

**PRIMARY AND VICARIOUS
POSTTRAUMATIC GROWTH
FOLLOWING
GENOCIDE, WAR AND
HUMANITARIAN EMERGENCIES**

***An
Interpretative Phenomenological Analysis***

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Abstract

There is little research into the 'lived' experience of individuals exposed to war, genocide or humanitarian emergencies. Similarly, little is known about the positive and negative psychological processes following such complex psychosocial events for reconstructing lives. Using Interpretative Phenomenological Analysis (IPA), this thesis sought to offer subjective insights into the unique experiential world of aid personnel, military veterans and their wives from both a primary and vicarious perspective.

IPA is a detailed examination of an individual's lived experience of a particular event. It seeks the insider's perspective through a process of iterative interpretative activity. Data from semi-structured interviews revealed both negative and positive interpretations. Negative aspects included trauma betrayal, shame, narcissistic self harm, rageful anger and moral doubt. The positive domains of empathy, love, humility and gratitude, aspects of posttraumatic growth that are not captured by existing standardised psychometric tools of growth, assisted meaning making for redefining lives over time.

This thesis critiques: first, the predilection for positivist research paradigms rather than phenomenological understanding to inform psychological practice and research; second, the commodification of traumatic phenomena as emotional capital; and third, my personal experience using IPA.

In summary, theories of growth to date posit social support as a necessary condition for growth following adversity. However, when social support is absent or even antagonistic I propose that a unique dispositional profile that incorporates a strong *altruistic identity* can stimulate meaning making and posttraumatic growth. A strong *altruistic identity* is committed to assisting those in need despite the risk of personal threat or cost. It also has the reciprocal benefit of developing personal and social wellbeing in the giver. For the participants of this thesis, the growthful domains of love, empathy, gratitude and humility, all aspects of an *altruistic identity*, appeared to generate renewed moral integrity and self reparation for psychological growth.

Publication Status of Chapters

The following chapters are based on manuscripts that have arisen from this thesis and have either been published or are under review for publication. Contributing authors' names, title of article, current status of the manuscript, and the journal where the paper was published or under review are noted below.

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Glossary of Terms and Abbreviations

AI	altruistic identity
AID	altruistic identity disruption
ALNAP	Active Learning Network for Accountability and Performance
CISM	Critical Incident Stress Management
DRC	Democratic Republic of Congo
HAP	Humanitarian Accountability Project
HAW	Humanitarian Aid Workers
ICRC	International Committee of the Red Cross
IFRC	International Federation of Red Cross/Red Crescent Societies
IHL	International Humanitarian Law
INGO	International non-government organisations
IPA	Interpretative Phenomenological Analysis
MSF	Médécin sans Frontières
NGO	Non-government organisation
NICE	National Institute for Health and Excellence
ODI	Overseas Development Institute
OVP	organismic valuing process
PD	Psychological Debriefing
PEGs	Powerful Events Group Support
POW	prisoners of war
PTSD	Posttraumatic Stress Disorder
RCT	randomised control trials
TRIM	Trauma Incident Management
UN	United Nations

DEDICATION

For unconditional love that transforms dreams into reality
Mum and Dad
Nan and Bill

Your spirits are ever present

PREFACE

Personal Journey

To understand the task of interpreting another's 'lived' experience reflecting on my own phenomenological experiences became a necessary endeavour. If I was to bring an unbiased and neutral stance to my role as a researcher I needed to be conscious of those personal life experiences that would impact on my impartiality and likely sabotage good research. Though impossible to uncover every bias and presupposition, some consideration of my own perceptions of my own subjective 'lived' experiences thus far was necessary, particularly my personal experiences as an Australian who had participated in the Vietnam War.

As I began this task, reflecting on my own indissoluble inter-relationship between myself as 'being' and my being-in-the-world uncovered many of those habituated explanations that become part of our narrative. I was conscious that my experience of the Vietnam War and homecoming had consolidated repetitive and familiar stories to protect me from societal prejudices and judgement. However, from the safe distance of age and history '*now*'

became a good time to reflect on those well worn stories particularly if I was to remain open to the unexpected and unique interpretations of the participants of this thesis, from their perception of war.

