflection may take place thereafter. When Dan's car-tire

explodes while driving near his home village, he automatically jumps into a ditch by the road: He is seeing Katyusha rockets falling. Or while watching the Phantom of the Opera in a Canadian theatre and hearing the sudden loud explosion, Josh automatically jumps across the rows and lays down on the people sitting there. Though in hindsight Josh re-evaluates the present situation, at the moment when his trauma memory is evoked he is scared to his life. In his everyday living, a sudden noise of a car-crash or a sudden loud noise would automatically bring Josh to the ground:

> If there's a sudden noise, I will respond immediately, whereas other people if they heard a car crash, once there is a loud bang, they will, Oh, I wonder what that is; I will turn around, I'll get low, I'll be looking around like that [showing how he would screen his surroundings] it's an immediate reaction. (...) (You say that you're almost always vigilant; So what happens when you go and visit friends?) There have been several occasions, and I couldn't tell you how many, when I will hear a loud noise – and I haven't had it recently, within the past few months – I will hear a loud noise and I will be on the ground, or - I'll be going to the ground, and my friends look, and the ones who know they laugh, because, you know, and I don't mind that because it's, it's silly.

Trauma memory reminders are logical and appropriate when they are seen in the context of their remindands, the memories of the traumatic experiences. However, as they take place in the day-to-day present life of the traumatized person and within relationships, his automatic response to many of the trauma reminders may often be totally misunderstood, seen as weird, crazy, or even scary, rather than belonging to "another world." When Joe feels scared of me, the unfamiliar researcher, and flees into his private headquarters, leaving me standing at the front door, it scares me too: Trauma evokers have a significant impact on the traumatized person's relationality as well as on the self. In another example, Josh is watching a comedy on the TV together with his wife and kids and they all laugh, but suddenly when a commercial on suffering children

appears, he starts crying and leaves the room; how do the wife and kids feel? Or that "funny" incident at the Phantom of the Opera – is it not looked upon as "weird" or "crazy?" Josh and his wife "laugh" at his "weird" behavior; however, when his children touch him from behind and Josh responds with an automatic counter-attack, this is far from being "funny."

Trauma reminders become meaningful within the trauma context, when being understood as parts of a whole. However, in themselves they may be the missing parts of the trauma memory itself as a whole. "I don't go there because... there's a lot of noise, and the more there are children, I don't go (T)," explains Benny why he avoids big family gatherings: The voice of crying children is a trauma evoker for him. However, when Benny describes in great detail the traumatic experience of killing the Lebanese children, he omits the sound and voice of the wounded, terrified crying children; the trauma reminder fills in this significant missing part of the trauma lived experience description.

In another example, the growing heat in spaceshuttle Columbia with the Israeli astronaut inside evokes in Gideon his own trauma memory of sitting in the burning plane that is about to explode. Yet, when Gideon describes in great detail his Odyssey in Space and refers to his melting soles, this significant detail of the growing heat inside the plane is missing and is brought back by the trauma reminder. When David walks in Tel-Aviv, the sound of ambulance sirens or a helicopter would trigger his trauma memory; however, when he first describes his traumatic experience, it appears as in a silent movie, pictures without sound, without motion:

> The moment that there are ambulance sirens, sirens...stop me on the spot – it drives me crazy the most. This was the noise immediately after the event... What

immediately brings me back home is the noise of a helicopter – I'm totally lost... This occurred the second that the event started; there were two helicopters very low, so that we almost hit them by mistake... (T)

The sound of ambulance sirens indicates for David the existence of the wounded and the dead on the traumatic scene, and the noise of a helicopter is for him an indication of the almost catastrophe of "friendly fire." In this way, trauma reminders shadow forth David's entire trauma memory by means of resemblance and indication. In Casey's terms, trauma reminders act in a mode of "expansion" (p. 39) of remembering: By filling in missing parts of the trauma memory itself, trauma reminders do not add new memories, but they fill out an original memory from within.

Not only missing parts or details of the trauma memory may be filled in by trauma reminders; also specific aspects of meaning of the whole traumatic experience are sometimes embedded in a trauma reminder. For instance, through the trauma reminder of the crashing of Columbia, one of the most traumatic aspects of Gideon's experience is revealed: being wholly cognizant that he is going towards his death and that his body will be extinguished, that nothing of him will be left.

Coming to think of the nature of trauma reminders of persons with (M-R) PTSD, they seem to be in themselves a form of trauma memories: Trauma reminders evoke the traumatic experiences to be re-lived, they are recurrent, intrusive, and uncontrollable, they trigger the re-experiencing of traumas in the here and now, and they are embodied, accompanied by specific sensations and feelings; or in Casey's words: "Reminding, especially in the form of thinking of the past, does not simply evoke memories; it is itself a form of memory" (p. 329).

Avoiding Trauma Reminders

Specific trauma reminders are often avoided by the traumatized persons in order

to avoid the re-experiencing of trauma memories. Public places crowded with strangers,

such as walking on a main street of a Canadian or an Israeli city, shopping in a mall,

visiting a bar, playing with one's kid in a public park, participating in family celebrations,

going to the theatre, or joining a dancing crowd, are often avoided: "A crowd is a target,"

says Josh. Specific sights, sounds, smells, tastes, and touch are often avoided: Avi would

not go near the meat section at the supermarket, and Elad avoids eating meat at the

barbecue at his home. Sometimes the very talking and thinking about the traumatic

experiences is avoided: When Bob recalls the memory of the mass graves, neither he

wishes to talk nor I – to hear about it:

> The, the really big thing I did was that I worked mass graves… (You worked?) Worked mass graves, ya. (What do you mean by "work"?) Dig up, investigate (Ah, oof!) [It seems that I don't want to hear more] stuff like that… (For how long?) Interesting, when you're writing you can go this way, and you can go this way? [Now it seems that Bob doesn't want to talk about it either, and he comments on the way I write sometimes in English, and sometimes in Hebrew – from right to left].

Edi avoids the painful feelings associated with his trauma memories by getting drunk,

"trying to bury the feelings and bury the memories." However, though avoidance of

trauma reminders is pervasively used by the participants, they do acknowledge that

avoidance will not blot out the memories but rather hold them at bay. During the research

interview, when talking about the suffering kids in Bosnia becomes too painful for Bob,

he changes the subject and talks about "the weather:"

(So it [the TV commercials on suffering children] triggers?) Ya, it makes me think of the kids that I've seen, you know... Sometimes there we even had to hit a young kid – keep him away from my vehicle? Cause you don't know, he could have a grenade. I didn't feel good because, he was 13 - to get him away from the car. (...) How cold is your winter, in Israel? (How cold is our winter, in Israel?) Like Germany's winter? (...) I've lived... like that in Alberta pretty well my whole life – it doesn't bother me to go out and drive on the road during a blizzard, or snow. (It doesn't bother you) No, no. Cause in the military, you have to learn to drive in anything, so. (And in Bosnia, how was the climate?) Not very cold, but lots of snow. (Lots of snow) And if you go higher up, more and more snow. And I couldn't, one thing that amazed me about Bosnia that I'll never forget, is the snow-flakes. (The snow-flakes are so big!) This big [he shows me] (...) Big and round and I was just amazed – that was just amazing, you know... [He sighs] That was nice, though... (That was nice – this part) Oh ya, it covered up all the ugly stuff? You go into a village, you know everything is knocked down, it's terrible? In the winter, everything is covered up with a blanket of white, so you simply don't see... So then, you don't have to worry about what you don't see! It's right there, though– it's all masked up.

Trauma Reminders that are Cherished

Although trauma reminders are usually very bothersome and wished to be avoided, there are certain aspects of the traumatic experience that evoke the trauma memories, yet may be intentionally memorized and cherished because they carry a special value for the person, an important lesson-for-life. Gideon keeps his broken helmet, the picture of the plane's remains, and a piece of the plane itself as memory reminders of his self-survival from the burning plane, to memorize how he coped with death and survived. Whereas specific aspects of the trauma Gideon does try to avoid, those other specific aspects he wishes to remember for life:

> And now: There is no oxygen, the... the... the helmet was torn off, the mask is not there, went with the helmet – by the way, this is the helmet [He shows me the helmet lying on the library] This is the helmet! I found it at... at the area near the airplane, at the area of the airplane, and... (...) And here – I found the plane [Gideon shows me a picture on the wall with the plane's remains] – it could have been my cemetery. (...) In order to get a balanced perspective on life I visit him

[the father of the dead pilot]. (...) It [death] could have equally been the opposite, or could have happened to both of us... (T)

Josh keeps the UN flag that was hung on the house in Bosnia which was under severe shelling. The flag, perforated with shrapnel holes, is a reminder of Josh's determination to survive and of the significant peacekeeping mission which he carried out in Bosnia:

> We were getting out, myself and the other guy, they were waiting for us, and I couldn't get into the vehicle: There was a United Nations flag still on the roof of the house – that was to identify us – they were not supposed to shoot at us, United Nations - I wanted that flag, I had to have that flag, and I can't describe why, I don't know why. So I went up and I took the flag, and it's my most proudest possession in life, I have it in my home right now: It's full of shrapnel holes, it's full of burned holes, it's an unpleasant memory, but it's also (It's a symbol, no?) It's a symbol of defiance, but also some of the good that we did do.

Remembering Trauma as a Moral Obligation

In *The Ethics of Memory*, Margalit (2002, pp. 6-7) discusses the ethics and morality of memory: Are we obligated to remember people and events from the past? If we are, what is the nature of this obligation? Are remembering and forgetting proper subjects of moral praise or blame? Who are the *we* who may be obligated to remember: the collective *we*, or each and every member of the collective?

Margalit's distinction between ethics and morality is based on a distinction between two types of human relations: thick relations and thin relations. Ethics guide our "thick relations" to the "near and dear:"family, friends, comrades, or fellow-countrymen; morality guides "thin relations" to the "stranger and the remote," our fellow human beings. Thus, ethics is mainly concerned with loyalty and betrayal, whereas morality - with respect and humiliation and especially with cases of gross crimes against humanity

(Ibid, pp. 7-9). The ethics of memory go through the connection between memory and

caring: We cannot care about someone and at the same time forget his name:

> We need morality precisely because we do not care. That is, we usually lack an attentive concern for the well-being of most members of the human race. We usually care about our parents, children, spouses, lovers, friends, and by extension about some significant groups to which we belong. But by no means do we care about everyone. For most of humanity, most people most of the time are pretty much indifferent. (...) We need morality to overcome our natural indifference to others. Indeed, we need morality not so much to counter evil as to counter indifference. Evil, like caring, is a scarce commodity. There is not so much banality of evil as banality of indifference. Yet (...) the combination of evil and indifference is lethal. (Ibid, pp. 32-34)

Collective memory has agents entrusted to preserve it, the moral witness is one of them.

Giving an eye-witness testimony of human atrocities is the UN peacekeeper's moral

obligation, says Josh. He used to write down in a diary and take video pictures of the

war-experiences in Bosnia, documenting them as a way to remember. Going to The

Hague to testify against war-criminals has been for him a moral obligation, though a

trauma reminder as well:

> Before I went to The Hague, before I even thought about going to The Hague (...) ah, the, what did happen in Bosnia was, was in the past. And I might remember something, sometimes talk about some things, I still have my diary that I might look at eventually... But, then I got the word that I have to go, and testify, and... the therapists, both M. and whoever the doctor was that I was seeing, the psychiatrist, suggested that it might not be a good thing to go, it might be harmful mentally for me to go, and the only reaction I had to that – well, I shouldn't say the only reaction, I was a bit angry that they even suggest I not go, because in my opinion, once you're over there and or anywhere, you still have an obligation if war crimes come up, you have an obligation to go back and give a testimony; you can't run from that, it's, it's, as we say, "An albatross around your neck"? (A what?) A weight around your neck? Whether you like it or not, you cannot deny that it happened, and you, you have to do whatever is asked of you in terms of, prosecuting criminals! That's not, that's not widely shared, so I still feel that way – that's the only thing I can think of. (...) And I think if you were called to testify, whether it's Afghanistan or wherever - and chose not to go, then you've undone

all of the good work you might have done, because you didn't carry it through, and have an obligation to society, really to go and do that.

Bob too used to document the atrocities done to civilians in Bosnia, seeing it as part of his mission as a peacekeeper. Yet, says Bob, looking at the pictures of a traumatic scene is not like experiencing it in person. People who have not experienced the traumatic war-experiences in person cannot really understand them, and no words or pictures can really express the meaning of the experiences. To become a moral witness one has to witness both evil and the suffering it produces, says Margalit (2002). Being a moral witness involves witnessing actual suffering, having knowledge-by-acquaintance of suffering, either by experiencing the suffering first-hand or by observing it. The moral witness should himself be at risk, whether he is a sufferer or just an observer of the suffering that comes from evil-doing; an utterly sheltered witness is no moral witness, says Margalit (pp. 148-150). In an attempt to communicate what the traumatic experiences have meant to him, Omer too raises a scream against war and its devastating effects on human beings that should not be forgotten:

> I, I tried actually... I tried to understand it [the traumatic war experiences] (...) The scream is so strong [of] what happened, the fear it was so severe, so abysmal like, this experience with with with...with this violent form that... this total intensity, that... simply as if the... my hair stood on end, like in... it had immediate physical effects, it was as if to me my hand was decapitated (decapitated, you said?) as if they sliced something of me, as if my soul simply exploded into a million slivers, this intensity of the... of the war is something... that I don't know, that in films it's very difficult to make them clear like... and nothing, to show a part of it, then it's, absolute chaos, like chaos, it's nothing that... one cannot explain it, and the scream that breaks out from there, it covers a thousand times everything else that happens with you in the day-to-day... at work or with a woman...It everything becomes dwarfed there, things there are of life or death like, they are temporary (...) they have no meaning like, you are not alive you are actually dead when you are there. I feel that there like, there because the psoriasis was really created, till then I didn't have psoriasis, it has a concrete

connection, it's it's some volcano that exploded inside, inside me like, that I felt what had happened there – seven months and a half of day by day of death non stop non like non stop, of death death (…) and this is what I felt there… this is what I have to say. (T)

Though trauma memories are most unbearable for the traumatized persons, the urge to tell and let other people know about their traumas, the products of war and human atrocities, bears also hope for a better future: That in another place or another time, there will be people who will listen to their testimonies.

Summation

Remembering trauma memories is at the core of the phenomenon of living with (M-R) PTSD, a unique theme. Trauma memories are memories of past traumatic experiences. They are recalled in various forms: as flashbacks while being awake, as nightmares while being asleep, as recollections, or they may appear as body memories. Trauma memories may first appear immediately after the traumatic experience or later, at their appropriate time and space.

Trauma memories are repeatedly recalled in the day-to-day living: They are highly "persistent" (Casey, 2000), being experienced as intrusive, unexpected, uninvited, uncontrollable, and dominating the traumatized person's Being. The sense of intrusiveness pervades the trauma memory's "atmosphere" (Casey), and due to the temporal uniqueness of trauma memories, also the present remembering-self is caught up in the same haunting atmosphere.

Trauma memories have unique temporal qualities: They have time as a marker; usually the trauma memory is anchored in a specific time. Moreover, though being of the past, trauma memories are recalled as if they were taking place in the present here and

now. Trauma memories do have the primary trait of "pastness" (Casey): A traumatized person does know that his trauma memory emanates from the past, but he recalls it with a special kind of presence, as occurring in the present, very vividly, almost like perceptions. Another unique temporal aspect of trauma memories is their "persistence" into the future: They are experienced as unforgettable, as remembered forever, engraved in one's mind and/or body.

In trauma memories, a person recalls the traumatic experience itself and himself as experiencing it at the time of the trauma. The self-presence of the rememberer, a basic factor of the "memory-frame" (Casey), has in trauma remembering the usual dual presentation of the self: the self that remembers now and the self being remembered in the past, but with a unique quality that is granted by the unique temporality of trauma memories; when past-trauma memories are recalled as taking place here and now, the remembering-self re-experiences the same emotions which the remembered self had at the time of the traumatic experience. Moreover, when the rememberer experiences a dissociative state at the traumatic scene, there is even a third dimension of the self.

Trauma memories are "heavy" with intense embodied emotions, mainly with fear, anxiety, or dread, anger, helplessness, sadness, despair, or guilt, granting the memory's atmosphere its dominant tonality. Furthermore, the act of remembering itself is saturated with the same emotions of fear, anxiety, or panic, or other strong emotions in which the remembering-self is now caught as well.

Many of the trauma memories are body memories: non-verbal, being remembered in and through the body. Body memories are felt as "dense and deep" (Casey), being

solid, involuntary, and inarticulate. Body memory is pre-reflective, it takes us directly into what is being remembered, we are "immersed in memorial depths" (Ibid, p. 167). Trauma body memory is of high density, hard to erase, tends to stay in the body forever, like "a block of cement," "engraved in his mind." Trauma body memories are heavily charged with sensations and emotions and are vividly recalled, in the present here and now.

Whereas the remembering of ordinary episodic memories often enables us to achieve a sense of self-coherence and integrity, trauma memories are experienced as habitating the body as an alien, non-human entity. Remembering trauma memories seems to have a disruptive, disintegrative effect:"Then I am not a whole figure anymore." Being experienced as a non-separable part of the self, trauma memories are also participants in the traumatized person's relationality: The presence of nightmares or flashbacks and their effects on the person and his relationships cannot be ignored.

Trauma remembering is sometimes "schematical" (Casey): The memory is abbreviated in such a way as to be sketchy or blurred, not fully presented, recalled in a fragmented way, with some details that are sharply recalled, whereas other details being forgotten. Trauma memories are often triggered by trauma reminders that evoke trauma memories in an automatic bodily way, before any reflection or thematization of them can be made. In Sokolowski's terms (2000), a trauma reminder is a *moment* to the trauma memory, a non-independent part that works in a gestalt-way: The reminder brings back the memory of the traumatic experience as a whole. Many of the trauma reminders are sensory, including specific sounds, sights, smells, touch, and heat, acting separately or in

combination. Trauma reminders or evokers include also specific places, time, persons, situations, or events, specific feelings, thoughts, the talking of the traumatic experience, or remembering itself.

The traumatized person often tries to identify and avoid his trauma reminders as a way to cope with trauma memories, though being often aware that avoidance may keep the memories at bay, but will not blot them out. Through their presence or the attempts to avoid them, trauma reminders have also become part of the person's relationality.

How do trauma reminders or evokers work? Following Casey's (2000) phenomenological study of remembering, it seems to me that trauma reminders adumbrate what they remind of, the entire trauma memory; they allude and evoke trauma memories to remindees by various ways, among them are the iconic and indicative ways. Trauma reminders seem to me to allude to specific aspects of the trauma memory, mainly by way of resemblance, and evoke the trauma memory (the remindand) as a whole to be re-experienced by the remindee (the traumatized person). Thus, trauma memory reminders may also fill in some missing details of the trauma memory itself, enhancing the understanding of the traumatic experience and its meanings as a whole.

Though trauma memories and memory reminders are unwelcomed by the traumatized person and cause him distress, in a few occasions a traumatic experience may have not only traumatic aspects but also good and cherished ones, as lessons-for-life. These trauma aspects can be evoked by specific reminders which are cherished by the person and intentionally memorized.

In spite of the pain and suffering that is involved in (M-R) trauma remembering, traumatized persons sometimes regard trauma remembering as a moral testimony of the evil that humans do and can do. Hence, (M-R) traumatized persons may feel the ethical and the moral obligation, to their dead comrades and/or to their fellow human beings, to give moral testimonies, to let the scream be heard: to remember and never to forget.

The encounter with death is at the core of the phenomenon of living with (M-R) PTSD: Death is first encountered during traumatic experiences and thereafter, as being re-experienced in day-to-day living, through trauma remembering. In the next chapter, after introducing some philosophical thoughts on death, various aspects of the encounter with the death of others and with the possibility of my own death are explored: What is the concrete lived experience like of the encounter with the death of the Other? How is the encounter with the possibility of my own death experienced by the traumatized person? Which meaning and moral questions does the encounter with death raise in the persons with (M-R) PTSD?

CHAPTER SIX: THE ENCOUNTER WITH DEATH

We can not speak of death without thinking about its counterpart, life; both are on the same continuum of being human: When one ends the other starts. Every life is limited by its birth and death as its beginning and its end. The certainty of our own death is death's main characteristic; however, in the course of our daily lives, we usually do not think that often about our own death. Moreover, in modern Western societies, death is largely isolated from the day-to-day living. Death, most often, occurs in hospitals and less often at home. Death is perceived as an acute and even an unnatural condition, to be fought off as long as possible. Those who are going to die are often kept away, except from their closest relatives and medical personnel. Even after a person dies, there is a tendency to hide death: The bodies of those who passed away are immediately removed to special places, mainly the hospital, and in Canada, to the funeral home, where they remain until the funeral. Cemeteries too are often distant from people's homes. This course of things is different than in ancient times, when life expectancy was low and women and babies often died at childbirth, death was then much more visible in the lives of people. Moreover, people commonly experienced death and saw those who had deceased because people died at home or were brought home until the funeral.

Language too reflects our ambivalent feelings towards death, as well as our diverse perceptions of death and of life. Most of the Hebrew words refer in an indirect way to the fact of death. The most direct word for a person who died is *met* (died and a dead person, the verb and the person) and *ma-vet*, meaning death; here we cannot ignore the fact of death. Yet, there are other indirect words and phrases which allude to leaving

this world for another one and how death is experienced by the living: *Niftar* (passed away) and *haniftar* (the deceased) both allude to getting rid of something, maybe the burden of life? *Histalek* (left, went away) has the connotation of deserting the others, whereas in *nilkakh* (was taken), the deceased's responsibility for the fact of his death is removed; *Eynenoo* (He is not; *eyn* means nothingness), meaning he is not alive anymore, seeing death as the opposite of life; *ha-lakh* (he went) or *ha-lakh leolamo* (He went to his world) may hint to the possibility of having another life in another world; *nakh menukhat olamim* (He rests in eternal peace) and *ha-lakh le-olam she-coolo tov* (He went to a world which is all good) are even consoling, suggesting that the other world is better than ours. *Yatzaa nishmato* (His spirit left) or *nafakh et nishmato* (He exhaled his spirit) allude to the relation between life and breathing (*neshima*) and breathing and spirit (*neshima* and *neshama*). *Heshiv nishmato labore* (He returned his spirit to the Creator) reflects a religious perspective of how Man came to life and seeing life as a loan to be returned to God. In *ne-esaf el avotav* (He was embraced/came back to his ancestors) and *halakh bederekh kol bassar* (He went the way all human beings, "flesh," go) there seems to be a kind of acceptance of death as the way things are.

The relation between death and life has been of major significance for philosophers. Epicurus (4th century BC) tries to calm down the human dread of death:

> So death, the most terrifying of ills, is nothing to us, since so long as we exist, death is nothing with us; But when death comes, then we do not exist. It does not then concern either the living or the dead, since for the former it is not, and the latter are no more. (1940, p. 31)

Is death really "nothing to us?" In "Some Notes on Death, Existentially Considered," Earle (1972) refers to this question:

> My death is one thing that in principle I cannot experience or render
> 'phenomenal.' For as Epicurus said, while I am, Death is not; when Death is, I am
> not. And so no one has ever experienced his own death, which everyone is
> nevertheless convinced is absolutely certain, and which everyone dreads, (...)
> since death is the extinction of experiencing altogether. The phenomenology of
> death is not a simple description of it, which would hardly be worth the trouble,
> since the description is completed in a word: Nothing. It is instead an exploration
> of what death means to life, from the point of view of the living. (p. 215)

In the philosophy of the 20th century, Heidegger (1962) in *Being and Time* extensively

discusses the question of death. Heidegger points as well to our tendency in everyday

lives to conceal from ourselves the impending nature of death:

> Death is something that stands before us – something impending... In the
> publicness with which we are with one another in our everyday manner, death is
> "known" as a mishap, which is constantly occurring – as a "case of death."
> Someone or other "dies," be he neighbor or stranger. People who are no
> acquaintances of ours are "dying" daily and hourly. "Death" is encountered as a
> well-known event occurring within-the-world. (...) Death is understood as an
> indefinite something which, above all, must duly arrive from somewhere or other,
> but which is proximally not yet present-at-hand for oneself, and is therefore no
> threat.... One knows about the certainty of death, and yet "is" not authentically
> certain of one's own.... One says, "Death certainly comes, but not right away."
> (...) Thus the "they" covers up what is peculiar in death's certainty – that it is
> possible at any moment. Along with the certainty of death goes the indefiniteness
> of its "when"....Thus death's ownmost character as a possibility gets veiled – a
> possibility which is certain and at the same time indefinite – that is to say,
> possible at any moment. (pp. 294, 296-7, 302)

Heidegger argues that when we ignore our impending death, we tend to live in

"inauthenticity." In being-toward-death, facing the dread of death or anxiety and the

acceptance of one's death, *Dasein* (the human being, capable of wondering about the

meanings of his own Being) is forced to stop and examine its true situation as being-in-

the-world, moving toward its *authentic, eigentlich* (mineness) selfhood. In facing death

we have the opportunity to define for ourselves the meaning of our lives (Golomb, 2001,

p. 469). According to Heidegger, by denying the possibility of my impending death I also

hide from the significance of my life; one is not one's self because to be one's own self is to acknowledge the possibility of not being at all. Facing the anxiety of being-towards death, a person is forced to ask oneself, what does it mean for me not to be? Since one cannot grasp nothingness, one turns to the question of authenticity: What does it mean for me to be? (Golomb, 2001, p. 470).

Heidegger sees in the recognition of my own death a possibility of living an authentic life, to live my own life. In order to live authentically, I have to understand that I am essentially a temporal being and that the time of my existence is not an abstract notion but rather concrete. Our relation to death may be a fearful and passive waiting for it to come or ignoring the fact of death's certainty, or rather, as Heidegger proposes, it can become an active anticipation of death as the ultimate horizon in which one chooses one's existence. Yet even for Heidegger, death is "the strangest possibility of all. It is, he says, the *possibility of impossibility*" (Haase & Large, 2001, p. 47), namely, death is the possibility that all our possibilities come to an end. Without the presence of death we would live in the illusion that things can go on the way they do, and we would not have to do anything about our lives: "We see then that the limit of our possibilities, namely death, is also their source" (Ibid, p. 47). For Heidegger, death reveals to us our temporality and fragility, for we know that at any moment all we have achieved could disappear. Moreover, Heidegger argues that it is only death that truly makes me unique. In everything else that I am I can be replaced by another person except for in my death. Therefore, only in relation to my death I am truly individualized (Ibid, p. 48).

Thinking along similar lines, Derrida (1996) refers to "the gift of death," saying that death is the moment when we assume responsibility of ourselves. Death is the only thing that is uniquely mine; even if I wish to sacrifice my life for the other, I will not save him or her from his or her own death but only postpone it, because everyone ultimately dies. Death is the ultimate moment when I experience my singularity, my uniqueness, says Derrida; my death is only mine, therefore I am responsible for it: "It is from the site of death as the place of my irreplaceability, that is, of my singularity, that I feel called to responsibility. In this sense, only a mortal can be responsible" (Ibid, p. 41).

Blanchot argues that this existential description of death is only one side of death, whereas behind it there hides another side of death which he calls "the impossibility of possibility" (Haase & Large, 2001, p. 48). Blanchot criticizes Heidegger's understanding of death, arguing that it reduces death to its "positive" side, to the knowledge and activity that arise from it: "Here death is not something that forces me authentically to grasp the significance of my life, rather it is something that wears me down" (Ibid, p. 52). The experience of dying is that of the horror of the absence of the world and of an absence of meaning. Heidegger's idea of authentic death is transformed in Blanchot's thought into the infinite passivity of dying, where the person who dies encounters the impossibility of dying, namely, the impossibility of turning the world into something meaningful:

> Instead of finding in death the ground of my individuality, that which is properly mine and in regard to which I cannot be replaced, 'my' death rather exposes me to the dissipation of myself, to the experience of an insufferable anonymity. In reality, Blanchot argues against Heidegger, 'I' never die, but 'one dies.' (Hasse & Large, 2001, p. 53)

Blanchot agrees with Heidegger that we try to deny death by means of its abstraction, saying that "everyone dies;" but dying is when we cannot deny it anymore, then I become "everyone:" "Behind the hope invested in the thought that 'I' die and that my death will let my life shine in its perfection, lies the anguish of the 'one dies,' of an indescribable horror of meaninglessness" (Ibid, p. 53). Instead of finding the meaning of our lives in death, the experience of dying is that of horrific insignificance, an experience of weakness in the face of an overpowering world (Ibid, p. 65).

The tendency to deny our finitude is human; however, there are situations when the "natural shield" of "*to me* it won't happen" is severely shaken. Being involved in traumatic experiences makes death real and concrete; then we do experience the fear of death, and the taken-for-grantedness of being alive is shattered; then we no longer treat death as "a case of death." Having (M-R) PTSD involves extensive encounters with death, either with the actual death or severe physical injury of others or with threat to one's own life or to the lives of others. The phenomenon of living with "post-trauma" raises, therefore, questions in regards to death and life: How do persons with (M-R) PTSD experience the encounter with death at the time when the traumatic experience took place and thereafter, in their day-to-day living? How is the encounter with the death of others lived bodily, emotionally, and cognitively? How is it lived temporally and spatially? How is the threat of death to the self being experienced? And what does the encounter with death mean for life?