The Vietnam War was a maturation point in Australia's psyche in that it was the first war in which the citizenry opposed conscription to off-shore wars. However, much of that energy though participatory democracy was ill-directed and divisive with those who had gone to Vietnam, used as convenient scapegoats between politics and democratic rights. The effect was significant and one that I have considered a springboard to understanding my own strengths, vulnerabilities and purpose. However, the public narrative, once antagonistic, has shifted over the years from blame and antagonism, to embarrassment, then curiosity, even pride. My own narrative on the other hand, though modified, had remained untrusting and self protective.

Many civilians were involved in the Vietnam War. At 19 years of age I was one of them spending 13 months attached to the US Army Vietnam Command Entertainment Branch. Given the genre of late 20th Century/early 21st Century warfare, such roles are now obsolete. But in earlier wars live entertainment was an integral part of troop morale. We performed between 10 and 14 shows a week travelling the length and breadth of South Vietnam on Caribous, C130s, helicopters and troop convoys to reach even the most remote fire-support bases. Though offered military protection where possible, we were unarmed and vulnerable to the environmental risks of a warzone often being flown in to active areas with a tarpaulin for a stage and an unpredictable generator

for electricity. It was physically exhausting, morally and emotionally disturbing, and has left me with indelible sensory legacies.

Unprepared for the political complexities of war, I found that my own psychological and physical core needs demanded mammoth adjustment to my previously held beliefs of human integrity and goodness. Both civilian and military populations seemed to co-exist in some reciprocal opportunistic and untamed frenzy of survival in which moral judgement was exempt by the very nature of the immediacy of life and death. It seemed an unsteady dance of suspicion where fear, yet mutual need created resourcefulness and ever-changing partnerships between the various players. Trust and allegiance began and ended in momentary encounters with no sense of identified mutual goals.

Complicating the east-west cultural collision and the Viet Cong's driving passion for autonomy versus western military stratagem and political corruption in South Vietnam, were incapacitating subplots. The earlier politically driven paranoia of a domino theory was being undermined by a growing civil rights movement; news of antagonism towards returnees and moratorium marches was filtering back to Vietnam threatening cohesiveness in the military; infiltration of illicit drug use amongst the soldiers was seriously sabotaging discipline and therefore military missions; all gave a sense of a world exploding on multifaceted fronts. My first employment contract (which I still have) states that I was "not to fraternize with negro soldiers as this may lead to racial riots"! Drug addiction was rife and personally threatening as members of my own tight-knit group of colleagues succumbed to the easy access.

Constant uncertainty, personal, physical and environmental threat all contributed to self cultivating, creative survival techniques that bordered on exploitative. I left a homogeneous home environment, idealistic and naïve, and returned after thirteen months unable to accommodate the indelible visual imprints, smells and sounds into my previous comprehensible 'normality'.

These experiences have defined much of my life direction thereafter influencing many of my life choices, careers and world views. The antagonistic societal narrative on return oscillated between outright abuse to silence and rejection, and extended to all those returning from the Vietnam War. It had the power to cause individual moral doubt, and create ongoing psychological confusion as distressing for some as the immediacy of war. Creating meaning from those experiences has unfolded over almost four decades. But my personal narrative though less reclusive than in earlier times, is shared tentatively and selectively. Despite the growth of a more accepting and curious public narrative, I remain sceptical of the labile nature of public narrative and political agenda that can demonise individuals overnight.

Unaware of the political polarisation outside Vietnam, the impact on return was sudden and unexpected. I was initially confused by the anger and criticism. As a woman who had been to war, curiosity quickly dissolved into what felt like contempt and judgement. I came to doubt my core moral self and learned to present a public persona that was context sensitive and self protective. Socially I was nervous and avoidant fearful of unexpected challenge. I no longer had convictions to contest

criticism. I shunned debate lacking confidence as I began to feel complicit in the horror of the evolving realities that were to become the 'stories' of Vietnam. I felt tainted and guilty. I began to experience feelings of unworthiness sensing that only those who had experienced what I had experienced would accept me without judgement. I felt alien yet recognised that successful reintegration meant repositioning myself with silence of my narrative of war. It wasn't the time for reflection but a time to redefine my purpose and goals. That was not easy as I experienced conflicting cognitions and physiological responses that were frightening and unpredictable.