The encounter with death as a unique theme of the phenomenon takes place twice: first, at the traumatic experience itself and thereafter, in the day-to-day living with (M-R)

PTSD. Trauma remembering and memories are the "bridge" or "vehicle" by which the first encounter with death is recalled and re-lived in the present. Therefore sometimes in the chapter I refer to the encounter with death at the time of trauma, and at other times I refer to how the encounter with death appears in the day-to-day living.

Though all (M-R) traumatic experiences involve an encounter with death, either actual or threatened, not every encounter with (M-R) death is necessarily experienced by the traumatized participants as traumatic. For instance, during the '70s, Benny was often engaged in fighting and in killing of PLO (Palestine Liberation Organization) terrorists/fighters or of Syrian soldiers in Lebanon, and his life was often endangered. However, he deals with these incidents as a taken-for-granted necessity and as an integral part of being at war and not as traumatic experiences. Benny also did not experience his own physical injury as traumatic. Edi, being a peacekeeper in war-zones in Bosnia and Croatia, regards as well the encounter with death in battle as a taken-for-granted, unlike the killing of civilians which he witnessed there:

> In any army, you sort of trained for it, and you sort of... look at it as being a part of a job... But dying in the army you look at it as being, ok, you're in a fire-fighting with the bad guys, you get shot - you die, you know, and not that (...) sneaking to the house and execute this family just because... they have different religious beliefs, you know...

The Encounter with the Death of Others: An Embodied Experience

Death related to military operations is not an "abstract notion;" it is experienced directly and concretely. A person can see and touch it, smell and taste death, and it is also associated with specific sounds. Josh describes the sound of the machine-gun bullets fired at his force, hitting the steel plates that meant to protect them, going like "bee-bee, bee,

bee" hundreds of times. Joe describes the horrible sound of babies' bones being smashed under his truck wheels: "Throwing your babies in front of the trucks?!... It was... (Why?) To get rid of the kids! kkkkk [He makes a sound of a truck going over the baby] – Just run over a baby – what do you do?!" Right after the road-side charge explosion, Shay hears the human voices of crying and screaming everywhere: the voices of pain, panic, and fear of death of the severely wounded and of their care givers:

> Friends with... a bullet in the head, in the face, that [are] full, that are full of blood, with a room that... everything everything blood simply (...) It's almost an hour and a quarter of lots of lots of "like," shouts, screams of us the wounded, and of those who eventually were killed; screams of those who are taking care of us, "like" panic among them, and indeed those who took care of us they're friends of mine for whom it's difficult to see their friend being all over full of blood, and people who themselves also got into "like" some panic. Simply all these pictures of a lot of a lot of blood, of people simply...lying down, and sma...[shed] ..."like," not moving and not... (T)

The sound of death may reach us from far away, like the "bee-bee, bee, bee" sound of the bullets of a deadly machine-gun, the "boom" sound of a shell, a rocket, or the explosion of a road-side charge or a land-mine. The sound of death can also emanate from the human body, like the sound of human bones smashed under the truck or the human voice of screaming and crying in pain and horror.

The encounter with death at the traumatic scenes involves the sights of dead bodies, sometimes deformed or disintegrated into body parts, and blood. Shay sees the smashed bodies of the dead soldiers, all covered with their own blood: There is a lot of blood everywhere. Why is it so difficult to watch a person bleeding? "Blood is life," we say, and also the soldier fought "to the last drop of blood," meaning to the last drop of life, till death (Gulland & Hinds-Howell, 2001, p. 113); and we name the killing on a

large scale "a blood-bath" (Ibid, p. 114). Blood resides inside the body, invisible; to see a

person covered with blood or a lot of blood all over a place is scary; we often turn away

our heads from this sight; do we fear to see death?

Shay's speech is disrupted when he describes the deadly sights; when words are

inadequate to express the lived experience of the encounter with death, silence takes

place. Following the Yom Kippur war, Benny and other soldiers were sent to collect body

remains of Israeli soldiers in order to bring them to burial; he recalls the sight of the body

remains:

> I and a few of the more senior guys joined at this stage to the search for bodies...
> of slain persons... [a long silence]... There I saw... not nice...things and... [The
> pace of his speech slows down] not nice things in both aspects: namely, bodies,
> the condition of the bodies, bodies of Egyptians, that it disturbed me a lot how
> they were treated... (Do you want to go into detail about that?) Eh, I'll tell you
> what I mean: that they made of skulls night-lamps... that there was one guy who
> made a necklace out of an Egyptian's teeth ... made an earring out of an
> Egyptian's tooth ... eh... that's it! (...) I... was brought up in the military
> adhering to the "purity of weapon" and a... certain discipline, and I simply don't
> like it... (T)

As he describes the sight of the bodies and body remains of Egyptian soldiers, Benny's

pace of speech is slowed down and is disrupted by long pauses: The lived experience of

the encounter with death is expressed in the words and more so in the silence between the

words. Benny uses the expression a "slain person," *khalal* in Hebrew, when he refers to

the dead. The Hebrew language dedicates special words to describe a person who was

killed in the military, which are not similar to those who passed away in non-military

circumstances: *Khalal, naffal* (He fell) and *hanoflim* (the fallen) are those who were

killed in battle. To say of a soldier killed in battle that he "fell" is to allude to his death

without saying it explicitly. The Hebrew *khalal* has also the meaning of space or cavity,

something that is empty and which once was filled. Calling the dead soldiers *khalalim*

alludes to the persons who left emptiness in their loved ones.

For Benny, the sight of the Egyptian soldiers' bodies desecrated by Israeli soldiers

is repulsive: Sight leads to an insight regarding the breach of moral rules in war. "Of all

senses," says Straus (1963, p. 372), "sight most effectively serves cognitive insight."

Being an eye-witness as a peacekeeping policeman to human atrocities in Bosnia

involved not only seeing the dead but also having a close contact with them. Bob had to

touch the dead in the mass-graves when taking off their necklaces and rings for

investigation:

> (You said that smell and sight, and touch? What do you mean by touch?) Ah,
> sometimes I might have to go and take jewelry off, you know? (Jewelry?)
> Necklaces, rings (Ah) identification in pockets (I don't understand, sometimes
> you what?) Sometimes you... have to take off (Yours?) A necklace of a dead
> person? (Ah...) Or rings? And do carefully too (Oy...) And... that's what a
> touch...

It seems that I suddenly have difficulty to understand what Bob is saying: Is it my

reluctance to be in-touch with death so directly? The traumatic experience of digging

mass graves makes the atrocities against civilians be concretely, bodily experienced not

just from an eye-distance but also through touch, smell, and taste. Whereas the sense of

sight keeps an object at a certain distance from our bodies, smell and touch bring the

object to a direct bodily contact. We can close our eyes or turn away our heads so that we

do not see the unwanted, but we cannot shut away the smell. Smell and touch may even

stay for long and be engraved in the body. To evacuate wounded or dead soldiers often

means to touch them with bare hands: When I touch the wounded or the dead, I am also

being touched by their bodies. Elad describes how he evacuated his dead comrades after a

truck explosion at an Israeli harbor, touching their dead bodies with his hands:

> Lying down there was a guy from school, Gabbi, all the clothes were burnt. I bent over to carry him by the shoulders, my hands sank into the flesh to the bone – he was baked. I loaded the van, drove to the hospital – (...) There was there one officer, an "old" one – I was 20, he was 30 (...) his name is Iddo. He lay down there – he was in his best military uniform, open all over, from the balls to the throat. I tried to lift him, but everything was spilled out. I took a stick and with it pushing the intestines into the abdomen. (T)

Of all the senses, sight is the one of which we can mostly be in control: We can look at

things or avoid the sight of an unwanted scene. Unlike sight, touch means that my body,

the toucher and the dead person being touched are physically in con-tact. Yet touch, like

sight, can be controlled by me: I can choose not to touch the dead person, but once I have

touched him, his touch sticks to my body, and its traces need to be physically washed

from my body; however, they can still stay as a body-memory.

Imagine how we would react in our everyday life, if we get a wound which starts

bleeding or when we see a person badly injured: We often look away, feeling

uncomfortable with the sight. When a person dies, his body is prepared for burial, the

body goes through a purifying process and is cleaned of all its secretions. In life and in

death, the intact appearance of a person's body seems to be important to us. Elad

witnesses the destruction of the human body being disintegrated into its core substance,

the flesh and fluids. When Elad tries to lift Gabbi's body, his hands sink into his flesh.

When Elad lifts Iddo, his organs are outside the body, exposed and visible, and Elad uses

a stick to push the intestines back inside the opened body. When we are with people who

are close to us, we may touch them, namely, their bodies. We even touch the bodies of

strangers: shake hands with them, sometimes may even put a friendly hand on their

shoulders, caress their heads, or kiss their cheeks. Dead people whose bodies look intact,

we would hardly come closer, and more so touch. We often do not feel comfortable with

touching a dead body: Is it a deep fear of being "contaminated" by death? And even more

so when the dead body is damaged, we would hardly touch the inner organs with a bare

hand. Beyond the feeling of repulsion, I wonder: Is it a kind of a taboo, not to touch

human inner body parts?

During his military service, Elad has been exposed, time and again, to that which

we usually try to avoid, the horrific sight of the disintegrated body, with the inner organs

exposed and monstrously being deformed, the smell of stinky dead body secretions, and

its touch. Following the drowning of a battleship after the Six-Day war, Elad was sent to

pull out of the sea Israeli soldiers' bodies. He describes the ugly looks, the repulsive

touch, and the stinky smell of the dead bodies:

> My task was to sit in a rowboat above the ship, and divers down there released the
> corpses, and the corpses after being two weeks in the sea (...) they simply became
> inflated and they floated like a balloon... There is nobody who... has
> experienced this sight, who hasn't been affected by it (...): Most of these guys
> were guys whom I've known from high school (...) or from the navy... And...
> they become inflated like a balloon, spongy, white, disgusting; There are no eyes,
> everything is like closed, like a ball, and from the "arse" there emerge intestines
> 20 meter long, each intestine is swollen; (...) And go take it, and go drag it to the
> ship which waited about 150 meters away, and go lift it to the deck (...) And we
> were not prepared for that and we didn't take with us any tools: stretchers, gloves.
> You're pulling the hand, catch the corpse in the hand and pull it (Without gloves)
> Yes, flukk – the hand is being torn off... And when we reached the ship, soldiers
> on the ship, seamen, also they didn't know how are we going to lift this thing to
> the deck? And... all of us, also anyone who was there knew that this corpse is not
> just eh, this is Moshe or David or somebody else, it's not... So of course we had
> our jokes and all those things (Black jokes?) Yes, and then at the end they tied
> themselves, four soldiers to a blanket, we inserted it under the corpse and they
> lifted it like that to the deck, and then there was a new problem – it's huge and

> soaked with water (Who?) the corpse, and there are all the juices start leaking from underneath, and you finally place it on the deck then plutch – everything is spilled, like a red-yellow-purple juice, something stinky – you don't believe what a stink, it's indescribable. And we came back home afterwards, and I say, till this day - when I look at the water from the deck, at a vessel, I await a white stain that is climbing on me. (T)

Elad describes very vividly and concretely the bodies of the drown soldiers. After staying in the water for days, the human dead body is coming apart: The limbs are easily torn off, and internal organs such as guts are ejected outside. The boundaries between the inside and the outside are breached; the hidden, inner parts of the body become visible, and the wholeness of the body is severely damaged. Also the shape, size, and contour of the body are distorted, and the intact human body becomes monstrous. Such a sight raises deep anxiety: It is the core of the self that is threatened to fall apart.

Elad uses the Hebrew word *gvi-ya* (a corpse) when he relates to the soldiers' dead bodies which he pulled out of the water. *Gvi-ya* means both a dead and a living body and is less common in everyday language use; when we refer to a dead person, we would rather say *gooffa*, which lexically indicates both the living and the dead, yet in everyday language it is used only for a dead body. Is Elad's use of a less common word a way to distance himself from the horrific experience and from the fact of death? How intertwined life and death are can be shown in language, through the etymology of the English *body* and *corpse* and of the equivalent Hebrew *gooffa*, *gvi-ya*, and *goof* (body).

In English, both *body* and *corpse* refer to the lived and the dead body, although with different weight as to the life component. *Body* refers to "the whole material organism viewed as an organic entity" and also to "dead body, corpse." The word *corpse* refers to "the dead body of a man," but also "a (living) body, a person" (Oxford English

Dictionary Online, 2009). The etymological sources of both words go to *body*, showing how both the lived and the dead bodies are intertwined: *Body* is from O.E. *bodig*, its place being taken by *leib*, originally *life* and *korper*, from L. Often contrasted with the *soul* since 1240; short for *dead body*, *corpse* since 1280. *Corpse* is a variant spelling of *corps*, from *cors – body*, from L. *corpus – body* (Ibid). However, in Hebrew, *goof* (body) refers only to the lived body, whereas *gooffa* and *gvi-ya* are usually used in reference to dead body but have also the meaning of lived body (Even-Shoshan, 1988, pp. 92-3).

Unlike sight and touch which are in our control, we cannot avoid smell entering our noses and mouths. Smell hits us, evades our bodies, enters our noses, and sticks to our skins. For Joe, the smell of dead bodies is like the smell of brakes or burnt metal. Bob tries to make me understand what the smell of the bodies at the mass graves is like:

> (Wow. You say, smell [of death]?) Yes. (What kind of smell?) Oh, it's so hard to explain... Eh... Eh, I'd say maybe sweet... a sweet smell? Of a rotten meat, something? I can't explain it – I've never smelled anything like that. (Because it's not something that usually) It's not something of everyday [He laughs] – That's right, it's not everyday. (Most people during their whole lives, they don't experience that!) Yes, that's right....

Through breathing, smell enters the nose and mouth; the body reacts to the smell of death with repulsion, it makes you throw up, says Joe, but once the smell gets into your mouth, it never leaves you, it is a "memory of the senses." Straus (1963) compares the "higher" senses, sight and hearing, with the "lower" ones: taste, smell, and touch, as they stand in the I-world relationship: "In passing from one modality to another, the accent within the self-world relation is shifted from the perception of the object to the experience of one's own body," says Straus:

It is, of course, true that we can taste the way something tastes in itself and not only how it tastes to me, and similarly for smell; the "lower" senses are not entirely lacking a Gnostic element. Neither do the higher senses lack a pathic element. Always I am affected in a certain way. In passing from one modality to another, the accent within the self-world relation is shifted from the perception of the object to the experience of one's own body. Even within the limits of one modality, there are transitions from the directedness-toward to the being-affected-by. (p. 370)

For the traumatized peacekeepers, the encounter with death included investigating mass graves where bodies and body parts were buried. Joe is terrified and helpless when he sees body parts of babies, laying in the mass grave:

> Well, the mass grave [in Bosnia] was a big one - that one really hit home – my ... seeing on the CNN - what you guys see is very mild, versus what we saw. (You saw the graves) Right there! (The bodies?) Everything, eh... How do you explain to somebody else, when they're yelling and screaming at you, they want their baby... Here's his head, here's his two arms, here's his body – here's... here's your child! [He laughs in helplessness] No-no - baby! Oh no, I'm not a pathologist, I don't know what it is! Get off my back! I am sorry! And there are...You got thousands of people standing around, screaming and yelling at you, and you like...what do you do?

Seeing deformed dead bodies or body parts is a most difficult experience; collecting human remains of what once were soldiers is at least as difficult; the encounter with military-related death encompasses this experience as well. After the explosion of the ammunition loaded truck which killed dozens of his comrades, Elad is sent with other soldiers to clean off the explosives' duds:

> You're collecting, but the entire area all around: skulls, eyes, fingers, here a leg, there a foot, and suddenly the dogs of the town arrived and began eating. We didn't know what to do, throwing stones at the dogs, and not knowing how to collect the remnants. (...) ZAKA didn't exist yet. (...) Two months later, I would dive in the area and see a shoe with a bone emerging from the water, or I would walk barefoot and suddenly step on a skull with hair... (T)

When my husband and I walk on "our" home-mountain, we sometimes see animal bones or a horn, a skull of a sheep or a goat, or an animal's hair-lock, or even an animal's whole corpse. I usually keep myself at a distance not to step on it, while holding my breath to avoid the stench; I even avoid looking at it. Seeing human body remains is a lot more unbearable, and the thought of collecting them, touching, and smelling, provokes in me a sense of horror. Elad mentions Zaka, an acronym for the Hebrew Identification of Disaster Victims, the dominant rescue and recovery voluntary organization in Israel. Collecting human remains is done (by soldiers or by ZAKA) to fulfill the biblical imperative to bury the dead "on the same day" and handle the shattered flesh and bones with respect for the divine spirit that had filled them.

One way of dying in a (M-R) operation is being burnt to death, so that nothing of the person's body is left. This was a traumatic aspect for Dan, when waking in the burning tank. It was also traumatic for Gideon when flying in the burning plane that was hit by missiles. Years later, Gideon watches the spaceship Columbia being crushed on its way back to earth, with the same feeling of awe: "The disintegration of the body, of explosion, of of of rips, this is some, this is some resemblance with with with... with my situation... (...) this extinction of the body..." (T). When being burnt to death, anything of the body hardly remains. In Hebrew we say, "nothing of him was left, no remnant," no *zekher* which also means memory, as *zikkaron*. The word *zekher* is also of the same root as *zakhar,* a male: Men are the ones who carry on the family name, the family's continuity.

It is very important for the family of the deceased to have at least a body to bury, some place to go to mourn. Body exchanges take place in wars as a humanitarian act, but often also as a psycho-political weapon. Body exchange was one of Josh's missions as a peacekeeper in Bosnia:

> When a person receives a body back there is some closure - they know if they're dead or not, so we would, we would retrieve bodies and, and exchange them for bodies from the other side. (Retrieve?) We didn't, we didn't dig them up but they would be held by both sides, and they used bodies as a psychological weapon: There's always a certain number for a certain number or, this many Serbs for these two particular Muslims, that's sort of thing. They were soldiers they were children, they were men, women – all kinds of bodies, so.

Josh speaks of a sense of closure: Do we need to *have* a body, to see the concrete body of the dead person in order to *know* that this person is really dead? Bob says that for the families it provides a sense of closure: A body is buried in a grave and has a gravestone as a memorial, with the name of the deceased on it. Also for Dan, the most difficult is that three of his crew comrades have been missing since the Yom Kippur war.

However, body exchange is not always a noble act. In recent years, soldiers' bodies and body remains have become an aspired target for terrorist organizations, such as the *Khizbulla*, for bargaining in prisoners' exchange: dead bodies and human remains for the living. Thus, the urgency of collecting soldiers' body remains in war or in military operations has been aimed also not to have the enemy take them first in hostage. Josh too refers to the body exchange as a psychological weapon. In everyday life we use to trade with merchandise, with goodies; trading with dead bodies is horrific. People are counted by the quantity, a certain number for a certain number, though certain corpses are more

valuable than others; they are not human beings anymore but cards in the market of death and cynicism.

Nevertheless, Josh does stress the significance of this act when he looks at the body exchange from the families' perspective: When they receive the body of their beloved, at least they know for sure that he or she is dead; they can bury them and have a grave, a concrete place to mourn. In this way, the dead body regains a name; the "it" becomes "some-body," a person again.

Treating a human body as an object or a thing is degrading and humiliating for those being in "thick relations" (Margalit, 2002, p. 7) with the dead, the "near and dear:" family, friends, comrades, or fellow-countrymen, as well as for those being in "thin relations," the dead's fellow human beings, from a human perspective in general. Benny struggles with the dehumanization of the dead, when after the Yom Kippur war he was sent with other soldiers to collect the body remains of Israeli soldiers, in order to bring them to burial:

> Also the way we were collecting [body remains], and the small bags, to put the remains in small bags, I didn't like it…to scratch them in the dunes, when animals, you know, were roaming around and it's not…Well, that's it, we're done. (T)

Treating the dead as a thing and not as a human being is what is most traumatic for Josh, when he sees in the hospital the five dead children whose bodies were stacked one on top of the other in a pile:

> First of all they were dead children but, they were practically stacked one on top of each other – they weren't laid out, they weren't on beds, they were on the floor, and… the top one of the one highest was a little boy whose eyes were still open, and every time I looked over there, his eyes were open and I would see him, Ech…[He tries to control his emotions].

People who are sick but alive, we would not ever think of putting them one on top of the other; every one of them would lie down in a bed. The five dead children, being stacked one on top of the other, were treated like sacks of potatoes, like objects, not like human beings. Moreover, the fact that one boy had his eyes open is most troublesome and confusing for Josh: Is this child really dead or maybe he is still alive? When a person dies a natural death, we immediately close his or her eyes: This is a sign that the person passed away. The open eyes are part of being-in-the-world, sensing and being in contact with the world and with others, part of what being human means. Bob too is very disturbed by the way the dead bodies in the mass graves were stacked, like objects, losing their dignity as human beings:

> Well he [his uncle] says one good thing to me. I was talking about the way they stacked the bodies, and I told him, that was hard for me, and he said, he said, it's just the shell, he said, the spirit is gone; he said it's just the shell. So that kind helped, somewhat...

Bob's uncle consoles him, saying that a dead body is only the shell: The spirit is what being a person is. In Hebrew, *ne-sha-ma* means spirit, from the same root of *ne-shi-ma*, meaning a breath or breathing. In other words, the difference between death and life is in being able to breathe. Having a spirit also means the ability to experience pain and other feelings, whereas a shell is inanimate: It can neither sense pain nor feel humiliation.

However, in certain traumatic circumstances, treating the dead body as a "corpse," an "object or a thing" may somewhat remove the fact of death from us. When Elad describes the pulling out of the water of the drowned soldiers, he refers to them as "the corpse" or "it," not as a person, though he does acknowledge that some of them were familiar to him. When Elad shifts from "he" to "it," is it a way to distance himself from

death by dehumanizing the dead? Does this dehumanizing make it less difficult to deal with the fact of death?

Yet, when the dead is a familiar person, the "object or thing" becomes a "he" or "she" again. Is the death of a familiar person more terrifying for us than when a person is anonymous? Does the familiar face in the dead body bring death closer, the possibility of our own death more concrete and real? For Benny who, after the Yom Kippur war, was sent to Sinai to collect dead bodies and human remains, meeting a familiar face among the dead made it a different experience. When a dead body turns out to be a person whom we know, the "it" becomes a human being who has a name, a "face," and a life-story. Elad expresses this contrast between the dead being an object versus having a "face," when he identifies familiar faces in the monstrous bodies of the drowned soldiers:

> There is nobody who… has experienced this sight, who hasn't been affected by it (…): Most of these guys were guys whom I've known from high school (…) or from the navy…and there were there tens like that, they were sailors on the battleship – these are guys with whom I grew up at high school (…), and after that I got to know them at the [military] basic training… and… (…) And… all of us, also anyone who was there knew that this corpse is not just eh – this is Moshe or David or somebody else, it's not… (T)

Edi too went through numerous difficult experiences when being a peacekeeper in Bosnia; but the most traumatic experience for him was to find the dead bodies of a whole family whom he had known in person:

> The one particular, one that always… it's probably the hardest one to get over, was a little Serbian family, young (…) little family, trying to go on with their life, in some pretty, shitty environment, and there is the mother, the father, there is an older son, and there is a little, cute little blonde girl, about eight years old, and the Croatians came in one night and murdered them, and this is just up the road from us, and we heard the shots, and we went to investigate, and obviously found them; and that's… from then, you just know, like God, you never know! (…) But you know things I saw in the Medak Pocket never hit me like that family get killed

(...) I've seen that little girl everyday for three months, you know, she came looking for a chocolate bar, and we've given to her, right?

When Edi looks at the murdered Croatian little girl, does he also see himself, being helpless, unable to prevent the crime nor punish the murderers?

The Encounter with the Possibility of My Death: The Dread of Death

The encounter with my death is the encounter with or the experience of the *possibility* of my death: the understanding and the anticipation of death, the anxiety or dread of death. In *Being and Time* (1962), Heidegger discusses the dread (*angst*) of death. Being-towards death is essentially anxiety; in anxiety we are brought into a relationship with our own deaths (Ibid, p. H 266). For Heidegger, anxiety is not a pathological mood: It is something that is built into our constitution as human beings. Anxiety is a form of *Befindlichkeit,* a mood, a feeling, a "state-of-mind," part of the way that we are situated in the world (Gendlin, 1978/79).

Although anxiety is not a symptom of illness but rather a human state-of-mind, it is extremely painful. Therefore we usually attempt to avoid or deny anxiety, to conceal from ourselves in our everyday lives the impending nature of death: "Anxiety in existence is usually repressed. Anxiety is there. It is only sleeping. Its breath quivers perpetually through *Dasein*" (Heidegger, 1993, p. 106).

In anxiety, the world loses its familiar meanings, its sense and order; the groundlessness of the world and of *Dasein's* being-in-the-world is revealed: "The world has the character of completely lacking significance" (Heidegger, 1962, p. H186). When a person is anxious, he or she feels uncomfortable, not-at-home in the world: "In anxiety one feels 'uncanny' (*unheimlich*) (...) Everyday familiarity collapses" (Ibid, pp. H 188-

9). Following Heidegger's thinking, Bracken (2002), in *Trauma: Culture, Meaning and Philosophy*, suggests that traumatic experiences can have the effect of awakening the mood of anxiety that already exists in human beings: Trauma can have the effect of revealing the anxiety that is built-in in human Being.

Of all the research participants, only Gideon explicitly describes his experience of being-towards-his-death at the time of the traumatic experience and reflects about its meaning for him. Other participants refer to their anxiety or dread of death, their being hypervigilant, or to feelings such as helplessness and loss of control at the time of trauma. However, all participants describe their deep and prevalent dread of death in their day-to-day living. Is Gideon's traumatic experience different or is his openness to deal with the question of death unique? Gideon is watching with fear how the two missiles are flying towards his airplane, becoming bigger and bigger: "This is fear of death; there are no other words to describe such a thing" (T). Watching how the missiles are coming closer and closer is experientially different from being hit by a missile without knowing or seeing it coming: The anticipation of the deadly hit makes it an experience of the *possibility* of my own death; there is enough time to understand the about-to-happen. When reflecting on his being towards his death, Gideon describes his fears of the unknown: How will death look like? Will my dying hurt? Will it be quick?

> The great awe was that it will hurt. Fear. Fear of pain. Because, because I didn't know, I didn't know exactly ehh... I didn't know exactly what, what kind of pain to expect, how long will it take, how long will I have to suffer it until... (...) Here I knew that death will come, I only didn't know how it will be and how long it will take, until I don't feel nothing – this... this was horror, what horror! It's horror! It's the horror of death, because because I knew, I knew that it [death] is going to happen. I only remember that I was thinking. I mean, the activity of thinking was there, and the questions were asked and the... and the... the fact was

> completely clear and... what was clear was that I said, this is not going to be ok. This is not the phenomenon of, Don't worry it will be ok – the house is collapsing, everything is burning – but it will be ok; it was clear that this is not going to be ok. This is a bad thing, this is a bad thing. (T)

At that moment, Gideon cannot hide behind the "They" who say "Don't worry, everything will be ok;" Gideon fully understands that he stands before death. He uses different words to describe his feelings: the Hebrew *pakhad* (fear), *eyma* (awe), and *khalkhala* (horror), to express the growing intensity of fear. In everyday living, the Hebrew equivalent of "fear" is used the most, "awe" is less used, and "horror" is the least used, which may point to their different emotional power.

Being towards his death, Gideon wonders: How am I going to die? What will become of my body? The experience of being crushed in an explosion in the air is not similar to the experience of being burnt till extinction, or to that of reaching the ground as a whole body and then being crushed. Through the crashing of spaceshuttle Columbia, with the Israeli astronaut Illan Rammon on it, Gideon describes what being towards his death was like for him, having enough time to understand that he is going to be burnt to death, till extinction:

> I on that second I felt what he felt... and very few on the entire Earth could feel what I felt: the fire – to sit in that capsule or to sit in the cockpit, to feel that it's falling apart that it's burning, and you are going to be burned in it as well. Now then, they weren't burned immediately – people can tell me whatever they like! Indeed first of all there starts that terrible heat, the the... bricks started to fly and the heat is breaking inside and and and... it takes about one second or two – this is enough to hit consciousness and freeze it! Out of fear and of pain. And this feeling it came back to me like a lightning; and then for two weeks I wandered around, I wandered around like a moonstruck. (...) And he has the suit ehh, he has the space-suit on, it is indeed, when they enter the atmosphere they they're wearing again this protective suit, and he's wearing the suit and and... he feels hot inside and he's burning inside and is exploding inside and and and... and how how anyway did they identify that it's him... what happened – indeed everything

is exploding everything is falling apart, indeed nothing is left, of a person nothing is left there... (...) The first picture that repeats itself the whole time in this case of Rammon, is his sitting tied to the chair, and the knowledge that it is coming. (T)

Different ways of dying have different experiential meanings: It is not the same to be killed by a bullet (Benny) when there is a body left, as it is to be crushed by a land-mine explosion (Avi, Andrew, Bob, and Shay) and have your body crushed to pieces. Being burnt to death (Dan, Gideon) is different than being suffocated to death in drowning (Elad). Although we cannot experience our own deaths, we do experience the anticipation of the ways of dying through our imagination; the ability to anticipate broadens the horizon of our experiencing.

Gideon reflects on the meaning of different ways of dying. Through the story of Illan Rammon, Gideon points to the meaning for him of being burnt alive. Knowing in advance that I am going to be burnt to death means that I know that no corpse will remain of me or that my body will be so damaged that I will not be identified. Using the Variation in Imagination method, Gideon compares in what way the experience of dying in burning is different from that of dying in a suicide bombing:

> First of all I find, I find some, some resemblance, some resemblance in in in... the disintegration of the body, of explosion, of of of rips – this is some, this is some resemblance with with with... with my situation or with the situation of Rammon, or even with the pictures which I saw yesterday [on the TV program about the aerial accidents] people are sitting and and and... they're understanding that they're going to die – a thing which in a suicide bombing is spared – the knowledge is spared (Yes, I see), they don't know that this is going to happen, so there is here some component of the awe which which which... they are spared of, therefore this [dying in a suicide bombing] is not, this is not the same thing, but there is another component [which is similar] of the disposal of the body – the body is extinguished. (T)

Though in both ways of death, the experience of having one's body disintegrated might

be similar, they still differ in the presence or absence of one's self-awareness and

anticipation of the death that is going to occur. When further trying to pinpoint the

essential meaning of his traumatic experience, Gideon compares the dying in burning

with the experience of dying in the Tsunami disaster:

> At the Tsunami I looked more, more, I looked at it more as an event that is, unavoidable unavoidable, and as something that is like predestination, that didn't leave many options to people; (...) It's not a punishment on a sin which which they did, or some payback; it's in God's hands, in such a scope in such a scope that is unbelievable, such a thing that has never been before – the scope, the scope, the misery, I mean, the poverty, the helplessness of the people. (T)

> In the (M-R) post-trauma day-to-day living, the lives of the traumatized persons

are strongly dominated by the dread of death. The world is experienced as unsafe, where

death lurks everywhere and anytime, and they are mostly hypervigilant (see chapter 7 for

an extensive description). For example, David sees the threat of death everywhere and

anytime; even the warm and sweet moment of being with his daughter turns into a

moment of deep anxiety:

> My child is sitting on a chair, and I may be sitting and enjoying the sun, or admire her beauty – a pleasant moment, and then I really see her being shot by a gun... I then I would get up and close the windows, so that God forbids no one sees her from the outside - so that this man who is directing the gun right now from over the street, that he won't see her, that he won't hurt her (...) I become very tensed of non-existent situations. (...) I'm aware of the illogic of my situation, what leads to a lot more frustration and rage. (T)

Living with past trauma is living in a world that is experienced as a dangerous place:

Being outside one's home is felt by almost all participants as dangerous, public places

with many people become sites of potential threat to life. Bob always locks the doors of

his car when driving in Canada and is hypervigilant when walking on the streets in

Canada: He has been dominated by the dread of death since Bosnia:

> I try to stay, I don't like big crowds because... I can't carry weapons here, I can
> only carry a small knife, and... I can't see everybody so, I can't trust everybody...
> Because if something is going to happen to you, it's going to be what you do not
> see, more so than what you see. (...) That's what it was in Bosnia: They shoot at
> you but - you couldn't see where! And you couldn't shoot back because there is
> pedestrians? (...) If you were always thinking, you could walk in and out and
> walk off the road, and hit a land mine, or... walk down a street, and if you're not
> observing the buildings, you could have someone shooting at you; So you always
> had to be very aware very tuned in, to what's going on around you...

Being back home in Canada, Josh has not stopped looking for snipers, for a place to hide

and a place to escape: The dread of death is constantly present in his life. Joe describes a

similar experience; for him, death lies in wait anytime:

> How often do you look up? (What do you mean?) When you walk down the street
> – do you ever look up, do you? (No, I don't think so) When you walk down town
> ... [a Canadian city's main street] – do you look up? (No) I do, all the time, I'm
> looking for snipers, you know... Here I know every place; I know the buildings, I
> know [He sighs]... Ya, me ... Silly thing is that they shoot at us just to piss us off
> - that's the thing... They could ... everyone of us, it's just...

Losing the Sense of Control Over One's Life or Death

Losing the sense of control over life or death may appear in the traumatized

participants in various forms: feeling helpless, feeling that being alive or dead is arbitrary

and coincidental, illogical and unpredictable. Some of the participants have become

indifferent of fatalistic to the possibility of being alive or die, whereas some use "black

humor;" Some have lost the sense of purpose or direction in life and become passive in

their day-to-day living. Others engage in life-risking activities, "playing games" with

death; all these seem to be aspects of the experience of losing control over life or death.

Even the wish to die, which is quite pervasive, and being suicidal may be somewhat seen

as a way to resume control over their lives by taking the decision of the time of their

death. In Shay's nightmares, the feeling of helplessness is re-experienced, similarly to

how he felt at the time of the trauma. Feeling helpless is associated with passivity, with

an inability to be active:

> It's...the situation of the explosions, or of the shooting...of the shooting and all
> the tumult that was afterwards, all this mess... and the helplessness that always
> falls on us, because we were injured by a roadside charge and not in some battle,
> there's a feeling of helplessness, and also in my dreams afterwards there's a
> feeling of helplessness that comes back to me. (...) I may be in battle, and... the
> gun wouldn't fire – I press and press and it isn't firing; You're trying to run,
> trying to do things and you don't succeed, you feel that you're blocked all the
> time; You know that you wish to do things, but it doesn't happen, you can't make
> it. (T)

Helpless means "Unable to manage without help, dependent on others; Incapable of

action" (Agnes & Guralnik, 2001, p. 303). The Hebrew equivalent is *khassar oneem*,

meaning "powerless, unable to take action" and also a male's sexual impotence. The less

prevalent Hebrew expression for *helpless* is *khassar yesha*, referring to help, either self

help or help provided by others. It appears that feeling helpless is associated with being

unable to take action and have control over a situation rather than passively re-act to it.

Also, having control is associated with action rather than with passivity. The Canadian

peacekeeping participants often relate to their feeling of helplessness when witnessing the

human atrocities done to civilians in Bosnia and being unable to help, Joe's description is

an example of it:

> Throwing your babies in front of the trucks?!... It was... (Why?) To get rid of the
> kids! kkkkk [makes a sound of a truck go over the baby] – Just run over a baby –
> what do you do?! (...) How do you explain to somebody else, when they're
> yelling and screaming at you, they want their baby... Here's his head, here's his
> two arms, here's his body – here's... here's your child! [He laughs in
> helplessness] No-no, baby! Oh no, I'm not a pathologist, I don't know what it is!

> Get off my back! I am sorry! And there are…You got thousands of people standing around, screaming and yelling at you, and you like… what do you do?!

Losing the sense of control over life or death, some of the traumatized participants feel that being alive or dead has become totally arbitrary and coincidental, illogical and unpredictable. In the face of the possibility of one's own death, being alive is not taken-for-granted anymore, or in Josh's military language: "You won't see the bullet that killed you; you won't hear it either." Dan tries to assume some sense of control over his life by adhering to religious faith. On the very day that his tank was struck by a missile and he was severely injured, Dan had a bad feeling when he discovered that he had lost the *mezuzah* (a piece of parchment containing a Jewish prayer) that his father gave him for his *bar-mitzva* (reaching the age of 13, to whom the biblical commandments apply). Every morning during the Yom Kippur war he used to kiss the *mezuzah* and thank God that he is still alive. However, in the morning of the day of his injury, only the necklace was around his neck, without the *mezuzah*. In another example, being evacuated together with the dead pilot who flew the burnt plane, Gideon realizes that being alive is not taken-for-granted anymore: "The plane could have been my cemetery:"

> The pilot was killed (…) And in the same helicopter that evacuated me he lied down, covered with a parachute, and we both are of the same village, from the same plane; the difference is half a meter: He sat in front and I - next, and a long canopy covered us both – one cockpit. (…) And here – I found the plane [Gideon points to a picture on the wall of the airplane's remains] – it could have been my cemetery. (…) In order to get good proportions of life I visit him [the pilot's father]. (…) It could as well have happened the opposite, or happened to both of us… (T)

Being a peacekeeper in Bosnia, participants often experienced that the threat of their lives was random: illogical, weird, and therefore unpredictable, as for Joe:

> Ya, it was weird in a sense... No depending what town you went through, they loved you or hated you; There're some towns where people come out and give you everything that they had, because you're here, you know, you're helping them, and in the other towns they spit at you, threw rocks, threw bottles, have guns... (What characterized them?) I don't know! That's.... (...) It was very random! I couldn't tell, couldn't tell.

Recurrent incidents of encounters with death in the least expected time and place have shattered Elad's basic assumptions about the world as a place of order and the self as being in control of its life. Feeling that he has lost control over death, Elad feels also that he has lost control over his life: He has become like an object in a gambling game:

> A complete lack of control! The fact that I survived (...) the explosion of the truck – that's a coincidence, the fact that I survived the explosion of the landmine – that's a coincidence, the fact that I survived tens of other incidents is a coincidence! Once or twice you could say, ok, you shot faster, or you understood or sensed or developed some kind of intuition – but most cases were totally coincidental! I mean you... it's like throwing cubes or roulette or .... It's like in bowling: Either you strike or stand! (T)

It seems that having a sense of control is related to being able to identify a cause and effect relationship of events and thus predict future course of events. In fields such as medicine and psychology, we try to explain phenomena by identifying their causes, to be able to predict and control similar future events. In our everyday lives we tend to take care of our health and to act in ways that will preserve our lives, assuming that certain modes of behavior will lead to better health, namely, we try to have control of our death. Elad cannot identify any logical rules that have guided his survival during the traumatic experiences; he could have been killed as well as survive, it was sheer luck:

> I always was (...) on the front of events, (...) and the king of the class and in football and always always forward, but there was always some tomorrow (...) some specific order of things that... and here it's as if I entered living in a world of backgammon, of the wheel of fortune (...) Do you know the game of Monopoly? You throw cubes, tik tik tik tik tik – go back to the starting point, tik

> tik tik tik – go to…I really didn't understand how the world works, I didn't understand what's happening in it, I didn't understand the rules that activate the people! (T)

Following the traumatic experiences, the taken-for-granted belief that the world is safe, familiar, and stable has collapsed; things in the world are no longer known and predictable, the world has lost the sense of order and logic, the sense of meaning and of direction. A sense of order seems to be associated with rationality, stability, and consistency, with compatibility and with the sense of control: One can predict and anticipate things in the future, the consequences of one's acts. A world that has lost its order is a world where things are meaningless: The world does not make sense anymore.

Bracken (2002) suggests that traumatic experiences can have the effect of revealing the anxiety that is built-in in human Being, an existential anxiety of being towards one's death. Bracken's words echoes Elad's experience of a world that has lost its meaning:

> What Heidegger describes as anxiety is a profound sense of the constructed nature of the world, and the connections of the entities within it. In anxiety we look at the order of the world as if from the outside. The meanings, values, roles of our lives appear as devoid of any ultimate grounding [as in] an analogy from the world of chess: In anxiety it is as if the playing-board in a game of chess was taken away; the pieces are still there but their relatedness has disappeared. Their positions in relation to one another become arbitrary and lack significance; thus moving them becomes meaningless. In anxiety, the world in the sense of a structured whole withdraws from us. The entities within the world: the people, the places, the things, the projects are still there in situ as before, but their sense has vanished and with it my orientation towards a future or any sense of purpose. Everything appears strange and disconnected. (p. 136)

Facing death emphasizes the fragility of the self, says Bracken (2002); we can no longer operate with any sense of invulnerability. Death is inevitable, there is nothing we can do to avoid death, and a traumatic event brings this realization back home to us: "Thus,

posttraumatic anxiety combines a penetrating sense of the ultimate meaninglessness of the world, and a paralyzing sense of the self's fragility in the face of death" (Ibid, pp. 142-143). Though Bracken refers to Heidegger, this profound loss of meaning in the face of death and the sense of loss of any anchor in the world sound more like Blanchot's perception of the encounter with death. Heidegger's idea of authentic death is transformed in Blanchot's thought into the infinite passivity of dying, where the person encounters the horror of the absence of a meaningful world and the impossibility of turning the world into something meaningful (Haase & Large, 2001, p. 53).

Losing the sense of control over life or death may appear as becoming indifferent or fatalistic to one's own death. Being exposed for a long period of time to the actual deaths of others and to the constant threat to his own life, Elad has become like a "marionette", "habituated" and passive: "Exhausted and tired, physically tired and mentally tired, and when you're tired, you become passive: You're being sent here, you do that" (T). Josh too describes becoming "complacent," "indifferent," and fatalistic after being exposed to the threat of death in Bosnia over several months:

> On a day when there was especially heavy shelling, had that occurred, had I come across that in the first couple of months or three months, I wouldn't have gone that way, I would have gone some other way; But after 5 months or so, or 4 months - that's the way, it's the quickest way, I don't care, that's where I'm going. Because, had I haven't been killed yet, and if today is the day, then today is the day. (...) The story I'm telling, even in my mind now is, is crazy. Mail was a very special thing for us; if you got mail, letters from home. Well, there were only two ways to get to down-town Sarajevo for us, and one of them was about a 2 to 3-hour drive, over mountain passes and sometimes pretty closed because of mud's slide; The other was only 20 minutes, but we had to drive through a mine-field. So we drove through a mine-field, everyday, to get our mail, and if they had changed any of the mines, I suppose we would be blown up, but we knew we were taking a risk but, it was important for us to get the mail, so that was the indifference part. And the complacent part of it would be: When we went over

there, we were told if you go, ask and investigate an atrocity, which was done or something, always make the local soldiers walk up first. Well, after a while, we didn't do that: If I saw a way and it looked fair I just, I lead, or maybe they would lead, but it just didn't matter anymore. (...) If the bullet has your name on...(...) In a very conservative estimate (...) we probably were shelled 250 times, different incidents? And, and, and being shot at by small arms of, you know, on average it would be, 4 or 5 times a day! (A day!) A day. (...)You can't control it! You know the folk, You won't see the bullet that that killed you; you won't hear it either, and we've been hit so many times, not much you could do!

When a soldier in a war-zone becomes exhausted, careless, and numb about his own safety, feeling that he has no control over the way things are, does it also mean that the soldier stops seeing and thinking, telling right from wrong, and just follows orders?

Losing the sense of control over life or death may be expressed in the use of "black humor" in the face of death. When Elad describes the pulling out of the water of the drowned soldiers, he also mentions "our jokes;" Joe describes this "black humor" when feeling helpless at the horrific sights of human cruelty:

Throwing your babies in front of the trucks?! (...) Just run over a baby – what do you do?! (...) We military guys, we've black humor, in a sense...you know, no. To you might sound, rude or bad or sick; to us we laugh our ass off – like: Eh, look at that person, took a shot in the head – we'd laugh at that – Hey, look at that! [He imitates a soldier's way of speaking] For you - it's twisted! That's how we deal with it. Eh... It's morbid – yes I know it's wrong – (It's a way of relief!) I don't know; I told you – it's just ... I don't know...

Losing the sense of control over life or death in the day-to-day living with (M-R) PTSD may appear as losing the sense of direction and purpose in life. Elad says: "I feel like being within a cloud, drifting (...) in the wind, like a cloud within a cloud (...) purposelessly, everything is purposelessly" (T). Feeling in control seems to have a spatial dimension, a sense of direction. Do we feel that our lives are meaningful when we have a

sense of direction in life? Losing the sense of control over death or life, Dan experiences his life as being "on hold," waiting for the "bus of life" to take him somewhere:

> I can sit for hours... here outside [on the veranda, next to the backyard garden]... with the cigarette and the coffee and... doing nothing...(...) I would sit here and... on the veranda... as if I sit in the station on a hill and wait for the bus... and the whole world is spread out down there... (...) I don't know where it takes me – upward, downward ... (T)

Another aspect of losing the sense of control over life or death in the everyday living with (M-R) PTSD is reflected in engaging in life-risking activities, "playing games" with death. For example, since his physical injury, Avi tends "to take risks... crazy driving, go into situations which really... are life-endangering... like walking at night in a refugee camp...an hour drive" (T). It seems that in putting his life at risk again and again, Avi re-experiences the encounter with death, though this time he is not the severely wounded soldier, being trapped in the landmine field, waiting helplessly to be rescued; now he can master his life.

Though the desire to die and the suicidal thoughts which traumatized persons often have reflect feelings of despair and a sense of no future to look for, suicidal thoughts may also be seen as a way to assume control over one's life and death. Dan does not hesitate when I ask him about it: "Of course I have thoughts on death," he responds to my question. Joe has often been in a dialogue with the idea of taking his own life; he had rather die over there in Bosnia: "Honestly if I could go back, in time, I'd rather take the bullet; I'd rather get shot, I'd rather die over there... I thought about it many a time (...) The only thing that stops me is my kids." Benny expresses concrete suicidal intentions

during the interview due to his deep frustration, anger, and helplessness in regards to the

Ministry of Defense. Thus he draws me, the researcher, to the "eye of the storm" too.

The Encounter with Death Raises Moral Issues

The encounter with death in battles between soldiers, as well as the encounter

with death in human atrocities done to civilians, raise moral questions in the traumatized

persons. Did I do enough to save my comrades' or other soldiers' lives or did I

compromise with their deaths while saving my own life? Another painful moral issue is

the encounter with myself as a killer (though erroneously) of civilians and sometimes of

enemy soldiers while protecting my own life.

Having survived one's own death may sometimes be entwined with feeling guilty

of having survived death and suffering whereas others did not or even blaming oneself

for the death of others. Avi who was rescued by his comrade, blames himself for his

comrade's death: Had he waited more patiently and quietly in the landmine-field, his

comrade may have been alive now. David feels guilty that he did not read the warning

signs on the traumatic scene, thus letting the terrorist penetrate the base and kill his

comrades, including his best friend. Though surviving one's own death in war is usually

seen as most aspired, the survivor may also feel guilty about it. For Dan, the most

traumatic experience is that he is the only survivor of his tank crew, whereas the three

others, his closest comrades in the army, have been missing ever since: "I'm fighting a lot

with myself... always... the blame... (...) If anyone of them had been left... he would

have contributed would have been better... would have been... than me!" (T). Omer too

expresses this "survivor's guilt:" Why did I survive whereas others died?

Being a UN peacekeeper also means to be neutral, not being allowed to interfere, to get involved. Being an eye-witness to atrocities done to civilians and not being able to respond effectively because of the UN rules of neutrality entails in feelings of helplessness and guilt and raises weighty moral questions, such as with Edi:

> They [the UN] put us on situation where we weren't able to help these people and (the UN) ya, and we wanted to help them, you know, we knew what was going on, we knew they're in there killing the people, and we wanted to go do something about it but, the UN was holding us back, and of course the officers are gona do what they are told, so, you know; By time we decided to react, you know, a lot of them was done, you know; And I think if you've talked, I don't know how many Canadian soldiers you've talked to but, I think that it's probably similar for a lot of guys, it's mostly... you know, the things you saw and, the not being able to do anything about it, you know... And that's what got us the most, I think...

I wonder, when war atrocities toward civilians are committed, do soldiers always have to obey the rules, even when they strongly oppose them as immoral? Can or even should the individual soldier disobey military orders which he strongly opposes as being immoral? Can the soldier have "moral autonomy" (Tripodi, 2006)?

Another aspect that has provoked a sense of guilt in peacekeepers is related to leaving the vulnerable to their suffering and misery, while I have returned to my safe home. Bob feels "like you almost abandoned them," that he had not done enough to stop the atrocities in Bosnia. Josh feels that he had compromised his moral obligation of telling the world the "truth" with his own "peace of mind:" "I just wanted to be done with it, so I didn't do enough there." Moreover, Josh feels guilty that he betrayed his duty as a UN observer when he put his own survival above the Serbians'; had he searched more thoroughly for ammunition while risking his own life, fewer civilians might have been

killed. Feeling ineffective and helpless, Edi blames himself for not bringing the

murderers of the kids and the family he knew to justice:

> Now I know, the guilt over talking of suicide, although I still have it every once a
> while, especially this time of year, since this...(...) but it's not as prevalent as it
> used to be. Over the kids, you know the family being killed?... I think I feel
> worse, over the fact that we let these guys get away, like we could see them, and
> we were not allowed to, you know (You were not allowed) No.

Can we apply the concept of *moral distress* to the traumatized peacekeepers? Moral

distress has been discussed in nursing literature and professional discourse, a concept or a

notion that "captures the range of experiences of individuals who are morally

constrained" (McCarthy & Deady, 2008, p. 254). Moral distress refers to the kind of

distress that persons may experience when they make moral judgments about the right

course of action to take in a situation, but they are unable to carry it out. Namely, they

know and they are sure about what is the right thing to do, based on a particular set of

moral values which they hold, but they are unable to do it; or they do what they believe is

the wrong thing. The persons experience moral distress when their moral values are

threatened (McCarthy & Deady, 2008, p. 255). The distress is based on a perception of

moral responsibility and relates to a perception of being individually responsible but

restricted by circumstances (Kalvemark, Hoglund, Hansson, Westerholm, & Arnetz,

2004, p. 1077). The constraint may be internal or external to the person: Persons may be

constrained because of a personal failing, such as fear or lack of resolve, or the constraint

may be external, such as hierarchical decision making or lack of resources. Experiences

of moral distress may involve various kinds of painful feelings. At the "Initial moral

distress," when persons are first prevented from doing what they think is the right thing to

do, the distress is associated with feelings of anger, frustration, and anxiety. When persons do not respond to their initial experience of distress, "Reactive moral distress" sets in, accompanied by feelings of powerlessness, guilt, self-criticism, and low self-esteem (McCarthy & Deady, 2008, p. 256). However, it is also argued that the experience of moral distress may not be only negative but also constructive in making persons more aware of and reflective about their own moral and philosophical beliefs, and it can strengthen their resolve to do better next time (Ibid, p. 257).

With regards to the traumatized peacekeepers, I think that we may say that they experience both the initial and the reactive moral distress. They are definite in their moral judgment that you do not kill civilians, especially not the vulnerable – children, women and old people, and that you do not kill your neighbor or kill because of difference of religion and faith. The traumatized peacekeepers also know that they should have prevented those atrocities, helped the victims, or brought the perpetrators to justice, but they were restrained by the UN rules of neutrality. However, it seems that sometimes those situations involve also the moral dilemma of either to protect the weak and vulnerable or to protect themselves and their comrades. In such a situation, two principles or values apply and are in conflict and there is more than one right course of action, therefore the distress is not due to moral constraint, and this is not regarded as moral distress.

The encounter with the evil that others can do raises a heavy moral question relating to the potential of evil in myself. When Benny sees the signs of desecration of enemy soldier bodies, he reflects on the moral code of conduct at war:

> There was one guy who made a necklace out of an Egyptian's teeth ... made an earring out of an Egyptian's tooth ... eh... that's it! (...) I... was brought up in the military on keeping the "purity of the weapon" and on a ... certain discipline, and I simply don't like it... (T)

What makes it even harder for the traumatized persons is the encounter with oneself as having killed civilians, children in particular. In a military operation in the '70s in Lebanon, Benny killed by mistake a Lebanese civilian whom he thought to be a terrorist. Benny experienced it as traumatic, feeling like being a murderer who deserves to be sentenced; for him this is a total undermining of the basic assumptions which he has held about himself, others, and the moral code of conduct of war. However, the most traumatic experience for Benny occurred in the Lebanon war, during the battle against terrorists who inhabited a civilians' home, when he killed by mistake Lebanese children; Benny would have sentenced himself to death. He tries very hard to convince me and himself that he had no way to know that there were children there; the sounds of firing and exploding grenades were like a screen to the children's voices of crying and screaming:

> I'm dying to be sentenced, yes, because I think that I'm a murderer!... I didn't do it on purpose because I didn't know, I wouldn't have shot a child...(...) The sight of the children... [He sighs, becomes quiet...] There's no... there is no forgiveness, there is no pardon, there is nothing more painful... (...) You know what does it mean the children... there hasn't been yet created... the punishment... that a person who kills children deserves... (T)

Joe too has experienced the killing of two children whom he mistakenly thought to be a threat to his life, as most traumatic: "That doesn't stop," it has haunted him ever since.

Another moral aspect is brought by Benny, through his killing an enemy soldier from a zero-distance; he cannot touch his "pistol of war" with which he shot a person in the face. Shooting an enemy soldier from a zero-distance seems to be experienced

differently than killing a soldier from far away, when his face cannot be seen: It seems that Benny cannot deny the fact that he killed a human being, even though he was shooting an enemy in self-defense. Benny cannot just say "I saw a *figure* and I shot him." Levinas (1985) in "The Face" says that "The relation to the face is straightaway ethical. The face is what one cannot kill, or at least it is that whose *meaning* consists in saying: 'Thou shalt not kill'" (Ibid, p. 87). I wonder, is it less difficult to kill the enemy by throwing bombs from the sky, than pull the trigger in a face-to-face combat? And going one step further I wonder: Do we tend to demonize the enemy, making them different, strange, and distant from us, so that it would be less difficult to fight or kill them?

While there is a clear-cut expectation from a soldier in combat or in a military operation to kill his enemy, killing while being on a peace-keeping mission raises moral questions in the traumatized person: "Our beret is our weapon," says Josh, but when self-defense is at issue, what do you do? Josh experienced it as traumatic when he stabbed people to death in hand to hand combat, when his position was attacked and his life was endangered: "I, I, I... I was not unbiased at that moment," he says.

<div style="text-align:center">Questioning the Meaning of Life</div>

The encounter with death at the traumatic experiences is an encounter with the finitude of my life. This realization of not being immortal may bring the traumatized person to reflect upon the meanings of life, of what death means for life, as says Earle:

> The phenomenology of death is not a simple description of it, which would hardly be worth the trouble, since the description is completed in a word: nothing. It is instead an exploration of what death means to life, from the point of view of the living. (1972, p. 215)

Marcel (1949) poetically describes the dread of death, when facing my life's finitude:

> Time is like a well whose shaft goes down to death – to my death – to my perdition. The gulf of time: how I shudder to look down on time! My death is at its bottom and its dank breath mounts up and chills me. (p. 88)

Though we all know that one day we will die, we tend to deny it: "One says, 'Death certainly comes, but not right away'" (Heidegger, 1962, p. 297). In our day-to-day living, we are not constantly aware of the fact that our time on earth is limited. We do acknowledge the passage of "our time" when we celebrate our birthdays every year. Also when a person becomes seriously sick, we say that he or she "lives on borrowed time," as if each year exceeding the normal life-span is being regarded as not one's own but for temporary use only (Gulland & Hinds-Howell, 2001, p. 28). We do know that we will not live forever, till eternity; however, the Hebrew language may "play games" with the idea: *Eternity* in Hebrew is *netzakh*, of the same root of *nitzakhon*, meaning *victory*: Does *netzakh* imply gaining victory over death?

In deliberating "The meaning of death" and what the finitude of life may mean for the living, Stroud (1974) invites us to imagine a world in which no one dies. In such a world, there is no haste to overcome the unknown, no need to overcome a challenge; time will bear an answer. There is also no reason to improve oneself today when tomorrow will do as well. Without obstacles, says Stroud, there is no progress, and the continued quest of knowledge is reduced to trivia: "Man's finitude – the fact that he has a short duration allotted to him – is the greatest obstacle which he faces. The attempt to overcome this produces the small amount of progress human-kind enjoys" (p. 5).

Going through a traumatic experience presents the issue of death as a real possibility which can no more be ignored. Some of the traumatized participants reflect on

the finitude of their lives and what it means for them. For example, after facing death in

Bosnia, Edi has become conscious of the finitude of his life and of the significance of

time as a precious resource that should not be wasted:

> I used to be a very easy-going guy and... I didn't like to be confrontational with
> my family: I didn't want to cause problems, you know; I went home to be on
> holiday, and there's problems going on - I avoided it, but now I... When there's
> some problem at home, and I go home, I deal with it and I say, You got to be
> stupid, you know, you can be dead next year; You want to die, put into your grave
> not talking to your sister?