One of my earliest conscious perceptions following the war was that I no longer felt right from wrong but needed to cognitively reflect on moral behaviour and thoughts. This disassociation from earlier conditioned responses and intuitions left me feeling dislocated. Planning the ordinariness of life became consciously directed from the head. I didn't trust core judgement. It was as though the experiences of war had stripped my moral instincts which needed to be relearned through consciously redefining the rules of honourable behaviour. Witnessing sanctioned actions that would be regarded as criminal or immoral when social order is intact had undermined both my ability to intuit right from wrong and my conditioned responses to good and evil. Wrong could be right when legitimised by wants. Morality it could be argued was not innate but convenient.

But it was my perception of myself as a woman in a warzone with which I struggled most. In the 1970's there was no public template for

understanding the role of civilian women working alongside military groups except in civilian medical teams or as Red Cross workers.

'Logistic support' was a term rarely used at that time yet many support civilians including entertainers have been an integral part of troop morale in warzones: Vera Lynn, Bob Hope and the Glen Miller Big Band, among the names most recognised. As a woman and expected nurturer, I had begun to feel inadequate even before leaving Vietnam. My role as an entertainer felt trivial, even morally questionable. Unfortunately the concept of women participating in war outside the nurturing role of nurse tends to violate sacred mythology concerning a woman's role. History has long seen women who supported the military as prostitutes (Ott, 1985). Caravans of women prostitutes following troops across Europe during the 100 years war are encapsulated in Berthold Brecht's play "Mother Courage". Even when the public narrative began to change becoming remorseful and apologetic to veterans, there was little dialogue or recognition of the thousands of civilians, particularly women, involved in the war effort or the impact through the decades on themselves and their families.

Witnessing opportunist behaviours in a warzone, I began to recognise my own vulnerability as a woman in a world where power games are played out between the genders for survival under threat. This leaves women reliant on others' perception for their public narrative which can stereotype women either as angels of mercy or whores. A more private narrative may embrace secrecy, shame or embarrassment. Children were exploited as part of those survival games and women the trade between

the needy and the financially privileged. In Vietnam, small children effortlessly enlisted this flood of male recruits from the 16 nations stationed in South Vietnam to feed the sex trade into which many young women were forced for their own or their families' existence. A culture of exploitation crossed over enemy lines and allowed the sex trade to flourish: women seizing a financial opportunity for their families; young men excited by the lowered boundaries and sexual possibilities excused by the confidentiality of war.

Yet warzones present conflicting positions between emotional needs and exploitation. Many of these opportune liaisons were driven by young fantasies beyond war or provided momentary comfort. For many, the exploitative nature was not recognised. They simply reflected the parallel emotional extremes of war, relationships of heightened intensity, passion, fear and hope together in a seized opportunity to connect - these are the stories that gave comfort from fear, release to less violent emotions, and succour and optimism for a life after war. These are the stories that stay buried in the many minds returning from war, moments that cannot be shared with wives, husbands and families. Nor can they become part of the collection of war stories for public scrutiny. Women's narratives of war are entwined with violence, abuse, passion, desperation, love and fear. It reflects all that is juxtaposed with male images of honour, valour and courage of war.

Understanding much of what I was exposed to has come with the passing of decades. Apart from the confusion of how to interpret my involvement in the war as a woman, immediately following my return

home there was emotional vulnerability, avoidance of exposure, the heightened consciousness of every aspect of my life, and night sweats which would be regarded as debilitating, post trauma stress responses today. I recognise them as the catalysts, the precursors of a determination to redefine my abilities and place in the world. Reframed, they provided an opportunity for self insight, a conscious involvement with the world, a depth of knowing about the most challenging and emotionally salient struggles of life, and a sense of destiny and purpose to initiate a new life path. The belief in me by my parents and their encouragement to achieve new goals was a constant that gave stability and time for healing.

The narrative is constantly refreshing itself. It would be absurd to attribute my Vietnam experience as the sole determinant of change. I rather think there was a collision of personality and environmental idiosyncrasies following the shock of war that began to develop quiescent traits and dormant knowledge. However, my drive to live life as fully as possible, an alert consciousness to everything around me providing joy in the most trivial of experiences, and my tendency to embrace new adventures often beyond the imagination of my peers, I attribute to responses of self survival learnt in extreme conditions of war. My narrative has mirrored the historical narrative of Vietnam. I find the loosening of constraints and changed perspective of the Australian society towards those involved in the Vietnam War curious in that it has allowed my daughters some thirty years after the war to express pride at

their mother's involvement in what is now a national remembrance occasion.