Earle (1972), in "Some Notes on Death, Existentially Considered," points to the sense of

uniqueness and irreplaceability which facing the finitude of life brings to our lives:

> If we were incapable of dying, would any particular moment of life have any
> meaning at all? Is there, in other words, not an essential and necessary connection
> between the value of any particular experience and our own mortality? Would
> anything have the slightest value if we had to be around forever, testing it again
> and again, endlessly repeating everything that in our own actual mortal lives can
> be done once and once only? (...) The value of every experience is bound up with
> the fact that we are always experiencing it for the first and last time. Each moment
> is unrepeatable, unique, irreplaceable. (...) The sense that death can confer upon
> life is thus decisive. Since I must certainly die, each moment of life in
> unrepeatable and conclusive. It will not occur again, nor will my life occur again;
> and therefore each has a unique significance. (...) Life might factually be
> extended forever, but then it would no longer be recognizably ours; it would only
> be the senseless continuation of an unendurable process. (pp. 217, 226)

In his military work, Gideon has become extremely cautious with regard to protecting

other soldiers' lives, avoiding fatal mistakes and accidents: "This blow to consciousness:

Good Lord, how precious human life is and how one needs to take it into account, and as

a result - to treat it [life] in absolute absolute standards" (T), he declares. In reconciling

with his coming death in the burning plane, Gideon realizes the finitude of his life and

what death means to life: He feels the sorrow of farewell from his loved ones whom he

will not see and things he will not do or enjoy anymore:

> And then all that people tell about about the film of your life that passes by like that in a nut-shell – it's true, it passes by. (...) Grief about things that I will no more enjoy... Speaking about things that I won't see them anymore, I've got a picture, I've got a picture, of my daughter (...) I'll show you in a minute this thing, because with me it is in front of my eyes all the time – my daughter danced on the stage. (T)

Gideon's words allude to Paskow's reflections on "The Meaning of My Own Death:"

> Yet I believe that everyone who understands the denotation of the term 'death' is, at bottom, anxious about the sort of thing that I am anxious about – the prospect of losing (virtually) everything now cherished as well as everything yearned for. One confronts one's own death as a problem, then, because it involves the prospect of the annihilation of those actualities and possibilities with which one most caringly identifies. In fact, such identifications may be viewed as what anchors and is the objective correlative of one's personal identity. (1974, p. 53)

The encounter with death and with extreme human suffering has brought participants to question the significant and the trivial in life, leading sometimes to feelings of meaninglessness. Things of everyday living have become either trivial or more valuable. For example, after investigating the mass graves and the rape camps in Bosnia, the everyday problems of life have become trivial for Bob; even the fact that his son is sitting now in jail is "minor" for him:

> And then, what you have here... because... I don't think any of my problems are all that big anymore, like even if my son in jail? That's minor! That's... ya, he's going to learn a lesson, but he's still alive! So it's minor, it's not a bad thing - it's not like... losing relatives or... brothers and sisters....

After seeing whole families being killed and having "to pick up a bunch of dead bodies," Edi "does not get upset about stupid things that civilians get upset about." Josh feels immune to the hardships of everyday living; things have become dwarfed and insignificant in comparison with death: "If nobody is dying, then it doesn't matter; (...) It's not important!" The change in Josh's basic attitudes to life has affected his close

relationships as well: When things less than life-or-death became trivial for Josh, most of

the things in his wife's everyday living have become as non-significant as well. Gideon

too tells how the way his view of life has changed led to his divorce: "Anything that

looked less important (...) than death wasn't worth talking about at all" (T); also at work,

> For instance, they ran to me and said to me, Listen Gideon, you're late, there's a
> headquarters' staff meeting, for 10 minutes they've been looking for you – I said:
> So what?! What's that in comparison with death?! As if, everything else is
> dwarfed in comparison with, and this was very strong at first, very strong. (T)

Being impatient to the "small things" which our day-to-day living is usually built of is

how Bob reacts to people in his community, complaining; he cannot stand it after being

"there" and witnessing people living in extreme poverty and having practically nothing:

> Well, it makes me mad because... I hear the way... I hear people complain?
> (Aha) It's usually about money or something, not being able to buy something, a
> car or, and... Those people in Bosnia – when you get back home, you realize how
> much you have. And, it bothers me: Everyday I see people taking advantage of
> things, or something, and that bothers me. (Because we don't know to appreciate)
> Ya! (How lucky we are) Exactly, ya, exactly...

Josh too cannot tolerate people complaining about their "hardships" in life: They know

nothing about what being hungry means, whereas he witnessed hunger in others and

experienced it in person:

> I don't have a lot of... time for Canadians who don't realize how good they have
> it. You know, I don't want to be around people who are starting to complain that
> the price of gas went up by 2 cents a liter – they don't know how good they've got
> it. (...) And once you see people suffering and (...) Well, in Sarajevo there was
> no food, you couldn't buy food; So, there was one, one period where for 18 days
> straight, that the locals fed us, they were very generous, they had almost nothing,
> but they shared with us, and for 18 days straight I ate beans soup, for breakfast
> lunch and supper.(...) When you live like that, and when you see people suffering
> like that – it's, it's, it's hard to take seriously people complaining about little
> things.

The encounter with atrocities against civilians in Bosnia has shattered most peacekeeping participants' assumptions of the world, the Other, and the self. Bob who investigated in Bosnia the killing and decapitating of babies and old people and the raping of women and girls as a routine, cannot comprehend this "barbaric" evil:

> I've seen the absolute worse that we can do... [A long pause] (You saw the absolute worse that we can do?) Ya, I don't think it can get much worse. (That *we* can do?) I say "we" as humans (Humans), Ya, mankind (Mankind), Ya. I call it... oh well, "barbaric"? That's, that's what I thought while I was there. (What do you mean by "barbaric"?) Eh, If you go back to maybe... Well, I don't know - Medieval? Ya, they didn't have any regard for... for life and nothing, and they just did what they had to do with you? They didn't think the same way we do now? (They didn't have regard for life). No, they don't! That's, no, they... Well, that's obvious that they don't: Anybody that can do that, took babies and old people and just killed – they're just totally out of touch, because I can't live with myself after that, they just not... (...) To live with themselves and go home at night – I don't know how they do that. (...) I couldn't imagine like get up in the morning... I'm going and get an AK47 (...) a machine gun, and then go next door and kill your neighbors?! That's why I mean "barbaric"?... Someone who lives besides for years?! (...) You don't, you don't kill... eh... decapitate, or whatever, children and people in villages – just leave them alone!

The encounter in Bosnia with "the absolute worse that *we* can do" shatters Bob's assumptions not only with regard to the people in Bosnia but also with regard to humans, and himself as well: Had the circumstances been similar, would I as well be capable of doing such immoral acts? The encounter with the banality of death and evil done to the most vulnerable has shattered also Edi's moral beliefs about the world, the Other, and himself: He has not been the same person ever since:

> In any army, you sort of trained for it, and you sort of... look at it as being a part of a job... But dying in the army you look at it as being, ok, you're in a fire-fighting with the bad guys, you get shot - you die, you know, and not that (...) Sneaking to the house and execute this family just because... they have different religious beliefs, you know, it's... So when you see it like that, and how easy people to kill, and...effortless they do it, that changes everything, you know, I've never been the same, you know...

We tend to assume that there is order and meaning in the way the world operates. Though killing is forbidden by law, there are commonly agreed upon rules which legitimize the killing in war taking place between armies. War-zones have their code of conduct, stating that war is between the enemy "bad guys" whom we fight to win and even kill and "us" the "good guys" who might be killed as well. It is acceptable to kill and be killed by soldiers, but it is immoral to purposefully kill civilians. Moreover, killing because of difference of religious beliefs is also considered by Edi's Western culture values as immoral. Also Edi's basic belief in reward and punishment has been shattered: The family's murderers were not punished, whereas Edi the UN peacekeeper stood helpless, being unable to bring justice to the victims of atrocity.

<div align="center">Summation</div>

(M-R) traumatic experiences involve the encounter with the actual or the threatened death or severe injury of others or of the self. Though death is always present in (M-R) traumatic experiences, not all encounters with death or severe physical injury are necessarily experienced as traumatic.

The encounter with the death of others in (M-R) traumatic experiences is an embodied experience. It is a concrete bodily encounter with the sound, sight, smell, touch, and taste of death. This encounter with death may involve being in direct contact with deformed, disintegrated dead bodies, which may bear a threat to the sense of wholeness of my body and myself and an existential threat of extinction. In death, a person turns from "he" or "she" to "a thing or an object," from a "person" to a "corpse," which is experienced with dread. While the encounter with dead human bodies is difficult

enough, identifying a familiar face among the dead makes it even more difficult, reminding us of our own mortality.

Going through a (M-R) traumatic experience also means that I experience the possibility of my own death. This encounter with the possibility of my death involves the understanding, anticipation of death, and the dread of death. Being towards my own death in (M-R) situations, there are different ways of dying, each of which bears a different experiential meaning. Living with (M-R) PTSD where trauma memories are persistently re-lived as being of the present, the encounter with death is not confined merely to the past; there is an ever-lasting dread of death in the day-to-day living, where death is experienced as lurking everywhere and anytime.

Being in a traumatic life-or-death experience, a person often feels losing the (imaginary but "real") sense of control over his life and death: He may feel helpless or may feel that being alive or dead is coincidental and arbitrary, illogical and unpredictable. Feeling the loss of control over his life, a traumatized person may become indifferent or even fatalistic to the possibility of his own death, or feel that he has lost the sense of purpose and direction in life. This sense of loss of control may be disclosed in engaging in life-risking activities and to some extent – in suicidal thoughts.

The encounter with death in (M-R) traumatic experiences raises moral questions. There are feelings of guilt of surviving death or suffering whereas comrades or other people, civilians in particular, have not. Moral questions such as showing disrespect for and even desecration of the dead, as opposed to respecting the moral values of bringing the dead to burial, attending funerals and memorials, are dealt with. Witnessing the

banality of death and evil, especially towards civilians and not being allowed to "take sides" may result in moral distress. These experiences, as well as experiencing myself as a killer in war-zone situations, often shatter the traumatized person's basic assumptions with regards to others, but not less with regards to oneself: Can I commit such evil? Will I ever be able to?

The encounter with death in (M-R) traumatic experiences may lead to questioning the meaning of life. Acknowledging the finitude of my life may change the criteria by which a person evaluates the significant and the trivial in his life. Also witnessing extreme human suffering has this profound impact of changing the criteria by which a traumatized person evaluates the significant in life: Things of everyday living may become trivial or more valuable. (M-R) traumatic experiences, with the encounter with the dead and their killers, with human atrocities and evil, as well as with human vulnerability, often touch and shake the core of our assumptions with regards to life and death, the world, the Other, and the self.

The dread of death was dealt in this chapter only in brief. The next chapter, Being Hypervigilant in an Unsafe World, explores the I-world relation of the (M-R) traumatized person in the day-to-day living: What is it like to live in a world that has lost its sense of safety, where the threat of death prevails? How is this loss of safety in the world experienced in space and time? What does it mean to be hypervigilant in an unsafe world? How is hypervigilance lived in the body?

CHAPTER SEVEN: BEING HYPERVIGILANT IN AN UNSAFE WORLD

The relationship between man and the world is so close, says van den Berg

(1972), that it is erroneous to separate them. The strict separation of man and world

originated from the Cartesian philosophy that "dug a gap between man and world,

between human and nonhuman matters, between, in Descartes' words, *res cogitantes* and

res extensae" (Ibid, p. 40). However, in the phenomenological philosophy, to understand

a person's subjectivity we need to understand his world:

> Our world is not primarily a conglomeration of objects that can be described
> scientifically. Our world is our home, a realization of subjectivity. If we want to
> understand man's existence, we must listen to the language of objects. If we are
> describing a subject, we must elaborate on the scene in which the subject reveals
> itself. (pp. 39-40)

To be mentally "disordered" means to experience things in a different way, to live in

another and different world. Van den Berg (1972) brings an example of the schizophrenic

person's world:

> The schizophrenic patient sees, hears and smells indications of a world disaster. In
> objects, he observes the downfall of his existence. In the voices of people, in the
> blowing of the wind, he hears that a revolution is about to come. In the taste of his
> bread, he discerns evil penetrating the things of the world. (...) The patient is ill;
> this means that *his world* is ill, literally that *his objects are ill*, however unusual
> this may sound. When the psychiatric patient tells what his world looks like, he
> states, without detours and without mistakes, what he is like. (pp. 45-6)

How does the (M-R) traumatized person experience his world? How is its space lived by

the person? How is time lived? And what are the bodily aspects of the I-world relation of

the (M-R) traumatized person?

Moods of Dwelling and Venturing, Inner and Outer, Private and Public

Following a (M-R) traumatic experience, the person's everyday living is shadowed by the dread of death, and the taken-for-granted sense of safety in the world is severely shattered. The etymological origins of the word *safe* bear the experiential meaning of being *whole*, leading to *healthy* and *unharmed*: *Safe* implies "free from hurt or damage, unharmed, unhurt, uninjured; having been preserved from or escaped some real or apprehended danger. 'Safe' ME *sauf*, akin to *salus*, "health," and in OL. *sollus* "whole" (Oxford Enfglish Dictionary Online, 2009). When we wish to know what it is like for a (M-R) traumatized person to feel unsafe in the world, we need to look at how space is lived by him.

Unlike mathematical space which is characterized by the dimensions of length, height and depth, lived space is space as felt, space as it appears concretely to persons in their experiences. Space is lived differently while being in different moods; for instance, van den Berg (1972) describes the space of the depressed person as being "gloomy and dark. The flowers have lost their color, the sun has lost its brightness, everything looks dull and dead" (p. 45). Space reflects our feelings toward ourselves and others; or we may say that humans relate their state of being to the place they are. Bollnow (1961) in "Lived Space" points out the meaning of the basic structure of space, the house, as the spatial center of a person's life, a place to dwell, to be grounded:

> First, man, a fugitive on earth, gains a stay in so far as with his building, with the solid walls of his house, he roots himself tight to the ground. To dwell is not an activity like any other but a determination of man in which he realizes his true essence. He needs firm a dwelling place if he is not to be dragged along helplessly by the stream of time. (p. 33)

Dwelling is the way human beings are, says Heidegger (1971), in "Building Dwelling Thinking:" "The way in which you are and I am, the manner in which we humans are on the earth, is *buan,* dwelling. To be a human being means to be on the earth as a mortal. It means to dwell" (p. 147). In arguing that language tells us about the nature of things, Heidegger shows how the word *building* is in German and in Old English *Bauen* or *buan*, meaning to *dwell,* which signifies to remain, to stay in a place. The real meaning of the verb *bauen,* namely, to dwell, has been lost for us, says Heidegger, but a covert trace of it has been preserved in the German *Nachbar,* neighbor. The neighbor is in Old English the *neabgebur: neab*, near, and *gebur,* dweller. The *Nachbar* is the near-dweller, he who dwells nearby (pp. 146-147). Moreover, Heidegger shows how the word *bauen* is related to the word *bin, to be,* as in the versions, *ich bin*, I am, meaning I dwell. In Hebrew, he dwells is *shakhan,* of the same root as *shakhen,* neighbor and *shkhoona,* neighborhood. One of God's names or attributes is *HaShkhina,* meaning God who dwells (everywhere), the way God is revealed to humans.

Dwelling is related to our being. When we tell of a place which we visited, how would we describe it? A place may be outdoors or indoors, public or private, wide-open or closed, big or small; crowded and noisy or private and quiet; a place may be warm and cozy or cold and alienating; beautiful, bright, and shiny or run down and dark; comfortable and relaxing or full of tension, and so forth. The more we describe a place, the more the attributes that come to mind are not "purely objective," of the object, but rather reflect how we experience ourselves in this place. How do persons with (M-R) PTSD experience their everyday lived space? Which attributes do they emphasize in their

lived descriptions? Crowded, public, open or closed spaces are felt as unsafe by David; walking on the noisy streets of Tel-Aviv is experienced by him as life-endangering:

> Yesterday [Tuesday] I woke up very impatient and quite agitated of the fact that I need to get out of home...(...) To get myself out of home is like moving a one hundred year old oak tree from one side of the road to the other side. (T)

For Benny too, the lived space is divided between "home" and "outside home," and crowded, outdoor public places are experienced as unsafe. Indoor and outdoor crowded public places, such as a theatre, a mall, or a children's playground, are lived by Omer as well as unsafe places; he feels there "heaviness in his heart;" only at home he can relax and feel "at home:"

> If he [his child] likes to go to... to parks that I... where there are many children and mothers and all these kinds – he loves it, I... become crazy in these places. It creates in me such a stress and anxiety and someone will come etc., but for him I make the "amendment" (...) try... not to be in the negative place but in the positive place...I don't like to wander around in parks (...) I'm more in the place... of being in the room with myself... processing what I feel... in my ways I mean. (T)

Crowded public places, such as a dancing space, are lived by Josh as unsafe: "A crowd is a target," that is how it was in Sarajevo:

> My wife and I occasionally go out during the evening for, for coffee or to dinner or something like that, but it's, it's alone, and I don't like to associate with crowds, I don't like to be in crowds.(...) And crowds – the idea of being in a crowd – a crowd is a target; and crowds were attractive targets to the artillery in Sarajevo - everyone knows about the market...

For Andrew, being in crowded outdoor or indoor public places, such as a street or a mall, provokes a dread of death:

> I can't be in a crowd: I sweat, I feel pressure in my chest. When I'm walking down the street I'm always watching for snipers. Walking by myself is the worst – when I'm with my wife and kid, then I'm busy with taking care of them. When

> I'm in a mall, I'm running from one shop to another – always feeling like being in danger here; I don't feel safe here in Canada anymore.

For (M-R) traumatized persons, space is mainly lived in a dichotic way, as being either unsafe or safe. It is divided into "inside" or "outside" home, and in the "outside and inside," places are divided into "crowded public places," as opposed to intimate places with few people. The outside, public, crowded space, the outdoors as well as the indoors, is experienced as unsafe, as life-threatening. The threat of the stranger, the unfamiliar, the Other seems to make it be experienced as unsafe.

Bollnow (1961) refers to the function of building a house as a way to separate an inner space from the outer space. In addition to providing a person a place to dwell, to root oneself on earth, by means of the house's walls a person carves out of the universal space a special, private space, and thus separates an inner space from an outer space: "The first step is to carve out of chaotic space a definite area set apart from the rest of the world as a holy place. The Latin word *templum*, meaning something cut out, is an appropriate expression of this" (p. 34). The house's walls serve as boundaries between the inside and outside: "This duality of inner and outer space is fundamental to the erection of the total lived-space, indeed for human life in general" (p. 34).

Bollnow sees the outer space as potentially "the space of openness, of danger and abandonment" (p. 34); A person needs the space of the house as an area protected and hidden, an area in which he can be relieved of continual anxious alertness, into which he can withdraw in order to return to himself. Lingis (1998) describes it as a separation between "a zone of the intimate " and "the outlying zone of the alien" (p. 57). However, though the house is an area of security and peace for the person, he or she must go out

into the world to work and interact with other people and be in the world. Both security and danger belong to Man, says Bollnow, and hence, both areas of lived-space, "as life develops in the tension between outer and inner space" (Ibid, p. 35). Though Bollnow sees this dialectic between the inner and outer space as characteristic of all human beings, it seems that this dialectic dominates the everyday living of (M-R) traumatized persons in a much more manifest and primal way, compared to the everyday living of non-traumatic persons.

Strangeness characterizes the outer space and is in contrast to what is one's own space. Strangeness is the area where persons no longer know their way around and therefore feel helpless. Being outside the trusted area, in a hostile world, the feeling of strangeness can overpower a person (Bollnow, 1961, p. 36). Outside places crowded with strangers are felt by most participants as unsafe. Following the traumatic experiences, several of the participants (Bob, Elad, Dan, and Benny) chose to move from the city to a small village. In a small place a person knows every street or road, is familiar with the vicinity and its people and can feel protected and safer.

The boundary between the security of the inner space and the insecurity of the outer is not so sharp, says Bollnow (1961); when people leave the protection of their houses, they do not immediately enter a hostile world. First there is a protective neighborhood, an area of trusted relationships and friendships. Around the individual house is the broader area of that which we call home (*Heimat*). We move gradually from the relatively known through the comparatively unknown, into the completely unknown and strange (Ibid, pp. 35-36). Joe's description reflects this "dwelling extension" of the

self. Joe does not feel safe living in the city and often goes "home," to his parents' home, in the small village where he grew up, "to ground" himself in the familiar surroundings of humans and nature:

> When I go home [parents' home] I feel safe, but also... scared at the same time, cause well, we all get old and everything changes – it's not what it used to be, and... When I go home, my purpose there is to be with family; to ground myself again, when I get too anxious here in the city, or if I get scared or if I don't like it anymore, I'll go home – that's my grounding spot, go home, go back to the farm, going to the creek, grabbing my weapons and sitting here and listen; Ya, this is peace...

Following (M-R) traumatic experiences and the encounter with death, there is a pervasive sense of vulnerability of the self. Experiencing the world as dangerous, traumatized persons withdraw from more and more places, and the space of everyday living shrinks as they seek to avoid the threat of death. Avoiding unsafe places means also withdrawing from the world of people and objects, losing interest in the wonders of the world; the world is mainly seen through the "tubular sight" of safety and not as a world full of mystery, possibilities, and attractions, interesting people and events. The lived space that is shrinking means also that the person's involvement with the things in the world has significantly shrunk.

In the post-trauma everyday living, the safe space has shrunk to the familiar, where a person feels "at home." The safety of the home is reflected in the inviolability of the home as an important, fundamental right of man: Burglary is regarded as a crime. Also the guest usually enjoys the protection of the house. So even today the house is, in a deep sense, an inviolable area of peace and thus is sharply differentiated from the outside

world (Bollnow, 1961, p. 35). Bob feels safe mainly being at home: There he is familiar

with the surroundings, there will be no bad surprises:

> So I'd like, I don't like being in bad situations, and that's why I say too, when I'm at home? There's not going to be too many bad situations here, so I'm kind of protected I guess?... (Kind of protected?) Ya, I know, my surroundings? I'm familiar with, and when I go some place that I'm not familiar with, I don't like it... (Therefore, for instance, you didn't want to come to my place) No. It took me a long time to go to M. [his therapist]...

A person may feel safe at his home, but at another time, this feeling may change. Feeling

safe at home after coming back from his peacekeeping mission was not automatic and

taken-for-granted for Bob; home after returning from Bosnia is not the same home as it

used to be, nor is Bob the same person who went to Bosnia; as Bob has changed, so has

his world. Though the flight-distance between Bosnia and Canada is measured by hours,

the distance as being emotionally experienced is like coming from another world. Being

familiar again with one's home necessitates the passage through some mental-inner

spaces other than the geographical one:

> Well, frustration that I still have from my tour: At the end of my tour I had no, no debriefing? (...) So you... leaving there, and then you had your gun in and all your stuff, get on a bus, get on an airplane, get on another bus and then you're at your house! and you sort of – ok, you know, it might be 54 hours or 60 hours but, to us it's like the next day! You know, all of a sudden you're in your house, and you don't know how to react... too fast.

When speaking about the human anxiety of being towards death, Heidegger (1962) refers

to the connection between the familiar and the uncanny: "In *der Angst ist einem*

'unheimlich,'" namely, in anxiety there is the feeling of not-being-at-home. Whereas

Heimlich means at-home, with the connotation of the familiar and the intimate,

Unheimlich means uncanny, and xenox in Greek, the stranger or the foreign (Kristeva, 1991, p. 182).

"It is language that tells us about the nature of a thing, provided that we respect language's own nature," says Heidegger (1971, p. 146). The word *familiar* comes from the Latin *familiāris,* of one's family or household. *Familiar* as an adjective means: "Extremely friendly, intimately associated; well or habitually acquainted, having a close acquaintance or intimate knowledge; homely, plain; hence, easily understood; free, unceremonious" (Oxford English Dictionary Online, 2009). So here we can see the connection between the familiar, family, and household. However, as a noun, *familiar* means "A member of a person's family or household," but it also gains a surprising shift in meaning: *Familiar* also means "An officer of the Inquisition, chiefly employed in arresting and imprisoning the accused," and "A familiar spirit, a demon or evil spirit supposed to attend at a call" (Ibid). In other words, the familiar contains also its antinomy, the haunting and the scary.

Freud (1919), in *Das Unheimliche* (The Uncanny) shows, on the basis of a semantic study of the German adjective *Heimlich* and its antonym *unheimlich* that a negative meaning close to that of the antonym is already embedded in the positive term *Heimlich*, "friendly, comfortable," which would also signify "concealed, kept from sight," "deceitful and malicious," "Behind someone's back," (Kristeva, 1991, p. 182), as was shown in the etymological tracking above: The threat of the stranger seems to hide within the familiar.

For Joe, feeling safe means also being grounded again, in the farm and in the

creek. Heidegger (1962) sees the anxiety towards death as the loss of groundedness in the

world: Anxiety is the mood that reveals the groundlessness of the world and of *Dasein's*

being-in-the-world (pp. H 188-9). When Joe refers to his need to ground himself again,

he may relate to his feeling of being disconnected from his pre-traumatic life, the natural

and human environment, and from himself. Joe feels safe at his own home, provided that

he checks the immediate surroundings that circle his home, to ensure that no threat comes

from the outside envelop of home. Thus he feels in control; he knows his neighbors, and

they know him, they are a "safety zone" as well, so he feels safe with them:

> (At your home – do you feel safe?) Here now – ya, I know, I know every square
> inch of this place… Mostly I go patrol my block before I go to bed – I'll get up at
> 11, walk around… The neighbors think I'm a little bit crazy, but they understand
> me now, they understand why I do that – (Do they know?) This one here in the
> corner knows, and O. knows; S. and O. both know, J. - she doesn't know, that's
> too hard… O. is a good neighbor, I really like him – anything I want he gets, I
> feel safe with him.

However, for some participants, even home as a whole is not safe enough; only a specific

place at home is safe, like for Dan, it is the veranda of his home which is his safe space:

> And there is my own world in which I live, the world, as though my protection. I
> can sit for hours… here outside [on his home's veranda, next to the backyard
> garden]… with the cigarette and the coffee and… doing nothing… (T)

Dan withdraws to the safe space of his own world, the veranda, which is located at the

border between the inner living room and the outer backyard garden. It seems that this

specific location alludes to how Dan experiences his place in the world, neither in the

outside nor inside his own family-home. For Omer, his own room is his sanctuary, his

safe space. Also for David, his own room at home, with his personal computer and the

paintings, the "safety objects," is a safe space: "Most of my life is taking place here, at home, in this room; here are my stuff: the computer (...), my paintings (...) I hardly go out..." (T). The home's basement is Edi's "bunker," where he feels safe when getting on edge, a place where he gets a little bit of solitude:

> When I got home, you know, I leave my stuff firm and I will go down to the basement, and I will hang down there; I'll spend a little bit of time with my son, you know, spend an hour when I got home with them, you know, I need space – I go to the basement, I'll hang out, you know – my wife never came down there, you know...

Edi goes down to his "bunker-basement" and comes upstairs for specific tasks, and then goes down again; the metaphor he uses alludes to his feeling as being still in war, where he needs to take shelter. For David too, the home as a whole is experienced as a place where his life and the lives of his dear ones are threatened:

> Also at home I've no sense of safety...Also at home I'm always convinced, that some ceiling will collapse...I served in a military base that was next to the town of ... [his home town]... In my thinking then there cannot be a safer place than this...This is a feeling of being safe – it's in the vicinity of my home. (...) I mean, what can happen to me between this road and this road... it's not a base that you couldn't get out and roam around because maybe there are land-mines outside, like we had when we were in the Golan Heights, but there it did happen... so it's clear to me, that home isn't safe. (...) I had them [his wife and child] move through so many houses, that D. [his wife] simply... (...) In another house they renovated, there were cracks in the walls, nothing – so I decided that I don't want that my daughter will live in such a house... In another house I tried to say to myself: Relax, the floor sunk a little bit there, it's not the end of the world...(...) A few days ago a piece of cement fell from the ceiling; the whole night I was shaking as if the entire house has collapsed on me... when all in all only a piece of cement fell... There I was standing between the bathroom and the child's room... so that if God forbids something [happens]... I'll be close enough to the child... (T)

The military bar on the base is Edi's Comfort Zone: a familiar place with familiar people, where he is in control of his surroundings; a place where there is no need to stay alert to life threats, where one's senses can rest:

> This is your home, and you're comfortable being here. (Where you feel safe?) Ya, this is your comfort zone, so you feel safe here, you don't expect somebody to break into your door, and you know – it's your comfort zone, right? (…) It's where… your senses doesn't work, are not as acute because you are drunk, but, because you didn't have any fears from the guys around you, you know, (…) you didn't have strangers walking in, because, you know, it's a club, that only members were allowed to come into, so, you're allowed to relax and, play your card down a bit, you know.

Knowing the rules and the habits of one's surroundings, being familiar with the people and the activities there, knowing what to expect and not being caught by (bad) surprise, all of these attributes make a place be experienced as safe. Similarly, the Social Club for the Israeli Disabled veterans is a safe space for Benny, like a home.

For some traumatized persons, the safe space of feeling safe is very specific: Elad and David feel safe by the sea, either on a boat or on the beach. Elad describes how when being on the ground he does not feel "grounded;" only in a boat, being carried by the sea waves, he feels safe. David says: "Sitting on the chair by the sea, at one point I fall asleep, and get up in the morning and go to work, because I slept a few hours" (T). Some of the traumatized persons were looking for a sense of safety outside the country, without success; David says:

> I started to roam around, in Europe, I worked there (…) In England I was restless, a year or more, and then I had to return home… And then again I couldn't bear, neither myself nor the surroundings, and I traveled again, and this time my condition wasn't that good… (T)

David was running away from his home and country to escape trauma memories and the feeling of guilt; however, the change of place did not bring peace and safety; he could not feel "at home" in the world or with himself. From a state of being rooted in the country for generations, since the traumatic experience he became a wanderer in the world. Wandering was God's punishment of Kain for killing his brother Hevel: "Wandering and wandering must you be on earth" (Genesis 4: 12). *Kain's omen* has the meaning of being condemned and expelled from society; is it how (M-R) traumatized persons feel in the world, following their traumatic experiences?

<div align="center">Turning the Night into a Day: Unsafe Time</div>

It is taken-for-granted that most of us are awake and active during the day and sleep during the night. When we wish each other "Good night" and "Sleep well," what does this mean? We expect to "fall asleep" easily, within a short time, and have a sound and non-interrupted sleep for several hours. Having a good night sleep is far from being taken-for-granted for (M-R) traumatized persons. Elad feels unsafe to fall asleep at night; he fears the nightmares:

> The sleep is not a sleep: You don't sleep at night; even when you sleep you don't sleep at night. (...) When night arrives I start dragging time (...) usually I fall asleep around 3-4 in the morning (...) I'm afraid of the nightmares. They are shooting at me, I'm shooting others, I struggle and they're catching me (...) I'm really fighting: hands, legs, and teeth... (T)

Elad does not really let himself "fall," abandon himself to sleep, loosen his grasp on the world. Turning the night into a day and the day into a night is often a way to feel safer in a world which is experienced as even more dangerous at night; in the darkness it is more difficult to watch for signs of danger. Turning the night into a day also means a "dis-

order" of the ordinary day-to-day living, where there is time for sleep and time to be awake and be active: work, be with one's family, do things; time regulates our everyday living. Josh has difficulties to fall asleep, fighting his sleep, being on guard:

> I, I can't get to sleep, and I don't even bother trying most nights till about 1 or 2 in the morning, I don't even try, because I know I'm not going to sleep – most nights; (...) When I close my eyes I see that: I'm fully awake still, just with my eyes closed, and the image is a sniper rifle and I'm behind it and I'm looking for something, and I'm panning the entire close site and the, the woods...

Even when falling asleep, the traumatized person often stays tuned to the sounds of the world: It is an in-between state of consciousness, as Benny describes it:

> I don't sleep at night... I can't fall asleep... Since my injury I sleep with light. The TV is open all night. Even if I close my eyes, B. [his wife] turns the TV off – I wake and tell her why do you turn it off... The TV – aside from a source of light, it takes me out of the nightmare. If I wake up from a nightmare I watch the Nature Channel... (T)

While being asleep, Benny stays alert to potential threats to his life from the outside world; at the same time, he leaves the TV open as a distraction from nightmares, threatening from the inside. Like a child who fears the darkness, the TV light and sound have a soothing effect on Benny, as though to ensure him that while being asleep, the world still exists. In his phenomenological study "On falling asleep," Linschoten (1987) illuminates the meanings of falling asleep:

> Falling asleep does not mean a becoming-cut-off from the world, but a quiet giving-up of the appeal the world directs to us. That is why the person falls asleep only insofar as this appeal becomes silenced, and he feels at ease about it. (...) The silence we need in order to sleep is not merely the absence of noise, but the meaningless, stilling silence. (...) The stilling is the gradual becoming silent of the conversation or the dialogue between me and my world. Thus the world does not get lost while I am falling asleep, but it merely becomes silent with me and with this common becoming-still, both of us fall asleep. (...) We cannot sleep in isolation, outside the world, but we can do so in a world that has become still and which, while we are sleeping, keeps us always safely protected. (pp. 89-91)

The stilling effect of this silence is experienced as something unique, "that silent enveloping something which we do not have to answer because it does not say or ask anything" (Ibid, p. 91). The traumatized persons seem to be in an on-going "conversation" with the world also at night, listening to the threatening "voices" which demand their attention.

The Hypervigilant Body

Living with past trauma is being-in-the-world in a mood or *Befindlichkeit* (Heidegger, 1962) of constant vigilance. *Befindlichkeit* is an inner-mental mood, the way we find ourselves in the world, the way that we are situated in the world or how we feel ourselves in situations; it is part of the way in which a world is revealed. Moods allow us to be attuned to the world. Gendlin (1978/79) says:

> 'Sich befinden' (finding oneself) (…) has three allusions: The reflexivity of finding oneself; feeling; and being situated. All three are caught in the ordinary phrase, 'How are you?' that refers to how you feel, but also to how things are going for you, and what sort of situation you find yourself. (p. 44)

Our moods are not internal and separated from an outside world; they are part of the process through which a world is brought to light: "A mood assails us. It comes neither from 'outside' nor from 'inside,' but arises out of Being-in-the-world, as a way of such Being" (Heidegger, 1962, p. H137). Being hypervigilant is a way of being in a world that has been experienced by the (M-R) traumatized persons as unsafe for life since their traumatic experiences. What is it like to be hypervigilant? Elad is always vigilant, day and night:

> I'm all the time vigilant: I drive on the street, I look to the right and left, looking for an ambush, and I'm fed up with that! (…) Look at my feet – I sit [with legs]

> bending; If you take the chair, I stand up. Yes, the legs are bending, on the tip-toes, the feet aren't resting on the ground, so that I'm ready to get up. (T)

Being hypervigilant is an embodied mood: Elad's feet do not lean on the ground, they are not grounded; the whole body is like a spring that is ready to release its tension anytime.

David is constantly on guard to detect threats to his daughter's life:

> There are moments when I play with the kid, and suddenly I feel that something is going to happen – I see it happens – and I freeze [David cries]. (…) I become highly alert by non-existent situations. And the worst is that (…) I'm aware of the illogic of my situation, what leads to a lot more frustration and rage. (T)

David uses the Hebrew word *darookh* when he describes how vigilant, alert, ready for action he is, of the same root as *darakh*, meaning pulled the trigger of a gun; it is the tension of being prepared to fire. David stays vigilant at night as well, when he is at home, always prepared for a disaster to come from the outside or from the inside. David is aware that most of his fears and anxieties are irrational, namely, they are not grounded in reality; yet, are "irrational" feelings necessarily non-existent or do they have a reality of their own? For the traumatized person, these anxieties are very real. David feels that the traumatic event caught him "off guard;" being constantly on-guard ever since has been a way to ensure that he will always foresee the life danger at its outset. Josh too is in "constant vigilance" when he is outside home in public places, looking for places where snipers could hide, as well as places for him to hide:

> That's all the time – constant vigilance is, is, it's all the time: If I go to a restaurant or to a public place, I have to sit with my back to the wall, like so many others. (…) When I'm driving, when I'm walking, when I am somewhere, I'm always, always looking of – at, for positions to hide, positions where snipers could be, positions to defend; It's just, it's an automatic thing: Ok, there could be something here, this is a bad place, this is a good sniper place, and in fact…

Being hypervigilant in his day-to-day living in Canada, Josh acts as if he is still in

Bosnia, where snipers could hide anywhere, threatening his life. When Edi goes for his

routine shopping, he is constantly on-guard: He always knows what is going around

within his eye-sight, always is looking for "the bad guys." How often do you look up

when you walk down town the main street, Joe asks me:

> How often do you look up? (What do you mean?) When you walk down the street
> – do you ever look up, do you? (No, I don't think so) When you walk down town
> … [the city's main street] – do you look up? (No) I do, all the time, I'm looking
> for snipers, you know… Here I know every place; I know the buildings, I know
> [He sighs]… Ya, me … Silly thing is that they shoot at us just to piss us off -
> that's the thing… They could … everyone of us, it's just…

When Joe and Josh describe their being constantly hypervigilant, they sigh. Sighing is

extensively present in the lived experience descriptions of the participants. Wondering

about the experiential meaning of sighing, I read Straus's (1966) phenomenological study

on "The Sigh;" it is a variation of breathing, an I-world relationship, says Straus:

> In breathing, we experience our vital existence in its dependence and in its
> uniqueness, in its never-ending contact and exchange with the world. (…) The
> sigh is a variation of breathing insofar as breathing is experienced as a relation to
> the world. A sigh occurs when the equilibrium between the individual and the
> world is disturbed, when pressure and resistance are increased. (…) The sigh
> appears to be a futile effort to throw off the burden, and, yet, it is not an action
> which finally ends in frustration nor an action at all – for action leads from a start
> to a goal, and it brings about a change. At the end of action, the initial situation is
> abandoned. Sighing, however, does not lead from a start to a goal; failure is
> immanent from the beginning. Beginning and end, so to speak, are one. Sighing
> expresses an intolerable situation that it does not intend to change. (pp. 243-244)

Does the sigh express also a feeling of helplessness that accompanies the *Befindlichkeit*

of being hypervigilant? Being hypervigilant is an embodied mood in its receptive as well

as its responsive part: The person's senses are set on high alert, screening the

surroundings for threats to life. Straus (1966) sees the senses as modes of the I-world

relation: "Every modality is a variation of the fundamental theme of the I-world relation" (p. 93), he says. Which are the sense modalities that we usually operate in our everyday living? For instance, when walking down the street, we often look at people and things in our surroundings rather than listen to sounds. We "cast a look or an eye" on someone, "look for" something rather than hear the environment; is it so also with the (M-R) traumatized persons? Dan is asleep, yet he stays alert to the sounds of the world:

> Also the sleep is no sleep (...) I mean I can... hear while being asleep... There was an incident... with my mother, I used to fall asleep with the... CD on... When I lived with Mom, with the CD on, then she would come and turn it off, and I get up saying, why did you turn it off? She says, but you're asleep, I say to her, No, but I hear! (T)

It seems that Dan cannot let the "dialogue with his world" subside; he needs to leave an open channel to the world which is experienced as dangerous. The audio sense stays vigilant while the traumatized person is asleep. Mothers of babies are familiar with having a selective state of sleep, waking up immediately to the voice of their babies. The traumatized sleeping person leaves an open channel too, though for a different purpose: to screen the surroundings for potential threats to life. Also while being awake, Dan is vigilant to the sounds of the world. Driving his car, Dan creates a safe environment: He disconnects from the outside world by closing the windows, so that no outside world-sounds will enter "his world." Then Dan puts on the music that he loves and is familiar with, so that there will be no surprises: no unexpected sounds or voices from the outside or from the inside will invade the car; knowing every sound makes him feel in control of his life or death, makes this self-created space be felt as safe. Being hypervigilant to

potential threats to the lives of his wife and daughter, David's "antennas are up;" he is

especially hypersensitive to specific sounds:

> When I hear sirens, immediately the instinct is to call the kindergarten (...) If D.
> [his wife] goes by bus to her mom, there's nobody to talk to; everybody who
> calls, I would ask to hang up – all the antennas are up; I am scared, because of the
> suicide bombings. (...) I used to love music so much (...) but when I do hear
> music, I am certain that there is an explosion and sirens, and then I lower [the
> sound] more and more, until it is turned off. Or when I'm listening to songs and
> am dancing with my child, and suddenly I can't, I'm imagining that something is
> happening... The moment that I can't operate all the senses of danger, the
> moment that I can't be aware of what's going on in the surroundings... (T)

Watching our children play, dancing with them to the sound of music, what a happy and

joyful experience it can be! Not when living on edge, being always prepared for potential

danger. David is very sensitive to sounds, looking for warning cues, trying to distinguish

between "good" sounds and "dangerous" ones, as Lingis (1994) says: "To hear the

murmur of the world, the distant rumble of the world and its demons" (p.112). After

having met the "demons" and being caught by surprise, David is constantly operating all

his "senses of danger." David is unable to enjoy and immerse himself in music: The

sounds of music veil the outside sounds that signal a life threat, such as the sound of

explosion or sirens, sounds that are critical for his kid's survival and his own. Joe is "very

vigilant, always listening;" during the interview he needs to identify unfamiliar noises:

> My body... soon as I feel scared, my body goes into military (Military?) Military
> mode? (What do you mean?) Defense. (What do you mean by that?) Ok:
> heightened, very heightened, aware, always checking, knowing what to do, you
> go to your seat to get your supplies, and really wait, sit and wait, for something...
> (So you probably feel it, all tense or what?) Afterwards you do; At the time
> when... I become scared or... ready, you don't feel it, you just...your adrenaline
> is pumping, you're ready (Concentrated?) Yes, you're focused, very focused.
> ...That's... that's the soldier, you're ready – I don't know how more to describe
> it; you're always listening... very vigilant, ya, very vigilant. [Joe hears an

unfamiliar sound and jumps, runs to check, then comes back and says] Outside noise [He sighs in relief].

Sound and voice are mainly associated with speech as a way of communication and interaction among people. Sounds are also a connective tissue between us and the world, such as the noisy sounds of the cars on the street, the sound of the building tools on a new building site, the whistle of the wind, the roaring of a stormy sea, the yowling of a cat, the barking of a dog, the coo of a dove, and the twittering of a bird. All these sounds and many others originate from their objects and reach us.

We learn about many of the objects in the world by listening to their sounds. One of the first things that we teach babies is the sounds that characterize animals. As our language develops and as adults, in our day-to-day living we tend to pay more attention to how things in the world look rather than how they sound. We meet a person and first look at him or her rather than listen to his or her voice: When we are asked to describe a person, we usually describe a person's looks rather than a person's voice or smell. However, when communicating in words, we do say that "it's the music that makes the tone (meaning)." We listen not only to the content expressed by the words but also to the intonation, to certain words which are emphasized in the sentence, the color of our voice when we speak the words: Do we say it in an angry voice or a soft, loving voice? Are we ordering a child impatiently and angrily, "Come here!" or are we gently and lovingly inviting him or her to come? It seems that the final meaning is given more by the tone of speech than by its content, the emotional meaning being communicated by the voice more than by sheer words. Listening to the music of the spoken words enables us to grasp the whole, understand what is "behind the words."

Why is the audio sense so central to the experience of living with (M-R) PTSD? Is hearing more useful in situations which are perceived as dangerous? Does the audio sense play a special role in survival? Indeed, some of the participants call the audio sense "the sense of danger" or "the sense of survival." In life-threatening situations, a person needs to be able to screen the surroundings as far as one can reach with the senses. Sound reaches us from far away, from everywhere. The source of danger may be hidden from our eyes but less from our ears. The audio sense, unlike the visual one, allows stimuli to reach from far away, even without seeing them, and so does smell; both may be seen as animalistic senses that have survival value. We may detect the source of danger in battle when we hear the rustling of the gun-bullets, the sound of footsteps, a person moving. We can tell from the sound how far a person is from us, which in a war zone can be critical, it can save life. Thus, by identifying the sound of artillery shelling, Josh could tell whether the source of danger is close or far, and how dangerous it was to his life:

> If it's coming very close to you - within about a hundred meters - there is a very short whistle, and then an explosion. If it's, if it's longer than a hundred meters, about a hundred meters, then you know will hear a whistle that's coming near, but I'm not worried that – it's within a hundred meters...

Josh is almost always vigilant to specific sounds: A loud noise will bring him to the ground:

> (So what happens when you go and visit friends?) There have been several occasions (...) I will hear a loud noise and I will be on the ground, or, I'll be going to the ground, and my friends look, and the ones who know they laugh, because, you know, and I don't mind that because it's, it's silly.

Benny, David, and Avi have become highly sensitive to noise at large. Noise is the mixture of undifferentiated sounds which needs to be identified as to its source and

meaning. Not only unidentified sounds but also unidentified human voices and talking

are threatening for Avi and make him very stressed:

> The screech of doors, a sudden noise, unidentified – startles! It can be also just a
> knock on the door or a phone ring that makes me jump (...) And of the expected
> things (...) an endless noise, such as the noise of an open tap – it makes me mad.
> Or (...) when people talk near me (...) this is like gibberish for me, but the very
> fact that they're talking and laughing, that there is a kind of tumult around, this
> disturbs me a lot. (T)

When Edi describes his hypervigilance, he points at hearing as the sense modality that is

operated first and then the visual sense, to screen unfamiliar surroundings:

> You know, even walking down the hall at school, you know, there are lots of kids
> out doing their thing over lockers, you're always looking – it's a second nature
> now, I don't even know that I'm doing it. (...) Observing, and listening, ya
> (Listening as well? What is more?) I think that sound... probably looking more
> but, your sound is ... It's really hearing something behind me that will catch my
> attention and I'll look for it? So when I hear people walking behind me I have to
> look and see who's there. When I'm walking for I'm always looking, you know,
> look here, out; I don't do the 360, like we're taught to in the army, but – you've a
> pretty good idea, if somebody's getting close to you and you know, and you sense
> it and you check to make sure it's not, you know, it's not a danger to you!

To understand why hearing is more dominant than seeing for the hypervigilant

traumatized person, I read Straus (1963): "We can flee from something which is visible

in the distance, but that which is heard – be it sound or word – has already taken hold of

us... We have no power over sound, word, voice, or 'voices'" (pp. 377-378). Straus

(1966) analyzes the distinctive features of the spatiality of sound by comparing the

different modes of spatiality for sound and color:

> We always see colors over there, i.e., in a direction and at a distance, somewhere
> vis-a-vis ourselves. The colors are both bounded and, in turn, boundary setting;
> they confine space, differentiating it into partial spaces ordered sideways and in
> depth. A resonating tone is altogether different. Often we can say of a sound
> source that it is impossible to determine reliably the direction where it is
> localized.... But the tone itself ... approaches us, penetrating, filling, and

homogenizing space. Thus, the tone is not confined to a single spatial position…. Color clings (phenomenally) to the object, while the tone produced by an object separates itself from it. Color is the mark of a thing, whereas tone is the effect of an activity…. While color and form constitute the object, sound, both as tone and noise, merely points to the object and only indicates it. The sound that detaches itself from the sound source can take a pure and autonomous existence, as in the tones of music, while noise retains the character of indicating and pointing to. (pp. 7-8)

In the I-world relationship, to see an object, says Straus, "we must turn toward it, look at it, actively master it…. In seeing, we are behaving actively, whether approaching or avoiding, attacking or taking flight" (Ibid, p. 15). The phenomenal character of sound is completely different: "Tone has an activity all its own; it presses in on us, surrounds, seizes, and embraces us…. The acoustical pursues us; we are at its mercy, unable to get away" (Ibid, p. 16). This phenomenal feature of sound seems to be of high survival value for the (M-R) traumatized persons "then and there," when their lives were endangered.

"In sensing," says Straus (1963), "we experience the world and ourselves in relation to the world" (p. 368). The audio sense is also a way to be connected to the world, a primal way; the newly born baby reacts to sounds first and communicates his needs through crying. When learning to speak, this audio way of communication becomes a primary way to relate with our environment, through language. It seems that staying hypervigilant to the "murmur of the world" (Lingis, 1994), to its sounds and voices is a way to be connected to the world, to its dangerous aspects in particular. David is connected to the world through listening to its sounds, the frightening as well as the soothing ones: "To hear the child and the wife in the background, this is the optimal for me, the most relaxing. Usually I try to wake up while hearing the voices of the child" (T).

However, when David walks on the street of Tel-Aviv, the sounds of ambulance sirens trigger his trauma memories, "pictures without sound."

In his phenomenological analysis of seeing and hearing, Straus (1966) points out the feature of sound as being a connection between person and world. The hypervigilant attendance to the sounds and voices of the world, as well as the "deafness" to certain sounds and voices (like in David's description), may be further understood through Straus's analysis:

> When a film is shown without music (in the silent films), the pictures appear at a different remove – unusually remote; they are marionette-like and lifeless. We lack contact with what is being represented, which glides by in front of our eyes in a spiritless, barren manner. We are spectators at, and not participants in, what is occurring. As soon as the music starts, contact is re-established... Space filled with sound is enough to establish a connection between viewer and picture. (pp. 19-20)

Though being less immediate and effective for survival, the sense of sight also serves the hypervigilant (M-R) traumatized person as a way to be connected to the dangerous aspects of the world. When Elad drives his car, he is vigilant, "looking for an ambush." When Josh is in a restaurant, he has to sit with his back to the wall, to visually screen the surroundings. Being outside, among unfamiliar strangers, Edi is constantly looking around, though looking comes after hearing a sound that needs to be identified: "It's really hearing something behind me that will catch my attention and I'll look for it?" Bob relates to the limitation of sight in detecting danger: "If something is going to happen to you, it's going to be what you do not see, more so than what you see:"

> I try to stay, I don't like big crowds because... I can't carry weapons here, I can only carry a small knife, and... I can't see everybody so, I can't trust everybody... Because if something is going to happen to you, it's going to be what you do not see, more so than what you see. (You say, If something happens to you, it is

something you cannot see). That's what it was in Bosnia: They shoot at you but - you couldn't see where!

Being hypervigilant is a bodily state-of-mind not only in its sensual aspect but also as an automatic body response, before any conscious mental processing of the situation is made. In the "Car back-tire exposion incident" near his home, Dan jumps to the ditch in an automatic reaction and then assesses the situation and understands his inappropriate response. Josh describes his automatic body reaction in the "funny story" at the Phantom of the Opera scene and on several social occasions when he is with friends: "I will hear a loud noise and I will be on the ground," he says. Edi calls his being hypervigilant "a second nature," a pre-reflective mode of sensing the environment, "I don't even know that I'm doing it." Joe relates to the body aspect of being highly alert: "It was like go-go-go-go:"

> And it was... an adrenaline-high for seven months, since you went to bed, woke up – Adrenaline was kicking – you didn't stop, you just go-go-go-go-go – you always... (It was not a good feeling, I imagine) Feeling you didn't feel; for myself I didn't feel; I was always on edge, it was like go-go-go-go, let's get it done, let's go-go-go – you always kept busy, so you didn't have time to feel! (...) Even if you slept you're on guard.

Summation

Following a (M-R) traumatic experience, the taken-for-granted sense of safety in the world is severely shattered. For persons with PTSD, feeling unsafe is associated with the threat to life. Feeling unsafe in the post-trauma day-to-day living has a prominent spatial dimension: Space is lived as either unsafe or safe for one's life. Public, outdoor and indoor, outside-home space, crowded with strangers, is lived as unsafe, as bearing a threat to life. For the (M-R) traumatized person, the safe space has shrunk to the familiar

surroundings and people, where a person feels in control and "at home." Feeling unsafe

has also a temporal dimension: The night becomes an unsafe time. Turning the night into

a day and the day into a night is a way to feel safer.

Living with (M-R) past trauma is a mood, a state-of-mind, a *Befindlichkeit*

(Heidegger, 1962), a way a person is situated in the world, of constant hypervigilance, in

a world that has become unsafe. Being hypervigilant is an embodied experience: The

traumatized person excessively operates the audio sense to detect specific sounds that

signify danger. Being constantly alert to the sounds of the world is a way to be connected

to the world. Also the visual sense is operated to detect potential threats to life. Being

hypervigilant involves an immediate, automatic, pre-reflective, and uncontrollable body

reaction to the experienced threat to life. Thereafter, the traumatized person engages in

assessing his body response as being inappropriate, illogical, weird, and "out of place."

Until this point, several aspects related to selfhood and relationality of living with

(M-R) PTSD have already been thematized and described: the haunted self, a captive of

his trauma memories and the hypervigilant self, a captive of his own body. In the next

chapter, Being Another to Oneself and Others, further aspects that are unique to how the

(M-R) traumatized person experiences himself and his relationality in everyday living are

illuminated, while leaving out aspects of the phenomenon that seem to be less unique or

invariant to the phenomenon. How does the traumatized person experience himself in

relation to others? What is it like for the person with (M-R) PTSD to be in relationships

with his family and friends and as a member of his own society? How is the therapeutic

relationship experienced, and what does this relationship mean for the traumatized person

in his day-to-day living?

CHAPTER EIGHT: BEING ANOTHER TO ONESELF AND OTHERS

From a phenomenological perspective, human experience is seen as embedded in

an interpersonal, cultural, and historical context. The world is experienced as essentially

social; Heidegger (1962) introduced the term *Mitsein, Being-with* (Others) to describe the

fundamental social dimension of human existence which he considered to be equally

primordial as other essential aspects of Being-in-the-World, such as temporality and

Relatedness-to-a-World. The lifeworld, the world of lived experience, is seen as

intersubjective, common to us and others. Gadamer (1975/1992) says: "The life-world is

always at the same time a communal world that involves being with other people as well.

It is a world of persons, and in the natural attitude the validity of this personal world is

always assumed" (p. 247). I see the being-onself as being closely entwined with being-

with-others, therefore aspects of selfhood and relationality are brought here as a whole.

How does a person with (M-R) PTSD experience being himself and being with others?

What are the unique qualities of his experience of self and others?

Being Alien to Oneself and Others

Following the traumatic experiences, (M-R) traumatized persons often detach

themselves from family and friends, feeling like outsiders, like living in two different and

separate worlds. Being with his extended family, Dan stays "at the corner," feeling as an

outsider. In family gatherings, Benny chooses to sit in the furthest corner of the backyard.

Emotional distance between people has a spatial dimension as well. We usually keep at a

certain distance from a stranger, though this distance may change with culture. With a

friend we will come closer, and with one's spouse, even closer. Placing oneself at the

corner seems to allude to how a traumatized person experiences himself being with others: different, distant, not belonging "here." Since his traumatic experience, David has distanced himself from parents and siblings, with whom he used to be very close; he has become a stranger to them and a stranger to himself:

> Before the event (...) me and my dad we had a routine, on Saturday night, to take a walk in town, drink beer, and talk about everything... (...) Gradually I distanced myself from family, from friends. (...) My room in the kibbutz used to be... the preferred place for my friends (...) I would arrive at the kibbutz, ask the driver to drop me off at the gate (...) go to my room and stay Friday-Saturday without turning the lights on, without anything, so that nobody knows that I've returned to the kibbutz, so that they won't come. (T)

Dan feels like living in different, separate worlds: He lives in his own world, apart from the main world of the other people, moving from "foreground to background:"

> You withdraw into yourself... I'm in my own world and she's here [his wife]... the big TV's with the... small screen to see other channels? Naturally this is to watch other channels. So sometimes I am the small screen... (...) and sometimes the big world becomes small... (T)

Becoming distant is felt as emanating from both sides. After coming back from Bosnia, Bob feels that people at work maintain a distance, avoid talking with him. When people deny the atrocities which he experienced in Bosnia and refuse to share with him his trauma memories, he feels being left alone:

> So, and people, never turn people around you at work, they sort of stop talking to you and stuff (Really?) Ya, and, after a while you're...almost on your own! Yes, I think they don't talk about it because they don't want to believe this, that's happening to people? So if you don't talk about it, so it's not happening. And some people still have no idea... There are people still say to us, that's a bunch of bullshit, because I had... some people in my own unit that think that it's just... (Bullshit?) Ya. I'm nothing to it, but... more people understand that there is... (Today) Ya....

Not only others refuse to listen and believe that what Bob experienced in Bosnia did happen; Bob as well is reluctant to share his whole experiences with his wife. To share one's personal experiences, a person needs to feel being understood; sharing traumatic experiences seems to demand a special kind of understanding, based on common and concrete lived experience. Not having this commonality of experience, Josh experiences the sharing as limited and frustrating; a barrier has been created between his world and his wife's:

> Ya, I mean she gets upset because, a lot of time I... I don't feel like talking? And then she gets mad because I don't trust her, because there's a lot of stuff I don't want to talk to her about... (...) On her part, she is tired of the now 10 years perhaps, 11 years of me being distant. On my part, I feel she has become distant as well. She frequently says that she understands what I went through and - she doesn't - I shouldn't say that; She frequently says, I understand how it affected you, I don't understand what you went through, but I have sympathy for the way it affected you, and if you need to talk about something, then talk to me about it; But I found when I tried, it's not worthwhile: She'll either get frustrated, or she'll make a comment that makes me so mad, because of nothing like, you know, she'll say something like: That's just like so and so, when his mother died – no, it's not! It's not like that at all! So we, we've become quite at a distance from each other.