Following Vietnam I began nursing training, a safe, respectable career and one that I hoped would lead me back to South East Asia; an altruistic goal. That did not occur for many years. Instead I went on to study psychology and have a family. By co-incidence I completed my Masters degree as the societal narrative began to unfold in a more reparative manner of Australia's involvement in the Vietnam experience. Almost without thought, I was propelled down the path of the early exploration of complex post-combat traumatic stress and treatment of veterans seeking validation and understanding of lives that had been, in many cases, chaotic and fragmented for almost twenty years. I became a trauma therapist for Vietnam veterans. Many in their late 30's and early 40's were struggling to hold marriages, families and working lives together. Many relied on alcohol to retreat from memories and associated anxiety as a result of their exposure to war. Others displayed agoraphobic tendencies. There was a history of unemployment or poor employment record, rages, emotional isolation, suspicion and mistrust. They talked of guilt at surviving, a sense of alienation from the community, and protracted loss. As anecdotal stories and research knowledge of the aftermath of the Vietnam War grew, it was evident that wives, partners and children had specific issues related to vicarious exposure to war. They too began to seek help to understand how the veterans' coping with war experiences was influencing their own lives.

Throughout the twenty years working with veteran families, civilian volunteers returning from international aid missions began to seek therapy. However, in circumstances very different to historical evangelical missions, these civilians had witnessed or treated unimaginable injuries in circumstances of life threat to themselves as modern warfare has become more inter-territorial. I began to hear narratives of horror from Rwanda, Kosovo, the Sudan, Sierra Leone and East Timor. Readjustment and reintegration back into their families and communities resembled the same complex struggle that earlier Vietnam veterans had experienced and the same societal indifference impacted on their sense of self. I became aware of similarities in feelings of rejection, deep emotional pain, alienation and dissociation from their own community, and intimacy problems that seemed to trigger self medicating, isolating behaviours and family dissolution similar to veterans, with the same concomitant effects on partners, families and other family members. However, over time I also witnessed individuals making sense of their experiences in a way that that had not been described in the literature from the veteran or aid perspective. Many began to define a strength that surmounted their emotional struggle and showed a renewed sense of destiny and purpose out of their experiences despite complex psychological pain.

Deciding to research the female perspective of war for my Master's degree grew from my personal experience of war: the passion yet degradation of war; the years of silence, shame and uncertainty; avoiding disclosure of my role in a hostile society; the most unlikely

lifelong bonds that come from sharing extreme life threatening events; the struggle to reconstruct my identity to fit with a public narrative; and a recognition that my behaviours and motivating drives were often attempts at redressing my personal image of a woman who went to war. The participants' stories from that study, all entertainers from the Vietnam War, indicated that despite time, both psychological pain and new meaning were partners in a journey of seeking understanding.

Besides stimulating research, that pivotal time in my life has shaped my career path and relationships and exposed me to other individuals who have shared their war experiences with me as their therapist. In many ways it has shaped my life path. It is always quietly there; a silent companion influencing my decisions. It not only influenced my Master's research but eventually led me back to humanitarian missions in Aceh and East Timor. Ultimately it has led me in this research to explore further military and civilian narratives of war, genocide and disaster, including the often unrecognised narrative of partners and families.

Many of the participants of this thesis are former clients: one aid personnel and all of the veterans. It has been my privilege to extend that relationship into a collaborative effort contributing to research revisiting their 'lived' experiences of war and genocide.

CHAPTER 1

Aims, Objectives and Thesis Map

1.1 Aims and Objectives

The aim of this research project is to contribute to knowledge of the multifaceted psychological consequences of war, genocide, and international emergencies. In particular, it aimed to shed light on the how such phenomena influenced the life journey and personal narrative of individuals: those who chose to go to war, family members of those who went to war, and those for whom war, conflict or genocide visited unexpectedly. As such the participant pool drew from aid workers, veterans and their partners.

Fundamental research questions that may further *enlighten* our understanding of psychological wellbeing following war, genocide and disaster are: how does societal validation and intimate reintegration following such exposure impact on psychological deconstruction or wellbeing; does the changing public narrative influence the personal narrative over a lifetime; why do some individuals develop chronic and debilitating mental health difficulties while others find meaning, purpose and even psychological growth; how do people make sense of their involvement in catastrophic human events over a life journey?