Since returning from Bosnia, Edi literally needs a separate space, on separate levels at home, often distancing himself from his wife and kids by going down to the basement, his "bunker." The common feeling of being an outsider, distant and different from others, is associated with the traumatized persons' feelings of not being understood, of being seen as weird, "crazy," and different; with feeling being rejected by others or stigmatized. Living in a world that is peopled with others, some who are more like us and others who are totally different and foreign, how do we come to understand each other? Gadamer (1975/1992) extensively discusses the ways and meanings of human understanding. As

part of his dialogue with other philosophers, Gadamer brings Schleiermacher's thinking about human understanding:

> The effort to understand is needed wherever there is no immediate understanding – i.e., whenever the possibility of misunderstanding has to be reckoned with. Schleiermacher's idea of a universal hermeneutics starts from this: that the experience of the alien and the possibility of misunderstanding is universal. (...) Alienation is inextricably given with the individuality of the Thou. (...) All individuality is a manifestation of universal life and hence 'everyone carries a tiny bit of everyone else within him, so that divination is stimulated by comparison with oneself.' Thus he can say that the individuality of the author can be directly grasped 'by, as it were, transforming oneself into the other.' (...) The extremes of alieness and familiarity are both given with the relative difference of all individuality. The 'method' of understanding will be concerned equally with what is common, by comparison, and with what is unique, by intuition. (pp. 179, 189-190)

Schleiermacher says that "everyone carries a tiny bit of everyone else within him, so that divination is stimulated by comparison with oneself;" Do we tend to understand the other from a given shared social perspective which serves us as a context? It seems that the more we know the other and the more we have things in common with the other, may ease our mutual understanding. If we sense a difference, we may need to use empathy, to feel the other "from within," like "being in one's shoes." However, it seems to be more difficult to understand and feel being understood after being in life-threatening traumatic experiences; the context that is needed to understand a person's ways in everyday living needs to change considerably. Also the social context needs to be taken into account.

Being exposed to traumatic experiences is not a rare phenomenon in Israel, not only through military (compulsory) service but also for civilians (via suicide bombings and rockets fired at civilian population). With the growing personal experience, there is a growing awareness and sometimes also an experience-based knowledge in the general

society, which leads to a growing understanding of the phenomenon of living with (M-R) PTSD. Thus, Benny had also this experience of being understood by a local policeman who was about to arrest him for being aggressive towards a person who threw a *Purim* firecracker into Benny's yard: "The policeman did want to give me a fine, but his partner was an military disabled (...), and he then told him, Listen, understand! I've a brother like him" (T).

Nevertheless, persons with (M-R) PTSD in Israel may still experience rejection and stigmatization. Dan cannot sleep at night; he is driving for kilometers until dawn. Dan is unlike everybody else in his neighborhood: Most people sleep at night and get up in the morning to work. Dan's wife offers a "legitimization" to his roaming around at night, to make his behavior look "normal:" "He works at night as a road surveyor, this is a night-job, there's nothing one can do" (T), she explains; indeed, these are not the conventional working-hours, but at least he does work. Work makes a person look "normal," being a part of society. When being asked if others know about his PTSD, Dan answers: "People know that I'm an IDF disabled...The family knows, but others? They know I was [physically] injured..." (T). It seems more socially acceptable to disclose one's physical injury than the mental PTSD. A mental disorder still bears a stigma in Israeli society, and persons with PTSD tend to hide it.

Benny feels humiliated when he is being stigmatized as a "mentally ill posttraumatic" by people in his community: "There was a big fight between my son and another child, and the mother's sister said to her, Leave him alone, he's hot-blooded, I'd rather put you in a psychiatric hospital" (T). Shay is cautious as to disclosing having

PTSD to other fellow-students; only people who know somebody with PTSD in person may show more empathy and acceptance towards traumatized persons.

Being seen by others as "weird," "abnormal," or "crazy" is sometimes due to seeing a behavior within a different context. Dan's automatic response of jumping into a ditch near his home village when hearing the sound of his car's back-tire exploding is seen as totally inappropriate, irrational, and weird when it is understood in the context of everyday living. However, when the same response is understood as taking place at war, under fire, it becomes appropriate and rational as being life-saving and well understood. Namely, the context gives things their meaning, and things need to be understood as a whole, within their own context. How will Dan's roaming around at night be understood by his neighbors? The conventional mind would suggest that he is involved in some unethical or even illegal issues: A "decent man" sleeps at night at home. Do we tend to say about phenomena or people whose manners we do not understand that they are "weird" or "irrational"? Do we tend to treat what we do not understand as "weird"?

The feeling of being looked upon as "different" and "weird" may also be the way a traumatized person looks upon himself, feeling estranged from oneself. Omer tries to avoid the talking about his posttraumatic problems, to "preserve a façade of a normal person." Shay experiences the post-trauma as something that belongs to the self but also as alien to it, whereas the self prior to the trauma is experienced as the authentic self. Through therapy, he would like "To know to deal with it, and not put it in some place, and not that there will be Shay of the life of Shay, and Shay of the injury; to try and integrate them both" (T). Living with (M-R) PTSD, the self is lived also in a temporal

dimension: There is the self "before" and the self "after" the traumatic experiences, with

a feeling of profound change of the self, as if one is not the same person anymore. It is

like living with two selves, of the present and of the past, with a gulf in-between, thus the

traumatized person becomes alien to himself.

Living with (M-R) "post-trauma" in Canada often means that a person went

through experiences that are not commonly shared by people outside the military. Bob

feels becoming estranged from his fellow-Canadians, like living in two different worlds.

He feels that people who have not experienced the war-related traumatic experiences in

person cannot understand him; words are too weak to express what his traumatic

experiences really mean. Moreover, Canadians who have not had common traumatic

experiences may not believe they really happened and may be judgmental towards him:

> And if people ask you… and I say some stuff I can tell them that doesn't, doesn't
> really bother me, they don't understand, but I don't expect them. (They don't
> understand what actually bothers you?) They don't understand: First there is
> disbelief that it should happen, and then they don't understand… exactly how I
> can do it, and then they don't understand how I can live with it and function
> afterwards, how I can live after, dealing with something like that…

Feeling being understood involves empathy: Only those who went through similar life-

threatening experiences, says Bob, such as police officers, firefighters, or I as an Israeli,

can understand his experiences in Bosnia. People who were not "there" cannot

understand; it makes him feel different from other Canadians:

> When, when I say here I'm back in… normal populate… everybody's… try to
> find out, sort of what I did, everybody wants to see pictures! (Everybody wants to
> see pictures!) Yes, did you take pictures? Did you do this? And I said no! (Why,
> is it tourism? In Bosnia you were not a tourist!) Ya, exactly! That's right, and now
> they say, how come you didn't take pictures at the graves you worked, and I
> said… (…) some people there, it's their family and relatives, right? (…) People,
> they don't understand that, cause you experience it: to see, smell… taste, touch –

> it's so hard to und[erstand]...(...) When people here in Canada see a tank or something like that going down the street, for them it's a very big thing; to see troops in Israel, not a really big thing, it's there! But in Canada we're... a kind of naive, a kind of hidden, you know: If we don't see it, it doesn't exist...

Bob feels that both his father and uncle (the closest person before the traumas) do not really understand what he went through; moreover, they do not wish to know of the war atrocities that he witnessed; his father sees PTSD as a cold of which he can get over soon:

> And then with my dad it's just hopeless (he doesn't understand?) No, I told him about being shot at, and he said: Ya, I understand (...) I said it's a big difference there, and then, like I said, he tends to compare... working mass graves with seeing somebody in a car accident, and there's a big difference. (...) My father thinks it's like a cold: It goes away in two weeks... I try to explain him it's not like a cold, it doesn't just go away. (...) Sometimes I ask him, won't you like to know about it? (...) My father and my uncle, (...) they really don't want to know anything.

Though Joe's father did recognize that something with his son has changed to the worse, only recently Joe told him about Bosnia. However, Joe's father finds it hard to believe: "Let it go!" he says. Unlike Bob and Joe, Josh's father, being a military medic, has a rich personal war experience. Josh feels being understood by him, the kind of common experience-based understanding; and he even feels closer now to his father in a father-son way, and more so in a comrade-of-arms way:

> My father? (...) Very close. (...) Close in a father-son way, close in a comrade-of-arms way as well, because he was in Korea and Vietnam, so he saw some of the same things. (How does he respond to your suffering?) [He sighs] Well, perhaps, from the parental side, no parent wants to see their child suffer, so, he feels very bad about that [Tears appear in his eyes]; I think, he's never said it but I think, he blames himself partly because, he encouraged me to go into the military (...) And then as, as a comrade of arms, if you take away the father-son relationship, he understands! He very much understands.

When the first thing that Joe does when he comes to visit his parents is clean his weapons and only thereafter says Hello to them, it seems that his laughter and sigh acknowledge

that his behavior has become irrational and weird, but at the same time he cannot stop

doing it. During the interview, Joe suddenly murmurs to himself and moves his hand as

though removing something off himself: "No, sorry, I see ghosts (You see ghosts?) Ya,

reflections, ghosts, images [He sighs], hard to describe." Having flashbacks which are

invisible to persons other than the traumatized person may look like living in two

different worlds. "The neighbors think I'm a little bit crazy," says Joe when he relates to

his habit to patrol his home every night before going to bed. Through the research

interview, Joe delivers a message to fellow-Canadians:

> I want people to know about it, in the sense of... Ok, this is why these people act
> this way; Don't treat us any differently (...) We're just...people who went
> through and did something, most normal people never would in their lives, ever
> expect to do. People should know to a point where ok, well this guy has got
> Posttraumatic Stress, Oh, he's not a bad guy! Maybe he's little tense, ok, we'll
> deal with that. But don't shut me, that's the thing! Cause people don't know about
> it, they don't, they don't understand! (...) That's why I describe it (...) You're
> always looking out, but you don't see anything in, it's black, it's dark, it's
> cold...and you're very...bunkered? Shelled, that's my sanctuary.....

Josh's automatic reaction of taking shelter when the sound of explosion is heard during

the opera in the Canadian theatre may look weird in one context and appropriate in the

right context: "Because the, the, the whistle of a shell or explosion is usually followed by

another one, and you don't even think, you, you react immediately, or you're done!"

Normality is a relative matter and context-dependent. Being misunderstood is very

frustrating for Josh and a sign of rejection; he delivers the same message too:

> I was talking to some friends in, in November of '92, first trip back, and there is a
> gentleman across the table that I knew, he was a friend! And I was talking about
> how we were getting shelled most days and it was intensifying, you know, we
> were losing people, and this guy said: That's just like the exercise that just went
> on in Greenland! And I just, I, I almost hit him. So now, with one exception, I
> don't talk about it to, to people. (...) I can't tolerate (when people really don't

> understand) or they're uncomfortable, and it's very obvious, there is a physical, I mean, you can see the reaction. There is still a stigma attached to PTSD that people don't understand yet, which is true why I'm here tonight: People don't understand that, and I wish they would.

Stigma is associated with lack of knowledge and understanding and leads to rejection and isolation of certain groups of people in society. Yet, even if one does try to understand what living with PTSD means, "There's always a barrier there," says Josh, "when one person has experienced something, and the other person has not: You can think you understand, and say you understand, but you don't;" it is the kind of understanding based on common experience that is lacking. There is not only a lack of understanding of what living with (M-R) PTSD means but also misconceptions and stigma, says Josh: A traumatized soldier is seen as violent and crazy:

> When they hear PTSD, and most Canadians now, adult Canadians, will have heard about PTSD on the news, or maybe a little bit about it, because of some story they've read, but what they think is and, and, what they think is you're crazy, and also violent; they see too many movies where, American movies, where the guy comes back from the war and he goes on the killing scene, or they hear too many stories about that so they're very uncomfortable, and even if they don't think you're violent, and they're not afraid of you, mental illness is still something that people are very uncomfortable discussing, so.

Can we really understand what living with (M-R) PTSD means for the traumatized person? Sartre (1943/1964) argues that everything about a person can be understood. Sartre maintains that the main characteristics of a person's way of being are given to observers all at once, as an unanalyzed whole. Then, with the right method, the essential features can be analyzed and thematized. According to Sartre, everything about the inter-personal Other is in principle visible, intelligible, and comprehensible. The mode in which the inter-personal Other is apprehended is all at once, as meaningful totalities.

Sartre suggests that one is unable to specify clearly what one grasps of this meaningful

totality which is the Other from within an inter-personal relation while one is living it. It

is only afterwards, with a reflective distance and an analytic method, that the many

aspects of the encounter with the Other can be explicated (Jopling, 1993). This perception

of understanding human existence seems to me too idealistic and also not that desired. I

think that for the traumatized persons, this way of seeing human understanding would

sound alien. I feel more comfortable with Gadamer's (1975/1992) view of human

understanding. Understanding entails

> *Bildung*: keeping oneself open to what is other – to other, more universal points of
> view. (...) To distance oneself from oneself and from one's private purposes
> means to look at these in the way that others see them. (...) The universal
> viewpoints to which the cultivated man (*gebildet*) keeps himself open are not a
> fixed applicable yardstick, but are present to him only as the viewpoints of
> possible others. (p. 17).

Gadamer sees understanding as a "fusion of horizons" (p. 306), whether between persons

involved in a conversation or between an interpreter and text. Through the give and take

of a dialogue, "something comes into being that had not existed before and that exists

from now on (...) Something emerges that is contained in neither of the partners by

himself" (p. 462). "To reach an understanding in a dialogue," says Gadamer, "is not

merely a matter of putting oneself forward and successfully asserting one's own point of

view, but being transformed into a communion in which we do not remain what we were"

(p. 379). For Gadamer (1975/2000) it is not just that we understand differently or

confront our own limitations through the presence of the other; without this presence, we

do not understand at all:

> The very strengthening of the Other against myself would, for the first time, allow me to open up the real possibility of understanding. To allow the Other to be valid against oneself – and from there to let all my hermeneutic works slowly develop – is not only to recognize in principle the limitation of one's own framework, but is also to allow one to go beyond one's own possibilities, precisely in a dialogical, communicative, hermeneutic process. (p. 284)

However, I guess that the (M-R) traumatized persons may also feel more comfortable with Levinas' (1969) thinking about understanding. For Levinas, an essential dimension of the Other's reality is the Other's otherness. By otherness Levinas does not mean that the Other has a different psychology; it is otherness in the sense of transcendence, of existing apart, of being beyond. He is other because he brings with him the shock of the new and the unexpected, and always rises up beyond the psychological explanations. Because of his otherness, the Other cannot properly be described as one who is being grasped, known or thematized, because of his alterity. Levinas argues that prior to hermeneutic and cognitive relations, the self is ethically related to the Other. He objects to the idea that the relation to the Other is in essence a relation of understanding. The Other is not primarily an object (or subject) to be understood; the Other is a partner in a dialogue and moral agent who confronts the self face to face and who commands respect and responsibility. He sees in knowing the other a kind of power over and violence, because by explaining everything, the other's otherness, difference, and particularity is violated. For Levinas, the most fundamental connection relating the self to the Other is not based on understanding but on ethical relations of responsiveness, responsibility, and justice, which are embodied in the unmediated face to face dialogical encounter between self and Other (Jopling, 1993). As for myself, I still believe in understanding the other as a good.

Having a "Short Fuse"

Having a (M-R) PTSD has often to do with feeling angry and being aggressive and with the handling of it; this is the "public image" of (M-R) traumatized persons but also their own self-experience in their day-to-day living. The traumatized persons describe themselves as "short fused," irritable and easily triggered, having outbursts of aggression. Benny has never raised a hand on his wife, but... "I easily turned over tables, I broke chairs, I smashed things... I broke a fridge... (...) They would piss me off, the kids, all kind of things; (...) When they turn on the TV loud when we eat" (T). Gideon responds to a conflict with his children like an explosion, like going "into a landmine-field, I blow up the mine, I don't dismantle it, I bring it to... to an explosion" (T).

The metaphor of "having a short fuse" means "To have a temper that flares up quickly," an image that is drawn from the electricity world: The fuse's function is to avoid a rise in the electrical tension; it "jumps," shutting the whole system when the tension is higher than the system can tolerate, thus saving the system's life. The metaphor of being "short fused" points to the incompatibility between the container, the electrical fuse and the contained; with traumatized persons, it is the emotions, especially the anger that is too intense to contain. Does the temper that flares up quickly (be it unpleasant as it is) serve as a survival mechanism for the traumatized person's self? This metaphor sounds "masculine," coming from the world of mechanics and electricity. It also alludes to the feeling that there is some mishap in one small part of the human "machinery" that can cause big trouble for the entire body. The metaphor also associates the feeling of anger with electricity, with heat, and suggests that anger, when it is not well contained, can set

us on fire, bring to an explosion and destruction of the person and his surroundings. This goes back to the traditional dichotomy of being rational, cold, and restrained, as opposed to being hot-blooded, irrational, and impulsive. After coming back from Bosnia, any small incident will set up Bob, leading to bursts of "black anger" and even to being arrested by the police:

> Eh, on the base they have a housing officer? And I was in there... I think they're supposed to, supposed to fix something in my military house, long ago; I think I got upset and... Ok, they said I pushed the manager into the corner (The manager?) Ya, the supervisor (You pushed him to the corner?) Ya, and then I guess I threatened to kill him and stuff, and then I guess I kicked over a file cabinet... (A thing that you wouldn't do that before?) No, I have a tantrum, but I don't... I've never gone that far. (You had a tantrum?) I got upset before too, but I think that was because of, just the way I was brought up, just – you know, you live on your own, something like that so -(But it was not like that?) No. (What was the difference?) I don't remember what happened! That's the, that's the big difference. I worked... When I get to that angry point, then I start thinking more of the grave stuff, and then I sort of take my anger up here? (So actually you're not here) No, I had... (...) When I get angry, my eyes are black? (Are black with rage?) You know, pupils get very big, like you know the fight and flight?

In another incident, next to a Canadian mall, Bob became aggressive when he sensed that his children are in danger:

> While we had... my son and I, we went to a movie in the mall, and I was driving and a bunch of young guys, probably 25 year old, punched my car. So I stopped the car, I said, what's the problem? Oh I was told that, oh, it's just about every word that you'd better even not think of. (You were told) Ya, and I started getting a little upset, and then I said, I said, don't push me! I said, you won't like it, and I am crazy. They just laughed because, pretty fun of. And then... well, at that point there my son said I grabbed one guy by here [in his collar] and... we're in the second story parking? And I held him over the edge (Ha!) and held on, and then my son, he said he was screaming from, and then and then... then I didn't then...

Joe has aggressive thoughts, to "attack, blow up, kill, get even:" Feeling very angry is related to the thinking of what happened "there:"

I had a lot of plans to do bad things, to get even, to get mad, kick (To attack people?) Attack, blow up, kill... (...) But, it doesn't take long to go back there, to go back... That's my biggest problem right now, cause when I get mad, I just think about, I want to get even right now, I think of what am I doing, I can do something here in Canada, I can, I'm here, not over there, and that's where I get my anger from, see? (...) There will be a lot of dead people if I could do that.

Being pissed off by a person who somehow triggered his trauma memories, Joe "sees

red:" He gets into a fit of rage, losing self-control and judgment, feeling like being

"another" to himself:

I get... triggered, scenario happens, I see red (Actually you see red? No, it's a metaphor) No, I see red. The person in front of me is not the person I saw. (The color changes?) Everything, everything I see around me is red, and that scene is in red. And that person is red. And I get so worked up... [He sighs] it's hard to describe; It's like I... I am not me. I am so thinking this...different world, and that person is enemy. I don't feel, nothing, just rage, just...rage. (...) All I want is to hurt, put this pain, this anger on this person, or thing, or situation. (...) Last situation? Oh, with the lady this afternoon? (Today?) Ya, today. (A client?) No no, just a total stranger, she pissed me right off, I went after her, I said if you ever fucking do it again, I'll kill you. (What made you be pissed off with her?) I don't know, that's the scene, I don't remember anything; Once the trigger happens, it's like, ok, I know that person pissed me off, that's just it, cause now everything is focused on you; You're red (...) You're the target... and once, once I do my thing or... release that energy or that hate, it's like [He clicks with his fingers] I snap out of it, What? Wow! And I just walk away, I just walk away... But I find that person so scared shit... ready to fight, and just now I try talk myself, talk myself out of it, or run. (And this lady, you just talked to her?) Ya, the hell...if you fucking do it again, I fucking kill you! And then realized – Oh, shit, sorry, bye... and she was in tears... That's what I mean, being in trouble; and it's... it's weird.

At work, knowing that he becomes easily triggered and extremely angry, Josh keeps

himself at a distance from other employees, using e-mail instead of face-to-face talking:

"I'll be very angry, immediately angry, but, but I don't get violent and I don't, while I'm

at work, I don't shout at people, I just feel extremely angry inside." In the first years after

coming back from Bosnia, Edi used to get easily pissed off and angry at small things of

everyday life, with his wife, at work, or with strangers: It often occurred after "having a rough session," he says:

> I was in my car, and I just wanted to get out and throttle that person (throttle?) You know, grab him by the neck and choke him? Because he just cut me off, you know, you know... (And it wasn't like you before?) Oh no, I didn't even put people to bird, you know, that's the normal, when someone cuts you off, he gets a finger - I didn't care, you know; If you want to be stupid, then be stupid – your life is in danger, I saw you coming anyway, you know...

<div align="center">Living in the Dark</div>

Feeling sad and losing the ability to feel happy and enjoy life is, like anger, a common experience for the (M-R) traumatized person, although it is common also with several other modes of "different existence." For many years Elad has felt deep sadness, like living in "thick mud:" "I feel it here, in the chest-bone, sadness all the time; (...) as if you live in this dough, and everything goes slowly and is vague, and nothing moves" (T). Feeling stuck in mud or in dough arouses an association of being buried alive, without anticipating a better future. Being in despair is lived through Elad's body: "Nothing matters, so you don't take a shower, you don't take care of yourself, you smoke a lot; (...) I gained a lot of weight, (...) I would get to bed really stinky, everything was "tasteless' [useless]" (T). "Talking about one's body means talking about oneself," says van den Berg (1972); "A person washes *himself*, not his body. He shaves *himself*, not his face. (...) Pre-reflectively, man and body are very closely related, if not identical" (pp. 50-51). Elad uses the Hebrew expression *khassar taam*, literally meaning tasteless, to describe his feeling of having lost the purpose and drive for life. David describes his despair by relating to eating, though to the other extreme:

I hardly eat. I fell and was injured in my elbow and for months I haven't gone to see a physician, every time I postpone it (...) I'm 10 kg below my weight at the time of the event. (...). There are times when I take the child in my arms and she complains that it hurts her to put her head here [David points at his shoulder that is very bony]; I'm looking for padded places [in the body] for her [to lay her head on]. (T)

Van den Berg (1972) reflects about the meaning of eating:

'To eat,' from a prereflective point of view, is to receive, to savor or to devour. Even 'to digest' has a prereflective meaning: of assimilating in general, of making merge with what one is, even of declaring oneself in agreement with the events and incidents of life as such, a person who eats accepts his life, even if he does so aggressively. (p. 52)

David's body cannot "eat," "swallow," and "digest" the difficult life experiences that he has gone through. The objects of his world too have become worthless, like himself:

The computer broke down several months ago... The computer keeps me busy – I had something to do at nights. It had to be fixed, and each time there was money – for what?! What will I get from it if I buy this thing? (...) Will it make me happy?! Will it make me sleep at night?! (...) Because this is for me, and for some reason it becomes immediately unnecessary. (T)

Having PTSD means for Elad being a "weak man:" "It happens to weak men, but not to strong men, not to fighters..." (T). Benny feels that he is not a "man" anymore, after his pistol was taken by the psychiatrist, "the last part of my masculinity which he took from me." It seems that both physical strength and a pistol are still symbols of manhood, together with the belief that "men do not cry." Social attitudes towards PTSD seem to be related to social perceptions of manhood: "Men are not supposed to have PTSD," says Josh: "It's a shameful thing to admit, (...) you're supposed to be overhead of this." In Hebrew, to get over is *hitgabber*, of the same root as *gever*, meaning a male: A man is supposed to "get over" things such as this "emotional stuff."

Intimacy Being Hindered by Trauma

Whereas the traumatized person can more easily experience and express feelings

of anger and despair, being in-touch with more tender feelings of love and affection has

become very difficult. Omer's ability to be close to his family and friends has

considerably decreased after returning from war. Moreover, his ability to "love human

beings" which may be seen as a common aspect of human nature has diminished.

However, he can still connect to animals and objects:

> It's difficult... to be close to people, the love of a human being. It takes me a lot
> more effort to love my surroundings, love the people around me... (...) Since the
> war I live by myself ehh... with a dog and...the computer (...) and the painting.
> (T)

Dan feels his emotions as being blocked inside; he cannot express them to his spouse.

However, not being able to express one's emotions does not mean that one does not feel:

"You may feel the good, the bad, the rage" (T.), says Dan; of all emotions, Dan mentions

rage, not love. Joe feels hatred and sorrow, but not love:

> I know what hate is, I know what sorrow is – I cry a lot, I know what that feels
> now; love? I know my parents do love me? I know I've loved them, but I don't
> know what that feels, I don't know what that is. (...) I know what hatred is! I
> know how it hates! (...) I don't know what that feeling [love] is, I'm very cold,
> very hard inside.

Witnessing in Bosnia children being killed or suffering, eating grass and freezing to

death, Josh has become unable to express love to his own daughters who have all they

need. His trauma memories do not let him enjoy the love and closeness of his daughters:

> It was difficult for me to show affection to my daughters, it was difficult for me to
> actually get attached to them, to my daughters, because... I see what they have,
> and they're very privileged, and I think of the children who are eating grass, that,
> that literally eating grass, and that's what they would eat, and they didn't have a
> change of clothes or they didn't have shoes, or they froze to death in the winter

time – so it, it, it… it was very difficult for a long time… [He sighs] (…) I couldn't allow myself to express love for my daughters, I couldn't do it; I did very little with them that most fathers did, I'd liked to be around them but I couldn't… express a sincere, outward emotional love for them that children need! And the reason for that I saw so many children who were killed, or who had nothing, absolutely nothing. You know, they didn't have clothes in some cases other than, you know, sacks of, of rice, big sacks; they didn't have shoes! And it was very difficult for me to look at my children who have a room full of toys, and each has his own room, and they get 3 meals a day if they wanted, 5 meals if they wanted and they got the horses and all that, and not be angry that they have all that, but I did get quite angry at that.

Being unable to be in-touch with his daughters, Josh mourns the absent father he is:

I even wanted to go out and play with them, for instance I wanted to wrestle with them, I wanted to do all those things, but I couldn't. (…) My daughter said this July, my oldest daughter said this July, to my neighbor, and I only found out about it through my wife. My neighbor found out that I was taking my daughters on a vacation, just the three of us, and he said, Wow, that will be pretty good, won't it, being with your dad, and my oldest daughter would reply, I don't know, because I don't know my dad, and that hurts, but it's my fault.

After coming back from Bosnia, things of everyday life seemed to Josh to be

insignificant unless they were life-or-death issues. He became emotionally absent for his

wife as well, unable to show her love and affection:

My wife would tell you that, that I was very… unable to show as much affection, or, or emotion - loving emotions towards her, and in hindsight, she is right! (…) But I didn't show that very much after I came back, and I was always, or frequently, very distant; I was always thinking of something else. Her things, to her were important, to me they were trivial, so I didn't listen to her as much. (…) If I, if I were, if we were a young couple, you take her hand, ya, hold hands, I couldn't do that because then I had one hand that wasn't free; what do I do, with this hand if someone comes, I, I don't have this hand free to do something about it.

With the traumatized person, intimate aspects of living as a couple are often harmed.

Sharing traumatic experiences and feeling being understood is often difficult for both.

Having nightmares and turning the night into a day and the day into a night leads also to

living in a different "time zone." Though traumatic experiences may not be shared with one's wife verbally and in detail, the wife often takes part in the nightmare battles. The physical intimacy has also changed: Being hypervigilant, the free and spontaneous physical closeness may be disrupted: Josh cannot hold hands with his wife: He needs both hands be free in case of an attack. Also the intimate touch of a loving hand of his wife or daughters, caressing him from behind, is interpreted as an attack upon his life and triggers an automatic bodily response of attacking back.

The sex, as well, "is not the same," say most of the traumatized persons with pain and shame. Taking medication harmed their passion. Though they describe a considerable lack of intimacy in their spousal lives, some traumatized persons have not lost the desire for bodily contact and to be loved. Benny, for example, misses the intimate body contact with his wife, since they do not share the same bedtime. Elad misses his wife's body's warmth, but being always on guard, he cannot bear being touched:

> Many a time I need warmth, but often I don't want to be touched, everything irritates me (...) You lose the wish for sex, you lose the need (...) You're so much occupied with yourself, that you can't be occupied with what takes place outside. (T)

However, in spite of the difficulties the traumatized person experiences in being close and intimate with his wife and kids, they often are experienced by him as his shelter, as a protective shield between him and the world, and as a "go-between." Avi describes his wife as "the only person with whom I've built some trust, and even this was sometimes hanging by a thread, but at the end, this is the only relationship that has survived" (T). Dan describes having a mother-child kind of relationship with his spouse:

> If I need to make a phone-call to someone, for me it's called a "project." It doesn't matter, let's say, we spoke that I'll call and have a reservation for [a hotel at] the Dead Sea? How much time has passed since then? Four weeks! (...) I say just a moment, afterwards... This 'afterwards' will be tomorrow, the tomorrow will be the day after, that's in many things... (...) Somehow I feel like a kid... that if you don't have a guiding hand that takes you... you won't do it alone... the telephone... and the spouse is directing... (T)

Benny too describes his wife as "the closest person that I have, that's it." The traumatized person's children may be not only a source of irritation but also a "comfort zone," as Edi calls his two kids, a buffer between himself and the dangerous world:

> When I am with them [his kids] people will get closer before I've noticed them? You know, because my oldest, he just talks and talks and talks, so I'll be listening to what he's saying, and next thing that I know there's somebody on my shoulder, and that's usually I've been spotted them like way away, so, you know...(...) And that's one of the ways that I got over just going to the store, cause I used to be, J. would be sitting here, and K. would be in his little stroller thing, beside him (On the wagon) Ya, and I'll be pushing the thing, and I'll be concentrating on them...

Moreover, one's own children are often the reason to stay alive and not commit suicide, as Joe says: "Honestly if I could go back, in time, I'd rather take the bullet; I'd rather get shot, I'd rather die over there... I thought about it many a time (About what?) Suicide, many times... The only thing that stops me is my kids, that's it." David phrases it in a more positive way: "Only because of the wife and the kid that I haven't lost optimism in life, there is still hope" (T).

How does a (M-R) traumatized person experience being in relationship with other (M-R) traumatized persons? Does he feel closer to other traumatized persons? Is there a kind of friendship that evolves between them? It seems that there is a feeling of deep understanding based on common experiences but not necessarily close friendship. Joe is

an example; he can sense "it," the PTSD, in other people just by their "stare:" "I know who you are, we are alike:"

> When...Kosovo came up, when my buds there, they went over... to Kosovo? and when they came back I said, to him, I said, L., you have it, you have Posttraumatic Stress. You're full of shit, Joe! I said, Sorry, I see it, I see it in your eyes, and I said, Know, that guy over there has it. So how do you tell? You just do! I don't know what it is, I can tell! (What did you see in his eyes?) Hollow, very hollow, everything is dark, everything is very... in like... hollow to the point where, if you don't know what you're looking for, so .... (Empty?) Ya, ya, that's the best way to put it... Very cold... (The gaze) That's it, the stare! (...) (Do you feel close to other people who...) No, I feel... I feel, there's a connection, there is, but it's on a weird level, it's not like, Hey, how's it going; It's like, ok, ya, you're pissed off, so am I, I understand...(...) It's, it's a commonality thing, once you... understand it (...) Went through the same shit, basically; Eh, that's... the common thing with... a lot of... people with this...

Being in psychotherapy is often a significant part of living with (M-R) PTSD, a long-term relationship, where a person is in contact with oneself and with the other. What kind of a relationship is it for the traumatized person? For Bob, "being-with" the therapist in hard times is important, even if no word is uttered:

> And sometimes I go there and I don't want to say nothing... No... It might have been a bad night, it might have been... just something. Like I've a problem with... July and August are bad for me because, those were the times that I worked graves... But she's, she's nice, so. (So in July and August you don't go to therapy?) Oh I do, but I'm not sometimes nice (Not very talkative?) Talkative or... (So you just sit and keep silent?) Ya, she's pretty good, she makes you talk a little bit...

Feeling being understood is a central quality of therapy for Shay and David too; Shay calls therapy "being in conversation with myself via another person" (T). For David, the therapy hour, though being quite exhausting, is the only place where "I can be myself, not pretending, without fearing that something that I say will be misinterpreted... This is a place where I feel understood" (T). For Josh, being in therapy helped him to "fill the

gaps" of trauma memory and meaning and gain more understanding and self-acceptance, though he has not shared with his therapist all his traumatic experiences:

> Even now (...) I will tell her [his therapist] something about: Oh, yes, well, when this happened, and you know about that, she'll say: What do you mean I know about that? Well, I told you! Haven't talked her about so many stories, but as well...

Omer sees therapy as a relationship in which one person lends himself or herself to "be loaded" with the distress of another person: "A psychologist mainly is a kind of a friend that is very difficult to find in normal life, nobody is really interested to hear all troubles... to load himself with your soul..." (T). Being in therapy for having PTSD is a co-operative endeavor and a very intensive kind of relationship for both participants. For Shay, therapy helped thanks to "a hard work, a relationship of trust, and a good team-work" (T). For the (M-R) traumatized person, the therapist is one of the few "significant others," and sometimes the only one with whom he feels being listened to, being understood, accepted, and cared for, a stable life-long companion. Seeing himself as living with PTSD for ever, Bob also sees himself living in the same area of his therapist for the rest of his life. One can hear in the participants' descriptions of their relationships with their therapists their longing for contact and intimacy that seems to find a place there. Joe, for example, goes to therapy when having difficult times, and at other times he does not; however, the therapist's understanding without words and her always "being-there," is most important to him:

> She [the therapist] needs only a phone call, she understands; I keep myself very busy so I don't have to deal with this much, but when things do happen, she's the first one there; She's more than my therapist, she's my bestest friend, someone to count on, that she understands, she won't judge me for it, that's the thing!

Dan's therapist was for him "a mother and a father," a life-long relationship, "till death brings us apart," (the therapist's death):

> There were several phases that I made... and everything was with the guidance of B. [the therapist]... going to work... the house... the marriage... these were phases which we built... he built. Also her [his wife] he knew... also the oldest kid... He was the mother and the father and everything... and I had trust in him and everything... (T)

Summation

Being-onself is entwined with being-with-others; this is how I see human nature. How do persons with (M-R) PTSD experience themselves and their Being-with-others? Though the traumatized persons describe themselves in relation to others, being-with seems to be most difficult for them. Following traumatic experiences, a (M-R) traumatized person often distances or disconnects himself from family and friends, feeling alien to others, like being an outsider in the once common world, as if living in two different and separate worlds or even planets. Feeling detached is not only from others but also from oneself: It is associated with feeling that I have changed after the traumatic experiences, that I am not the same person. Being with others often entails feeling of not being understood, feeling being different, being looked upon as "weird" and "crazy," feeling rejected and stigmatized.

Being "crazy" or "weird" is sometimes also the way the traumatized person sees himself, an alien to oneself, which often entails in trying to hide the PTSD signs, to preserve an appearance of a "normal" person. Though being diagnosed with PTSD may give a name and meaning to the "weirdness," it may also arouse stigmatization by others and self-shame. There is a sense of profound change in the self, a split or a gulf that is

created inside the self, like having two selves. The traumatized person often compares his "post-trauma" self with his "pre-trauma" self, mourning the losses and changes in himself, feeling sad and in despair, being unable to enjoy life, feeling worthless as a person and as a man, living in the dark.

With the intense anger built inside, a traumatized person often describes himself as having a "short fuse" and being aggressive. Whereas anger and aggression are easily self-felt and outwardly expressed, the ability to feel or express affection and love for the dear or for humans at large, to be in touch and in intimacy, has been hindered by the PTSD. However, in spite of the difficulties being experienced by the traumatized person in his relationships with his spouse and kids, they are often the most significant persons for him: The wife is often experienced as a buffer, a protective shield between the traumatized person and his world and a "go-between;" and the children are felt as the hope, the reason to stay alive, the traumatized person's strings to life.

The more unequivocally meaningful, stable, and long-lasting relationship that the (M-R) traumatized person often has is with his psychotherapist: There he feels being understood, accepted and not judged, the therapist being a safe space and a bridge back to the "family of Man." Though a relationship with a therapist is not of the traumatized person's "real world," it does reflect, to my mind, an ability to connect and be in contact.

As I approach the end of the research journey, I bring some final reflections: On the background of some limitations of the study, I reflect on what I have learned from the encounter with the phenomenon and suggest some implications for clinical practice, education, and future research; I also reflect about the significance of a possible dialogue

between phenomenology and psychopathology and about my experience of being a

researcher in this study.

CHAPTER NINE: ENDING THE RESEARCH JOURNEY

The Encounter With the Phenomenon

Being immersed in the research endeavor for five long years I realize how hard it is for me to depart, to "let it go," and at the same time I am eager to take new paths where this study may lead. As the study reaches its end, it is not a final and closing ending: There are new horizons of the phenomenon yet to be discovered and more room for further reflection. I had a fascinating journey: meeting with the traumatized persons, exploring the phenomenon of living with (M-R) PTSD, learning the hermeneutic phenomenological methodology, and entering the never-ending world of phenomenological philosophy. This phenomenon is rich in aspects; being a phenomenological text, the meaning aspects of the phenomenon are brought along the whole dissertation text and not just in the final chapter. However, when being encountered by other researchers or by myself in another time, more veiled aspects of the experience of living with (M-R) PTSD may be disclosed and further understandings may be reached. The four broad themes that emerge from the encounter with the phenomenon and which characterize the (M-R) traumatized person's lifeworld are Trauma Remembering, The Encounter with Death, Being Hypervigilant in an Unsafe World, and Being Another to Oneself and Others.

In the final chapter I address the study's limitations first, as a background to what I have learned from the encounter with the phenomenon which is at the foreground. I refer to some implications for clinical practice and education and suggest directions for

future research; reflect on the significance of a possible dialogue between phenomenology and psychopathology and on my experience as a researcher in the study.

The Limitations of the Study

Meeting with the Canadian participants without any prior knowledge or understanding of their traumatic experiences and with minimal acquaintance with the Canadian culture, made me come to the study relatively pre-suppositionless, which also led me to ask more and take things less for granted, assuming that I understand or know them. On the other hand, not being fluent in English and having far less mastery of the English language as compared with the Hebrew, my "homeland-tongue" (my mother-tongue is German; I was raised in my mother's "broken" Hebrew, as a new immigrant), was a disadvantage for me as a researcher and a limitation for the study. Although I often asked when I did not understand certain words or phrases, and though having the interviews being taped helped a lot, my inadequate English did have some effect on the interviewing. In retrospect, with my supervisor's careful look, I realized that there were words and idioms which I did not understand correctly but did not even know that I did not understand; I assumed that I understood, therefore I did not ask. For example, the phrase "close knit," used by Canadian participants to describe how they experienced their military prior to the traumas; I heard it as "close net," it made sense to me but turned out to bear a different meaning.

I was limited also in my ability to understand the socio-cultural subtle nuances of the experiences of the Canadians. Having said that, I must admit that some of the Canadian participants expressed direct appreciation to the fact that I am Israeli and

presumed or felt that I know what living in a war-zone is like, the kind of experience-based knowledge, and therefore I can better understand what they have been through. For instance, Bob relates to my personal experience as he tries to let me understand what the smell of death in the mass graves was like:

> (Wow. You say, smell?) Yes. (What kind of smell?) Oh, it's so hard to explain... Eh... Eh, I'd say maybe sweet... a sweet smell? of a rotten meat, something? I can't explain it – I've never smelled anything like that. (Because it's not something that usually) It's not something of everyday [He laughs] – That's right, it's not everyday. (Most people during their whole lives, they don't experience that!) Yes, that's right. But when people here in Canada see a tank or something like that going down the street, for them it's a very big thing; to see troops in Israel – not a really big thing - it's there! But in Canada we're... a kind of naive, a kind of hidden, you know: If we don't see it, it doesn't exist...

Josh expresses even more directly his feeling of being understood by me, an understanding based on common experience, saying:

> And with you, there are two reasons why I found it very easy to talk to: One, you're doing a medical research, that to me is more sterile: You're not going to argue with me: Oh, that's stupid, you don't have to do, you're doing research. And the second thing, in your case, and it sort of hit me when we first met: You lived in Israel most of your life, you undoubtedly saw some of this; So you, you undoubtedly saw a lot of this, this type of thing, and were subjected to it and heard about it, and it's really part of your way of life so, you will have a much better understanding than a whole lot of people! So it's very easy to talk to you.

Feeling at home in the Hebrew language and sharing with the Israeli participants the language, culture, and history of the country, I felt more comfortable with them during the interviewing and was able to understand subtle things that were said or hinted to. Yet, the downside of this kind of commonality is that maybe I took certain things for granted, thinking that I understand what the participants meant without further asking them; understanding the other is an ever-lasting endeavor, seeming never to be complete.

Another limitation of the study was due to the a-priori restriction of interviewing the Canadian participants only once, for the limited time of two hours. This emanated from the care and concern of the therapist who referred them to me, that talking itself of their living with PTSD may be stressful for the traumatized participants. Sharing this concern as well, I tried my best to be as sensitive and attuned to how the participants felt during the interviews as I can be, not making it harder for them. Hence, I was not free to apply the hermeneutic aspect of the methodology with all the participants, but only with those who were willing and interested in reflecting upon their lived experiences. I think that if I could meet them more times, it would have enhanced the participants' hermeneutic contributions, to "the research" and to themselves.

Taking this limitation into account, and applying the hermeneutic phenomenological methodology with sensitivity, tact, and skill, I think that this methodology is most suitable for the study of post-trauma human experiences, and a humane way to bridge and connect with persons with PTSD.

Learning From the Encounter With the Phenomenon

To try and summarize the meanings of the phenomenon in a few major themes would do great injustice to a rich and versatile phenomenon, reducing it to a mere skeletal scheme. Instead, I invite the reader to read the lived experiences themselves and their thematic meanings, both the research participants' and mine, and participate in person in the reflective and analytic endeavor; the hermeneutic circle is indeed an endless, everlasting work, opening further hermeneutic horizons.

Coming to the study from Israel and interviewing Canadian military peace-keepers has been a unique experience for me. Living in a conflict zone, I did hear sometimes about UN soldiers in the Lebanese-Israeli border but knew nothing about their missions and their experiences in war-zones around the world. Now that I know more, I am very appreciative of the highly important missions that they undertake, but at the same time I am stunned by the experiences which they have been through, the human atrocities which they witness, often helplessly, being unable to help or prevent them. I am also stunned by their own vulnerability, not being allowed to carry "real" weapons, except for their blue beret and the UN flag. The dissonance of what seems to me as a "naïve" attitude of having trust in law, order, and morality being respected also in war-zones and what really goes on in war-zones, makes the peacekeepers themselves vulnerable, and victims of violence.

My previous knowledge of the centrality of trauma memories in the everyday living with (M-R) PTSD has found extensive evidence in the lived experiences of the participants. However, I was not sufficiently aware of the central place of body memory in trauma memories. Moreover, I have become a lot more knowledgeable about the most significant role that the body senses take in the phenomenon of living with PTSD, from the first encounter with the traumatic experiences themselves which are first experienced by the body senses, to their being re-experienced in trauma remembering; here I realized the central place that sensory trauma memory reminders have in evoking trauma memories. Another body aspect is the hypervigilant state which has a bodily aspect in the

state of being constantly alert and in the automatic body reaction to the sensed threat to life; the phenomenon of living with PTSD is indeed a profound embodied experience.

Though I knew the uniqueness of the temporal and the spatial aspects of living with PTSD, I learned how extensive and diverse the spatial aspect is in the day-to-day living with PTSD. The shrinking of the lived space of persons with (M-R) PTSD reflects their experiences of the world that has become an unsafe place to live; it also parallels their experiences of their selfhood and relationality, with the extensive shrinking and constriction of their involvement in day-to-day actions and interactions.

However, the most powerful, emotionally shattering impact on me has been the disclosure of the traumatized persons' encounter with death, both in the traumatic experiences themselves and in the day-to-day living with (M-R) PTSD. In my mind, the encounter with the possibility of my own death is at the core of the phenomenon, it is a powerful, pre-reflective experience that needs to have words, to be verbalized and reflected upon its profound meanings, both for the traumatized person and for others. In this respect, though the death experiences which the Israeli participants shared with me did not sound foreign to me, I was strongly and deeply touched by the Canadian participants' experiences with death and human atrocities. Listening to the lived experience descriptions of the encounters with death has been an ongoing difficult experience: Along the interviewing and analyzing, I could only be in contact with it for a limited period of time, often taking a break and distancing myself from the experiential material, to be able to approach it again.

As the phenomenological methodology calls to beware of abstraction and generalization and stay close to the concrete experiential details, I have become more aware of how the real lived experience indeed resides in its concrete details, yet how strong our tendency to abstract and generalize is. In particular, when re-reading the experiential material with regards to the traumatized Canadian persons' relationships with the military, I realize how they tend to generalize, and how I too was carried away and did not draw them back to the experience as lived, which is also another limitation of myself and the study.

What came more to my attention too is the tremendous significance of understanding a thing in its own context: The phenomenological principle of "parts and whole" lends itself to great extent to the phenomenon of living with (M-R) PTSD, in illuminating the need to attend the parts and see them within their appropriate whole context. Thus, what (M-R) traumatized persons experience in their everyday living and how they behave perfectly makes sense, is logical and appropriate, when being seen in the context of their traumatic experiences: The constant dread of death, the hypervigilance, the avoidance, to list a few – all can be understood when we displace them to the time and place where the traumatic experiences occurred. Indeed, if we try to understand them in an ordinary, "normal" living context, then the traumatized person would look "crazy" and very "weird." By understanding human phenomena within their proper contexts, we may be less judgmental of anomalous human experiences, more accepting of traumatized persons, thus narrowing the gap between "them" and "us." Moreover, even though (M-R) traumatized persons often feel being outsiders in their

societies, trauma is not outside human experience; we all have our traumatic experiences, we all are humans.

Having interviewed Canadian peacekeeping veterans with PTSD and Israeli veterans with PTSD and with no intention to make comparisons between groups in a phenomenological study, I am impressed how the unique themes of the phenomenon of living with (M-R) PTSD are common to all participants. However, differences do appear which seem to be related to the participants' different socio-historical-cultural backgrounds, as well as to the different traumatic contexts. Being an active fighter in combat or in operational activities, fighting for one's own country, may be different than being a relatively passive soldier, carrying a peacekeeping mission for the world's good, witnessing human atrocities, while one's own hands being tied by "too many rules." I think that the present study points to the significance of context also with respect to the kind of military trauma rather than seeing trauma as an "umbrella" DSM concept, encompassing diverse kinds of traumas. Though I did not find differences in the unique aspects of the phenomenon, there are some differences in nuances. In illuminating this point, the present study supports criticism (e.g., Bracken, 2002) made with regards to the DSM conceptualization of PTSD.

Though few Israeli participants of this study did have encounters with the death and suffering of civilians (such as in the First Lebanon war or in military operations in the occupied territories), and both Israelis and Canadians have been traumatized by the killing of children the most, the Canadian participants seemed to experience and explicitly deal more with the encounter of civilians' death and suffering and its meanings

for their worldview. Questions related to morality in war-zones are asked more by Canadians, as part of the significant shattering of their basic assumptions with regards to the world, others, and self. I think that in part, this difference is due to a difference I am impressed with when being more familiar with the Canadian culture: the Canadians' adherence to "law and order," whereas in Israel we often tend to "joke" that law is "just a recommendation." I wonder if being raised in a less orderly society may have some "immunizing" effects when encountering the breach of every world-order rules, such as (my understanding) what occurred in Bosnia.

Another difference between the Canadian and the Israeli participants is the extent of alienation that the Canadian traumatized persons feel within their society, in comparison with the Israeli participants. It seems to me that traumatized Canadian veterans experience more the gap: feeling of not being understood, the alienation, foreignness, and estrangement in their relationships with others in their society, than do traumatized Israeli veterans. I guess that the very being an Israeli entails in having some common traumatic experiences that makes the phenomenon of living with PTSD less unfamiliar and distant for Israelis at large, unlike Canadians. This difference also points at the significance of understanding the experience of living with (M-R) PTSD within its socio-cultural context.

As a (partial) derivative of this difference, Canadian participants are much more angry, frustrated, and criticizing of the military system than the Israelis. Whereas for all participants, comradeship is highly valued and cherished, the relationship with the Canadian military system seems to be, at best, ambivalent, due to acknowledging the

change that has recently taking place in the Canadian military system policy. For Edi, for example, being rejected and stigmatized by the military is like being rejected by one's own family, and more so, as if being a homosexual: "Being a homosexual and coming out of the closet, you got the same type of attitude, you know; You're damaged and no good and no one wants to deal with you; it's tough..." The military brushes aside the real handling of the problem of PTSD, says Edi, by "throwing" it on the medical system. A soldier is referred to treatment as if for help, but once he gets on heavy medication, he is discharged from the military; therefore many traumatized soldiers try to hide their condition from the military, to keep their military job (which is different for most of the Israeli participants, for whom the military service was compulsory and "non-profit"). Josh points at the dissonance between "formal military education" about PTSD and how soldiers with PTSD experience the "real' attitudes towards them in day-to-day living:

> I've had for years thoughts about how I might be able to help others with PTSD, having gone through that and knowing that within the Canadian military, it's still not well accepted or understood, so I'll tell you right now, and if you'd like, I'll sign another form as well: You can ask me any question, there are no taboos; I know that there were some concerns with others about going back into the past about specific incidents – no problem with me at all, you can ask anything, and if you need more than one interview, I'm available. I'd really like to help you, so anything you need. (...) There're a lot of education materials out there, it's now taught to soldiers before they go on a deployment: You're told not to be ashamed, you're told to get out, and a lot of the younger soldiers are doing just that, and that's a good thing, but their bosses, from the rank of sergeant, all the way up to colonels and what not, they still see you as weak, and if they don't say it, you can tell it in their body posture, in their language, in their sarcasm: The stigma is still there, for those who don't understand, and, and I, I believe that's still the majority view, despite the education.

Implications for Education, Clinical Practice, and Research

As hermeneutic phenomenological methodology aims to "act thoughtfully and tactfully" (van Manen, 1997), what implications from this study can we draw for education in general, education of psychotherapists in specific, and for clinical practice?

Although Josh says that education does not necessarily change people's personal attitudes in the military towards soldiers with PTSD, I do believe that enhanced knowledge of (M-R) PTSD, and education of the general public as well as of the military system, can contribute to a greater understanding of the phenomenon of living with (M-R) PTSD. Understanding will hopefully lead to greater acceptance of (M-R) traumatized persons and less stigmatization in their own societies, as well as in the military which is part of society at large. I hope that the present study will contribute to this cause as well.

As for education of therapists and for clinical practice: First, with all the respect that I do have for "our" psychological theories and not only with regards to persons with PTSD, I think that we can imply more systematically the phenomenological principle of attending to the concrete lived experience as the basis for further understanding of meaning aspects of a phenomenon. I also would suggest to embrace, beyond method or technique, the phenomenological reflection as a style of practicing as well as of living. As part of the phenomenological attitude, I think that seeing psychopathological phenomena as anomalous human experiences and trying to understand phenomena within their contexts, while embracing the phenomenological part-and-whole principle, would bring more understanding and empathy towards people with "different existences;" meeting a person as "human to human" may make a difference.

Specifically with regards to PTSD, I see great importance in being able to put the "issue of death" on the table and talk about it with the traumatized client. There is so much wisdom in the words of the Canadian and the Israeli participants, in their naked voices, not covered by social and political agendas. Facing them is difficult, since we tend to avoid looking death in the face, or violence in the face; these voices make the "case of death" real. Death is not among the subjects that are easy to talk about, both in therapy and in life in general. Death is one of the "its" that we often try to avoid.

However, without directly attending the subject of death with traumatized persons, we as practitioners will avoid touching the core of the phenomenon of living with PTSD. In this respect, I think that my study has a contribution to the literature of PTSD that has hardly dealt with the encounter with death as a central meaning aspect of the phenomenon of living with (M-R) PTSD. For the education of therapists, emphasizing the significance of the concrete encounter with death in the (M-R) PTSD phenomenon is very important, though very difficult. It also means to be able to look at what the encounter with death means, emotionally and cognitively, to me, the student of counselling or the therapist, in person.

Acknowledging the centrality of the body in the phenomenon of (M-R) PTSD which is an embodied experience is another significant aspect for education and for therapy that may be more helpful if it includes non-verbal bodily aspects. The phenomenological thinking that does not separate between mind and body and sees the human experience as always embodied, finds in (M-R) PTSD a very strong case in point.

The major theme of "being another to oneself and others" points out the traumatized person's feeling of not being understood by family, friends, and people in society at large. It shows how rejected and isolated (M-R) traumatized persons feel in their own society, due to misunderstanding of what may look like "weird" behaviors when being understood in an ordinary day-to-day living context, rather than within their traumatic context. However, close family-members, especially the spouse, children, and parents, are still the supporting figures for the traumatized person, even though they are often being blamed for "not understanding," the personal common experience-based understanding that (M-R) traumatized persons so much miss. This implies the necessity to go beyond individual therapy and include the family, and sometimes even the person's social milieu in therapy. The wholistic phenomenological thinking that sees a person as primordially related to the world and to others seems to be even more appropriate with regard to the phenomenon of (M-R) PTSD.

Group therapy has already been recognized as the preferred mode of intervention for (M-R) traumatized persons. My study shows too that the kind of non-verbal understanding based on common personal experience which is aspired by the traumatized persons, does exist among the (M-R) traumatized persons themselves. Group therapy can benefit from this perception, being a non-judgmental environment to process the unbearable traumatic and post-experiences, and practice alternative modes of relating to oneself and others.

Can we protect soldiers from having PTSD and prepare them? Can one be prepared for killing or witnessing human atrocities? I doubt it. Realizing how frequent

trauma is being experienced as the shattering of basic assumptions about the world, the other, and oneself, I wonder (in case that it has not been done yet) if it may be helpful to integrate in the peacekeeping soldier's training, the knowledge and understanding about the Other, the unique and different cultural contexts, as well as being more aware of his or her basic perceptions and assumptions about life and death, the self, and the Other. Being able to shift one's set of mind and move with flexibility between different ways of looking at things may be of some help.

Beyond the study and methodology, and based on my clinical experience with persons with (M-R) PTSD, the encounter with the phenomenon taught me to be humble and acknowledge my limitations as a psychologist and as a person. Often I feel helpless and mute when listening to the horrific experiences that traumatized persons experienced and continue to experience through the haunting trauma memories. Often I feel that there is nothing I can *do* to change their existential condition of suffering except for listening, trying to understand, and be there for them, in a warm and empathetic way. But this is not trivial, when taking into account how misunderstood and rejected (M-R) traumatized persons feel when being with others. Beyond psycho-dynamically-based understanding and cognitive-behavioral methods, I believe in a humanistic-existential kind of therapeutic relationship with the (M-R) traumatized person, a humane encounter that takes place between two human beings who, in spite of the non-comprehendible traumatic experiences, do share things in common.

My study shows that therapists of traumatized persons are often the most significant persons for them, the most stable and long lasting relationships. This implies,

in terms of mental health care services, to see the therapy of persons with (M-R) PTSD as long-term and life-long, sometimes "till death brings us apart." This also implies a highly emotionally-demanding and absorbing involvement of the therapist in the therapeutic endeavor, being also at risk of vicarious traumatization and in need for self-care. Care-taking of persons with (M-R) PTSD necessitates also care for the care-taker, be it through consultation, on-going supervision, peer-group sharing and support, and/or personal therapy for the therapist.

As for future research, any of the major themes or sub-themes that emerged in this study may be a way to continue the exploration, more deeply and thoroughly, within a hermeneutic phenomenological methodology. For example, exploring the phenomena of trauma body memory, flashbacks, and nightmares, or the phenomenon of dissociation - all have a strong lived body dimension. Another phenomenon that may be further explored is the moral distress being experienced by traumatized soldiers or veterans. Also the experience of being another to oneself and others, feeling estranged and an outsider, not belonging to society, seems to be an important thematic aspect of the phenomenon to be studied, with its implications for therapy (individual, couple, family, and community-based).

As women have become part of the Canadian peacekeeping forces, it is important to study also the experience of (M-R) PTSD of traumatized women-soldiers or veterans, as there may be nuances of difference in the experiences of women. The same applies to other countries where women take part in war-zone military missions.

A broader suggestion for future research is to apply the hermeneutic -

phenomenological methodology in studying any other mental disorder or "anomalous

human condition."

A Dialogue Between Phenomenology and Psychopathology

The research project opened for me a phenomenological way of thinking,

different from the clinical psychodynamic perspective, where I am more used to asking

"why" than just stay with "what is it like." With the appropriate caution needed, I believe

that the hermeneutic phenomenological methodology is most suitable for the study of

various psychopathological human conditions or modes of "different existence." A lot

can be learned by carefully listening to the concrete lived experiences, without trying to

explain. This is not a new discovery; the possible link between phenomenology and

psychopathology has been acknowledged by phenomenological psychiatrists and

psychologists, such as Binswanger, Straus, and van den Berg, who have extensively

written about psychopathological phenomena and applied the phenomenological way in

their clinical practice.

There also may be a dialogue in the other direction, from psychopathology to

phenomenology. I think that the phenomenon of living with (M-R) PTSD lends itself, in

particular, to a phenomenological way of thinking, as the phenomenon touches existential

issues, such as death and life, the relation of person and world, selfhood and relationality,

that are also subjects for philosophical inquiry. Following Parnas' and Zahavi's (2000)

words, an examination of psychopathological disorders may help to illuminate the

structures of normal modes of experience: "The normal is often so familiar to us, that it remains practically unnoticed; it is so pervasive that it becomes elusive" (p. 11).

Being a Researcher in This Study

Between Being in Contact with the Phenomenon and Distancing

Doing a phenomenological study, there is no place for the researcher to hide behind "objectivity:" It is a naked inter-subjective encounter with human experience and with human experiencers. As a researcher, I am exposed to emotionally difficult lived experiences, and I am exposed too in my vulnerability, as when I listen to Bob describing "working mass graves," and first I do not understand, and then I do not want to hear more about it.