1.2 The Analytical Strategy and Foci

Choosing a qualitative method for this research was determined by the nature of the research question, that is: to phenomenologically understand the 'lived' experiences and interpretations of individuals and spouses exposed primarily or vicariously to war, disaster or genocide. Although traumatic and complex challenging events can have negative consequences for an individual, the potential for posttraumatic growth is now recognised following a wide range of life events (see Helgeson, Reynolds & Tomich, 2006; Joseph & Linley, 2008; Prati & Pietrantonio, 2009; Tedeschi & Calhoun, 1996, 2004). However, as yet, there is no one agreed definition of growth following adversity and different measurement tools assess different aspects of growth. Currently, growth is more or less observed according to the choice of measure. I would argue that what constitutes growth is best defined by the individual through a phenomenological approach of enquiry using semi-structured interviews.

Standardised interviews tend to isolate the facts from the interview context and aim to avoid bias. Nevertheless, they are criticised in their attempts to uncover 'real' differences because it can be argued that there is no standardised reply and no absolute truth (Spinelli, 2005). The researcher will always influence the interview and this must be acknowledged. Interviews are irreducibly social encounters therefore it is impossible to standardise not only an interviewer's behaviour but their

impact on the interviewee. Standardised questions could produce a struggle between uniformity and the development of trusting rapport. The risk is that the very essence of seeking meaning of unexplored research questions in interviews would be hampered by rigid standardised interview procedures.

In contrast, non-standardised or semi-structured interviews allow flexibility and room for discovering the interviewee's own definitions and interpretations of events in their lives. They encourage dialogue between interviewer and interviewee giving the opportunity for deeper insight and penetration into private musings. Of course, an interviewer can never be sure that what they receive is a true representation of the individual's reality and as such, needs to maintain a level of scepticism. However, it is the individual's perception of their reality that I was seeking to unveil in this research. Consequently, a semi-structured interview would be more likely to attract genuine responses, avoid artificiality, encourage expression, and allow for adjustment to questions, as the interviewee led the path of exploration.

Being present in a setting which allows reflective questioning releases the interviewer from the rigidity of set tasks giving the opportunity for observation of moods, reactions, and the interactive relationship between researched and researcher that develops throughout the interview. Furthermore, the interviewer has the advantage to check personal interpretations allowing the double hermeneutic approach to become part of the exploration. In choosing a semi-structured interview technique the researcher has the opportunity to delve into the external and internal

musings and discover beliefs about fate, identity, sense of purpose and socially bound interpretation of events. However, as stated earlier, even interviews have their own social context. The interviewee may adapt responses attempting to counteract the interviewer's judgement of them.

1.3 Chapter Map

1.3.1 *Literature Review*

In the literature overview I have focused on the ideological, organisational and cultural constructs and theories that influence the work of those exposed to the coal face of global conflicts and genocide. In it I present: first, what is known theoretically about primary and secondary exposure to such complex environments; second, the impact on relationships and social adjustment over time; and third, both the positive and negative psychological sequelae following complex adversity.

More than 250 wars have been fought over the last 100 years with at least 100 million casualties (Vaux, 2004). But the growth of the era of globalisation has brought competitive policies and power struggles often couched in theological arguments which do not resemble earlier conflicts. Wars or civil unrest today are rarely between states or recognisable military entities. Since World War II, conflicts tend to be internal, chronic, for political and commodity control, or marginalisation and genocide (Vaux, 2004). This fast changing political, organisational and contextual environment can challenge psychological, social and moral wellbeing in the individual. There is a paucity of research that investigates the 'lived' experience of individuals exposed to war and catastrophic events and how they redefine life thereafter.

1.3.2 Case Study – Lifetime of aid work

This single case study explored the interpersonal and intrapersonal experiences of greater than 35 years in humanitarian aid work. The study proposed a model for sustaining a healthy *altruistic identity*. Results suggest that post mission reintegration processes are important determinants of psychological wellbeing. The role of employing organisations in addressing psychosocial care of their staff on return from mission to reduce long term social disruption and psychological distress are discussed.