Hermeneutic phenomenological research demands that the researcher be committed to the research question in a deep and authentic manner, "to find ourselves deeply interested (inter-*esse*, to be or stand in the midst of something) (...) We 'live' this question" (van Manen, 1997, p. 43). As for myself, I am aware of the emotional impact that the interviews have had on me, being a direct encounter with tremendous human suffering and human atrocities. Throughout the research process: the interviewing, transcribing, reflection, thematic analysis, and writing, I have felt the approach-avoidance pendulum moving from side to side. I felt deeply interested and immersed in the lived experience descriptions, but from time to time I needed to distance myself from them. I can see how the reader of this text may move along this pendulum too.

There were nights after the interviewing in which I could not sleep and was restless; the participants' experiential descriptions were repeatedly recalled in my mind.

During the process of the interview transcribing, I often dreamt about these traumatic experience descriptions, sometimes could not hear them any more. This also occurred from time to time during the thematic analysis, my reluctance to touch the traumatic material. Especially with the first transcribed interviews, I felt being silent in front of the powerful experiences, with no adequate words to express my understandings. Van Manen (1997, p. 114) calls it "epistemological silence:" The kind of silence we are confronted with when we face the unspeakable. In a way, I felt like the participants themselves who move between the desire to tell and make people know, and the wish to distance themselves from their traumatic experiences.

I think that in doing a phenomenological study on PTSD, a researcher needs to acknowledge these difficulties and to assure some ways of self-care that may make it less difficult. For me it was sharing what I have experienced with close persons and writing a reflective journal as a container and a companion in the research journey.

Being an Ear-Witness to the Traumatized Persons' Testimonies

I feel very honored that the participants shared with me their traumatic experiences, being an ear-witness to their personal testimonies. Especially with the Canadian research participants, I see them as moral eye-witnesses to human atrocities committed in war-zones, and the study - as a place for the participants to speak their testimonies, let their voices be heard. As a researcher, I feel a moral obligation to my participants, to have their voices be heard.

Indeed, the major motivation of the research participants, and of the Canadians in particular, to take part in this study was to "let the scream be heard;" for the participants,

sharing with me their traumatic experiences was like giving a moral testimony of the evil

that humans do, and can do, in war-zones. For the Israeli participants it was to let people

know what being at war really means: the killing and the death, especially for those who

have survived, yet to some extent they are still living "there." When listening to their

lived experiences, I as a researcher felt too that I am listening to moral testimonies and

that my duty as a researcher and as a human being is to let their voices be heard, in the

hope that it will create more understanding in individuals and society as to what the

living with (M-R) PTSD means, both for the traumatized person and his family and for

everyone of us as a human being.

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APPENDIX A: DSM-IV-TR DIAGNOSIS OF PTSD

Criterion A1 requires that the person has been exposed to a traumatic event involving either direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate.

Traumatic events that are experienced directly include military combat, violent personal assault (sexual assault, physical attack, robbery), being kidnapped or being taken hostage, terrorist attack, torture, being a prisoner of war or being held in a concentration camp, natural disasters such as earthquake, flooding, or avalanche, man-made disasters such as genocide and deportation, severe automobile accidents, or being diagnosed with a life-threatening illness.

Witnessed events include observing the serious injury or unnatural death of another person due to violent assault, accident, war, or disaster, or unexpectedly witnessing a dead body or body parts (APA, 2000, pp. 463, 467).

Criterion B for the diagnosis of PTSD requires that the traumatic event will be commonly re-experienced in recurrent and intrusive memories of the event, or recurrent distressing dreams during which the event can be replayed or otherwise represented. In some instances the person experiences dissociative states that may last a few seconds, several hours, or even days, during which components of the event are relived and the

person behaves as though experiencing the event at that moment. These episodes, often referred to as "flashbacks," can be associated with prolonged distress and high arousal.

Intense psychological distress or physiological reactivity often occurs when the person is exposed to triggering events that resemble or symbolize an aspect of the traumatic event (e.g., anniversaries of the traumatic event; hot/cold weather for combat veterans of hot/cold world zones; entering an elevator for a woman who was sexually assaulted in an elevator) (APA, 2000, pp. 464, 468).

Criterion C for the diagnosis of PTSD requires that stimuli associated with the trauma will be persistently avoided. The person commonly makes deliberate efforts to avoid activities, places, situations, or people who arouse recollections of the traumatic event, as well as avoids thoughts, feelings, or conversations about the event. This avoidance of reminders may include amnesia for an important aspect of the traumatic event. Diminished responsiveness to the external world, referred to as "psychic numbing," usually begins soon after the traumatic event, and may include diminished interest or participation in previously enjoyed activities, feeling detached or estranged from other people, or having markedly reduced ability to feel emotions (especially those associated with intimacy, tenderness, and sexuality) (APA, 2000, pp. 464, 468).

Criterion D for the diagnosis of PTSD requires that the person has persistent symptoms of anxiety or increased arousal, including difficulty falling or staying asleep due to recurrent nightmares during which the traumatic event is relived; hyper-vigilance; exaggerated startle response; irritability or outbursts of anger; or difficulty concentrating (APA, 2000, pp. 464, 468).

APPENDIX B: A LETTER OF INTRODUCTION (CANADIANS)

Rachel Kroch

Ph.D. Candidate, Counselling Psychology

University of Calgary

Chartered Psychologist (Alberta)

Clinical & Rehabilitation Psychologist (Israel)

Tel. (780) 484-4797

June 5th, 2004

Living with Military-Related Posttraumatic Stress Disorder –

A Hermeneutic-Phenomenological Study

What is the purpose of the study?

This study is aimed to enhance the understanding of the researcher, other mental

health care providers, and other people in the community, with regard to what it is like

and what it means to live with PTSD due to military operations, for the persons with

PTSD themselves.

Who are the research participants?

The research participants are male military veterans who have been medically

diagnosed with PTSD due to a traumatic event or events in the course of their operational

military service, and who are in the chronic phase of PTSD, with the duration of

symptoms of at least one year. All the participants were in the past, or are in the present, in psychiatric/psychological treatment.

There will be approximately 12 participants, Canadian and Israeli veterans. The Canadian male military veterans will be former soldiers who, in the course of their professional careers have participated in peacekeeping missions in various world war-zones areas. The Israeli male military veterans will be former soldiers who have served in the Israeli military that is compulsory.

As this study is a phenomenological one, I do not intend to compare the participants as two different groups; Rather, I would like to explore the phenomenon of living with PTSD as a possible human experience through the lived-experiences of Canadians and Israelis, while taking into account their particular social and cultural contexts.

What will you be asked to do? The interview

The research process entails the participation in one individual interview with Rachel, the researcher. In the interview you will be asked to describe what it is like for you to live with past-trauma (PTSD) in your everyday living: to describe specific incidents and examples of what it means for you to live with PTSD. You will be asked to describe them in the most concrete way, and to refrain from abstractions, explanations, or generalizations. You will also be asked of personal information. The interview will be tape-recorded and transcribed.

The interview will take no more than 2 hours, depending on how you feel about it.

The interview will take place in a private room at the (University of Calgary) Faculty of Social Work, Edmonton Division, at #444, Garneau Center, 11044 – 82 Ave, Edmonton.

Are there risks or benefits if you participate?

Being also a clinical and rehabilitation psychologist who, over the last ten years, has treated persons with PTSD, I know that talking about living with PTSD is not easy, and may sometimes cause some psychological tension or discomfort. I will be as sensitive as I can to any signs of discomfort, and will do my best to assure your wellbeing in the course of the interview.

However, if you feel very uncomfortable to carry on with the interview, you are absolutely entitled, at any point of the study, to withdraw from the study, and your decision will be fully understood and respected. Should you agree to participate in this study, your participation is voluntary, and whenever you wish you can withdraw from this study at any time, for any reason, without any adverse consequences. I will only ask you whether you will allow me to use the information that you have already contributed to the study, or whether you prefer that I destroy this information, and I will act accordingly.

The likely benefits of participating in this research are an enhanced understanding of your own experiences of living with PTSD. Your participation will also help mental health care providers like myself to understand better the everyday experiences of persons with PTSD, so that we will be more attuned to their specific needs, and more capable to help. I hope that greater awareness and understanding of what it is like to live with PTSD, will also encourage people in the community to be more sensitive about the

emotional distress of persons with PTSD, and more supportive of the persons and their families.

What type of questions will you be asked?

You will be asked to provide personal identifying information, such as your name, age, marital status, educational and vocational backgrounds, and personal and military history. This personal information will be used by me for the purpose of analyzing the research material, and will not be presented in the final research text. Names and personal details will be changed, and pseudonyms will replace the participants' names.

Gradually I will lead toward the participant's life as it is today, and will ask the phenomenological research question as an open question: What is it like for you to live with PTSD/past-trauma, in your day-to-day living? Could you, please, describe specific incidents that occurred on a specific day, incidents that are closely related to living with past-trauma, and which you vividly remember? What did you do in this incident? Where did the incident take place – can you describe how the place was like? When did it take place? How did you feel at those moments? What were your feelings with regard to other people involved in that incident? and so forth. In the course of these phenomenological questions, whenever I feel it suitable, I will ask you about the traumatic event/s, respecting your feelings with regard to talking about it.

What happens to the information you provided? Data analysis

Data analysis in hermeneutic phenomenological research involves constant reflection, thematic analysis, reading phenomenological-philosophical literature, and writing and re-writing the phenomenological text. Thematic analysis is the explication of

themes or units of meaning, which are embedded in the lived-experience descriptions, so that the meaning of the phenomenon of living with PTSD will be explicit. I will employ a detailed line-by-line thematic analysis, as well as a holistic analysis of text. Each theme will be supported by selected quotes of lived-experience descriptions from the interview texts. The end-result of the study will be a phenomenological text, where the themes, the aspects of meaning of living with PTSD, will serve as the text's main chapters.

What happens to the information you provided? Anonymity and confidentiality

I am committed to preserve your anonymity and confidentiality: Your name will not appear on any research material, only a pseudonym; all the research material will be stored in a locked cabinet in my home, and only I will have access to this cabinet. The research material will be kept locked there till the research is completed, and for 5 additional years, and then the research material will be destroyed by me.

In the final research text that will describe my understandings of what it means to live with PTSD, I will use quotes (if granted permission by you) from the interview as concrete examples, without names and other identification details. However, in spite of all these efforts, no absolute guarantee can be provided to you that you will not be identified by anybody at all. The final research will be published as a dissertation, and may afterwards be published in a professional journal or a book, or may be presented to the public in other forms.

Thank you,

Rachel Kroch

APPENDIX C: A LETTER OF INTRODUCTION (ISRAELIS)

10 במאי 2004

לכב'

_____

הזמנה להשתתף במחקר בנושא: "לחיות עם פוסט-טראומה (   )   ) עקב שירות צבאי"

שלום רב לך,

שמי רחל כרוך ואני פסיכולוגית קלינית ושיקומית בשירות הפסיכיאטרי של איכילוב.

אני עורכת מחקר שמיועד לתרום להעמקת ההבנה של המשמעות של לחיות עם פוסט-טראומה משירות

צבאי: מה זה אומר לחיות עם "פוסט-טראומה" בחיי היומיום, ומהי המשמעות עבור נפגע הטראומה עצמו.

המחקר מיועד לעזור למטפלים במתן טיפול מותאם לצרכי המטופלים; לתרום להבנה של נפגעי הטראומה

עצמם ושל בני משפחתם; ולהגביר את המודעות החברתית לגבי תופעת החיים עם פוסט-טראומה.

זהו מחקר פנומנולוגי, מחקר המתעניין בהתנסות היומיומית של החיים עם פוסט-טראומה. הוא כולל ראיונות-

שיחות בלבד, בהם המשתתף ייפגש אתי ונשוחח על מה זה בשבילו לחיות עם פוסט-טראומה בחיי היומיום

שלו, בדוגמאות ספציפיות מחיי היומיום.

אפגש עם כל משתתף לחוד לשיחה אחת או שתיים. בראיון אבקש מכל משתתף לספר לי על עצמו: על הרקע

האישי שלו, על החיים שלו לפני האירוע הטראומטי, ובעיקר על חיי היומיום שלו אחרי האירוע.

כפסיכולוגית אני יודעת, שלדבר על החיים עם פוסט-טראומה זה לא דבר פשוט לנפגע עצמו, ויכול להיות

מלווה לפעמים במתח מסוים - לכן אשתדל לנהוג ברגישות, ללא לחץ, ומתוך כבוד מלא לרצונו של המשתתף

לדבר, או לא לדבר על נושאים מסוימים.

ההשתתפות במחקר כולו היא בהתנדבות. אם תחליט להשתתף במחקר, תהיה חופשי להפסיק את השתתפותך

באמצע אם תרגיש שאינך רוצה להמשיך, וזה יתקבל בהבנה מלאה.

מובטחת סודיות מלאה לכל משתתף לגבי כל מה שייאמר בראיונות-שיחות.

אני מבקשת שתחשוב האם אתה מוכן להשתתף במחקר הזה ולתרום מניסיונך ומהידע האישי שלך למחקר

הכללי על פוסט-טראומה. אתקשר אליך טלפונית בהמשך, בתקווה שתהיה מוכן לקחת חלק במחקר, ושנוכל

לתאם מועד לשיחתנו.

בתודה לך על תשומת הלב, ובברכה,

רחל כרוך

APPENDIX D: CONSENT FORM (CANADIANS)

Living with Military-Related Posttraumatic Stress Disorder –

A Hermeneutic-Phenomenological Study

Consent Form for Research Participation

Name of Researcher, Faculty, Department, Telephone & Email

Rachel Kroch, Ph.D. Candidate at the University of Calgary, Faculty of Education,

Applied Psychology; Tel. (780) 484-4797; rkroch@ucalgary.ca

Supervisor

Dr. Anne Hughson, Community Rehabilitation & Disability Studies, Faculty of

Education, U of C.

Title of Project

Living with Military-Related Posttraumatic Stress Disorder (PTSD) – A Hermeneutic

Phenomenological Study.

This consent form, a copy of which has been given to you, is only part of the

process of informed consent. If you want more details about something mentioned here,

or information not included here, you should feel free to ask. Please take the time to read

this carefully and to understand any accompanying information.

The University of Calgary Conjoint Faculties Research Ethics Board has approved this

research study.

Purpose of the Study

This study is aimed to enhance the understanding of the researcher, of other mental health care providers, and of other people in society, with regard to what it is like and what it means to live with PTSD due to military operations, for the persons with PTSD themselves. You were informed of this study by your mental health care provider and you participate in this study because you are a male veteran who has received a diagnosis of military-related "Posttraumatic Stress Disorder".

What will I be Asked to Do?

Your consent involves your participation in three individual interviews with Rachel, the researcher: two interviews in which you will be asked to describe what it is like for you to live with past-trauma (PTSD) in your everyday living, and a third interview - in which you will be invited to share your thoughts with Rachel, with regard to your experiences which you described in the previous interviews.

In the first two interviews you will be asked to describe specific incidents and examples of what it means for you to live with past-trauma (PTSD). You will also be asked about your life in general. If you agree that the interviews be audio-taped, you will get from Rachel the written text of the two interviews a week before the third interview, and this may help you to further think and discover things about yourself. Each interview will take up to 2 hours.

However, your participation in this study is voluntary, and whenever you wish, you can withdraw from this study at any time, for any reason, without any adverse

consequences. Rachel will ask you then whether you allow her to use the information that you have already contributed to the study, or whether you prefer her to destroy this information, and she will act accordingly.

What Type of Personal Information will be Collected?

Should you agree to participate, you will be also asked to provide personal identifying information, such as your name, age, marital status, ethnicity, your educational and vocational backgrounds, personal and military history, and so on. This personal information will be used by the researcher for the purpose of analyzing the research material, and will not be presented in the final research text. Names and personal identification details will be changed, and pseudonyms will replace the participants' names.

There are several options for you to consider if you decide to take part in this study. Please put a check mark on the corresponding line(s) that grants me your permission to:

I grant permission to be audio taped: Yes: __ No: __

I grant permission to be quoted in the final research text: Yes: __ No: __

Are There Risks or Benefits if I Participate?

Sometimes while talking about things with regard to your everyday living with PTSD, there may be moments when you may feel some tension or discomfort. Please bear in mind that Rachel, the researcher, is also a clinical psychologist who, over the last

ten years has treated persons with PTSD. She is aware of potential discomfort, and will do her best to assure your well being in the course of the interviews.

The likely benefits of participating in this research for you are an enhanced understanding of your own experiences of living with PTSD. Your participation will also help mental health care providers like myself, who provide mental health care services for persons with PTSD, to better understand their experiences, so that we will be more attuned to the specific needs of persons with PTSD and more capable to help. I hope that greater awareness and understanding of what it is like to live with PTSD will also make people in the community more sensitive to the emotional distress of persons with PTSD, and more supportive of the persons and their families.

What Happens to the Information I provide?

The researcher, Rachel, is committed to preserve your anonymity and confidentiality: Your name will not appear on any research material, only a pseudonym; all the research material will be stored in a locked cabinet in Rachel's home, and only she will have access to this cabinet. The research material will be kept locked there till the research is completed, and for 5 additional years, and then the research material will be permanently destroyed by Rachel.

In the final research text that will describe the researcher's understandings of what it means to live with PTSD, Rachel will use quotes (if granted permission by you) from the interviews as concrete examples, without names and other identification details. However, in spite of all these efforts, no absolute guarantee can be provided to you that

you will not be identified by anybody at all. The final research text will be published as a dissertation, and may afterwards be published in a professional journal or a book, or may be presented to the public in other forms.

Signatures (written consent)

Your signature on this form indicates that you 1) understand to your satisfaction the information provided to you about your participation in this research project, and 2) agree to participate as a research subject.

In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from this research project at any time. You should feel free to ask for clarification or new information throughout your participation.

Participant's Name: (please print) _____

Participant's Signature: _____ Date: _____

Researcher's Name: (please print) _____

Researcher's Signature: _____ Date: _____

Questions/Concerns:

If you have further questions or want clarification regarding this research and/or your participation, please contact:

Rachel Kroch

Applied Psychology, Faculty of Education

Tel. (780) 484 4797; Email: rkroch@ucalgary.ca, and

Dr. Anne Hughson, Tel. (403) 220 6273

If you have any concerns about the way you've been treated as a participant,

please contact Patricia Evans, Associate Director, Research Services Office, University

of Calgary at (403) 220-3782; email plevans@ucalgary.ca

A copy of this consent form has been given to you to keep for your records and

reference. The investigator has kept a copy of the consent form.

APPENDIX E: CONSENT FORM (ISRAELIS)

מחקר פנומנולוגי-פרשני—החיים עם הפרעת-דחק פוסט-טראומטית עקב שירות צבאי

טופס הסכמה מדעת להשתתפות במחקר

שם החוקרת ותוארה, טלפון וכתובת דוא"ל:

רחל כרוך, תלמידת דוקטורט במחלקה לפסיכולוגיה ישומית באוניברסיטת קלגרי שבקנדה, ופסיכולוגית

קלינית ושיקומית בשירות הפסיכיאטרי של המרכז הרפואי ת"א ע"ש סוראסקי;

טלפון נייד 054-4572182;

rkroch@ucalgary.ca

המדריכה:

פרופסור אן היוסון, היחידה ללימודי נכות ושיקום, המחלקה לפסיכולוגיה ישומית, אוניברסיטת קלגרי.

שם המחקר:

מחקר פנומנולוגי-פרשני – החיים עם הפרעת-דחק פוסט-טראומטית עקב שירות צבאי.

טופס הסכמה זה שעותק שלו ניתן לך, הינו רק חלק מהתהליך של הסכמה מדעת. אם תרצה פרטים

נוספים בנוגע למה שמוזכר כאן, או אינפורמציה שאיננה כלולה כאן, הרגש חופשי לשאול ולבקש. קרא,

בבקשה, את הכתוב כאן לאט ובדייקנות, כדי להבין את האינפורמציה הניתנת כאן.

מחקר זה אושר על ידי ועדת האתיקה של המרכז הרפואי תל-אביב ע"ש סוראסקי, ועל ידי ועדת האתיקה

באוניברסיטת קלגרי.

מטרת המחקר:

מטרת מחקר זה היא לאפשר לחוקרת, לאנשי בריאות נפש אחרים, ולאנשים אחרים בקהילה להבין באופן

רחב ועמוק יותר מהי המשמעות של לחיות עם הפרעת סטרס פוסט-טראומטית עקב שירות צבאי עבור

האנשים עם ההפרעה הפוסט-טראומטית עצמם. נודע לך על מחקר זה באמצעות השירות הפסיכיאטרי במרכז

הרפואי ת"א ע"ש סוראסקי, ואתה משתתף במחקר זה מפני שיש לך הפרעה פוסט-טראומטית.

מה אתבקש לעשות?

הסכמתך להשתתף במחקר - משמעה שאתה מסכים להשתתף בשלושה ראיונות אישיים עם רחל, החוקרת:

שני ראיונות ראשונים שבהם תתבקש לתאר מה זה בשבילך לחיות עם פוסט-טראומה בחיי היומיום, וראיון

שלישי בו תתבקש לשתף את רחל במה שאתה חושב על מה שתיארת בשני הראיונות הראשונים.

בשני הראיונות הראשונים תתבקש לתאר מקרים ספציפיים ודוגמאות של מה זה בשבילך לחיות עם פוסט-

טראומה. אם תסכים שהראיונות יוקלטו בטייפ-רקורדר, תקבל מרחל בכתב שבוע לפני

הראיון השלישי, את רישום השיחות שלכם בשני הראיונות הראשונים, כך שתוכל לחשוב על הדברים

ולהגיע להבנות נוספות בקשר לעצמך. כל ראיון יימשך עד שעתיים.

יחד עם זאת, השתתפותך במחקר זה איננה חובה אלא הנה מתוך בחירה שלך: תוכל לפרוש מהמחקר בכל זמן

שתרצה ומכל סיבה שהיא, בלי שתהיינה לכך השלכות שליליות כלשהן לגביך.

במקרה שתרצה להפסיק את השתתפותך במחקר, רחל רק תשאל אותך האם אתה מרשה לה להשתמש

באינפורמציה שכבר נתת או שאתה מעדיף שהיא תשמיד אינפורמציה זו, והיא תפעל לפי רצונך.

איזה סוג של אינפורמציה אישית אתבקש לתת?

אם תסכים להשתתף במחקר, תתבקש למסור אינפורמציה אישית מזהה, כמו השם הפרטי שלך, גיל, מצב

משפחתי, מוצא, רקע לימודי ורקע של עבודה, וכיו"ב. אינפורמציה אישית זו תשמש לחוקרת למטרת ניתוח

חומר המחקר, ולא תוצג בטקסט המחקר הכתוב הסופי; שמות ופרטים אישיים מזהים ישונו, ולמשתתפים

יינתנו שמות בדויים במקום שמותיהם האמיתיים.

ישנן מספר אפשרויות שאתה יכול לבחור ביניהן, אם תחליט להשתתף במחקר. אתה מתבקש לסמן ליד כל

אחת מהן האם אתה מסכים או לא:

אני מסכים שהראיונות אתי יוקלטו בטייפ-רקורדר: כן: ____ לא: ____

אני מסכים שדברים שאמרתי יצוטטו כלשונם במחקר הכתוב הסופי: כן: ____ לא: ____

השם הבדוי שאני רוצה להיקרא בו במחקר הוא: _____

האם ישנם סיכונים לי אם אשתתף במחקר, והאם תהיה לי תועלת מהמחקר?

לפעמים, הדיבור על החיים שלך עם פוסט-טראומה יכול להביא לך לזמן קצר להרגיש מתח או להרגישה בלתי נוחה. זכור נא שרחל, החוקרת, היא פסיכולוגית קלינית המטפלת באנשים עם פוסט-טראומה; היא ערה לכך שיתכן שתרגיש לא בנוח, ותעשה ככל יכולתה כדי שתרגיש בנוח במהלך הראיונות.

התועלת האפשרית בשבילך מהשתתפות במחקר זה היא שזה יעזור לך להבין יותר את מה שאתה עצמך מרגיש ועובר בהקשר לפוסט-טראומה. ההשתתפות שלך במחקר זה גם תעזור לאנשי בריאות נפש אחרים, כמוני, המטפלים באנשים עם הפרעה פוסט-טראומטית, להבין מה שאנשים אלה חווים, כדי שנוכל להתאים את עצמנו יותר לצורכיהם ולעזור להם יותר. אני גם מקווה שיותר הבנה של מה זה אומר לחיות עם פוסט-טראומה תביא ליותר מודעות ורגישות של אנשים בקהילה בכלל, וליותר תמיכה באנשים עם פוסט-טראומה ובמשפחותיהם.

מה ייעשה עם האינפורמציה שאמסור?

החוקרת רחל מחויבת לשמור לשמור פרטיותך ועל הסודיות שלך: שמך האמיתי לא יופיע על חומר כלשהו של המחקר, אלא שם בדוי בלבד. כל חומר המחקר יאוחסן בארון נעול בביתה של רחל, עם נגישות בלעדית לה. חומר המחקר יישאר נעול עד לסיום המחקר ולמשך 5 שנים נוספות, שלאחריהן יושמד חומר המחקר על ידי רחל.

בטקסט הכתוב של המחקר שיציג את ממצאי המחקר לגבי מהי המשמעות של לחיות עם הפרעה פוסט-טראומטית, רחל תשתמש בציטטות מהראיונות (בכפוף לאישור שלך) כדוגמאות קונקרטיות, ללא שמות ופרטים מזהים אחרים. אולם, למרות כל המאמצים הללו, אי אפשר להבטיח לך במאת האחוזים שאיש לא יוכל לזהות אותך.

הטקסט הסופי של המחקר יפורסם כעבודת דוקטורט, ויתכן שיפורסם גם בעיתון מקצועי או בספר, או יוצג לציבור באופנים אחרים.

חתימות (הסכמה כתובה):

פירושה שאתה (1 מבין לשביעות רצונך את האינפורמציה שניתנה לך על –החתימה שלך על טופס זה

השתתפותך במחקר זה ו- (2 מסכים להשתתף כנבדק במחקר זה.

בשום אופן אין בזה כדי לבטל את זכויותיך המשפטיות או לשחרר את החוקרים, הממנים, או המוסדות

המעורבים מאחריותם המשפטית והמקצועית. אתה חופשי לפרוש ממחקר זה בכל רגע שהוא. הרגש חופשי

לבקש הבהרות או אינפורמציה חדשה במשך פרק-זמן השתתפותך כולו.

שם המשתתף: (באותיות דפוס) _____

חתימת המשתתף: _____ תאריך: _____

שם החוקרת: (באותיות דפוס) _____

חתימת החוקרת: _____ תאריך: _____

שאלות:

במידה ותהיינה לך שאלות נוספות או שתרצה הבהרות בקשר למחקר זה ו/או בקשר להשתתפות שלך, אתה

מוזמן להתקשר אל:

רחל כרוך

טלפון נייד 054-4572182

rkroch@ucalgary.ca

עותק של טופס הסכמה מדעת זה נמסר לך בזה למשמרת. החוקרת תשמור גם היא עותק של טופס הסכמה

מדעת זה אצלה.

השלמות לטופס הסכמה מדעת

על מנת לדייק בתיאור המשמעויות של לחיות עם פוסט-טראומה ולאפשר עיבוד מעמיק של חומר הראיונות,

יש צורך להקליט אותם בטייפ רקורדר, בכפוף להסכמתך.

אנא סמן בשורה הבאה האם אתה מסכים לכך או לא:

אני מסכים שהראיונות אתי יוקלטו בטייפ-רקורדר: כן: ____   לא: ____

המחקר הכתוב הסופי יציג צדדים שונים של משמעות החיים עם פוסט-טראומה ביומיום, בלוויית ציטוטים

מחומר הראיונות, ללא שמות ופרטים מזהים, ובכפוף להסכמתך.

אנא סמן בשורה הבאה האם אתה מסכים לכך או לא:

אני מסכים שדברים שאמרתי יצוטטו כלשונם במחקר הכתוב הסופי: כן: ____   לא: ____

רחל מחויבת לשמור על פרטיותך ועל סודיותך: שמך האמיתי לא יופיע על חומר כלשהו של המחקר, אלא שם

בדוי בלבד. כל חומר המחקר יאוחסן בארון נעול בביתה של רחל, עם נגישות בלעדית לה. חומר המחקר

יישאר נעול עד לסיום המחקר ולמשך 5 שנים נוספות, שלאחריהן יושמד חומר המחקר על ידי רחל.

הטקסט הסופי של המחקר יפורסם כעבודת דוקטורט של רחל כרוך, ויתכן שיפורסם גם בעיתון מקצועי או

בספר, או יוצג לציבור באופנים אחרים. השתתפותך במחקר - משמעה שאתה מסכים לכך.

שם המשתתף: _____   תאריך: _____

חתימת המשתתף: _____

שם החוקרת: _____   תאריך: _____

חתימת החוקרת: _____