1.3.3 Aid work and genocide

In light of the first study, intermittent rather than fulltime career humanitarian workers who had been exposed to multiple events, including genocide, were approached. One had been a previous client, one I had known through my association with the Australian Red Cross. This case study highlighted that shame and personal moral doubt can complicate reintegration processes and psychological wellbeing when individuals find themselves caught in horrific and inhumane international events. The themes that emerged during this analysis highlighted the 'lived' experience of protracted distress, isolation, shame, and resultant high risk behaviours for many years. Unfortunately, negative and unsupportive reactions on homecoming appeared to negatively impact on the process of reintegration and psychological adjustment. As positive social support is known to buffer the development of posttraumatic responses (Cobb, 1976; Cohen & Wills, 1985) recruiting organisations' duty of care to provide post mission reintegration protocols for returnees

is discussed. Of interest were the domains of empathy and self acceptance for self forgiveness following the shame of perceived failure.

1.3.4 *Vietnam veterans four decades after war exposure*

In order to bring understanding to the long term consequences and meaning making of exposure to war and conflict, veterans of the Vietnam War were approached some 40 years since the conflict to investigate whether similar domains would be revealed long term. The empirical research that exists following the Vietnam War tends to reference experience from the perspective of military personnel from the USA with little understanding of other societal experiences. While there are undoubtedly commonalities, there are likely differences. In explaining some of those differences, Australia, despite its small size and relative paucity of military power, has prevailed in one important respect: "it has largely stayed the course. Even when properly conducted, humanitarian operations take a great deal of time to build capacity in fledgling states; therefore, a country that is able to stay longer without unnerving the host country is more likely to succeed" (Abdiel, 2010). Per head of population, Australia is highly representative on the world humanitarian and military stage with Australian personnel maintaining a high reputation for performance and professionalism on peace missions (Hardy, 2007).

I had worked over many years as a trauma counsellor with Australian Vietnam veterans and their families. The phenomenological journeys of reconstruction and reintegration that I witnessed in many cases offered a

hermeneutic ontology over time that was not born of a 'being ill' model. This was in contrast to the mental illness biomedical model of interpretation that permeates most positivist research into the psychological effects of war. Through the narrative produced by semi-structured interviews it was hoped that any growthful processes aiding the reconciliation of traumatic memories over decades would be revealed. Despite ongoing betrayals and protracted grief over decades, time impacted on interpretations of self efficacy with domains of humility, gratitude and empathy, aspects of posttraumatic growth not expected nor captured by existing standardised psychometric tools. All of these participants had been former clients.

1.3.5 *Vicarious trauma/growth over time*

The wives and families of veterans were not exempt from the public controversy over legal and moral involvement in the Vietnam War. Confrontational antagonism, lack of public gratitude, and retributions left wives and families without a voice. There is a paucity of research into the 'lived' experience of vicariously experiencing war or how meaning making changes over time. Even less is known of growthful interpretations of that vicarious exposure in individuals such as spouses or partners of veterans.

This study phenomenologically explores being the wife of a Vietnam veteran for decades and the vicarious impact on psychological wellbeing. Over time the domains of empathy, love, humility and gratitude, were described as facilitating a renewed sense of self and relational changes.

The importance of insight into the ongoing 'lived' experience of family members exposed to vicarious combat distress over decades is discussed.

1.3.6 Reflection

The reflective critique is divided into two sections. *Section I* addresses the predilection for positivist research paradigms rather than phenomenological understanding to inform psychological practice and societal thinking. It considers first, the commodification of individual victimhood as emotional capital, exclusive of collective narratives of healing, and second, the infiltration of a positivist medical model into psychological thinking and practice. *Section II* critiques my own personal experience of using a phenomenological method in psychological research. First, it reflects on an ontological split between 'self' in the world, and 'self' as researcher that challenges phenomenological research using IPA; and second, it discusses pitfalls as well as tips for good data collection when devising the interview schedule and carrying out interviews when using IPA.

1.3.7 Conclusions and Implications

Key research conclusions highlight the changing psychosocial influences on the developed and the developing world that impact on those whose careers place them in areas of global conflict. The themes that have arisen for redefining lives shattered by war, genocide and disasters are discussed in light of altruistic identities, moral integrity and psychological wellbeing. Practice and research direction following this thesis are discussed.

CHAPTER 2

Experiencing modern global warfare and genocide: Ideologies, epistemologies, culture, and moral meaning making

Overview

2.1 The changing face of modern warfare

Modern warfare in an era of globalisation no longer resembles earlier wars. In fact, the era of global wars may be extinct replaced by civil wars, terrorist attacks and inter-territorial conflicts. "These wars are not between states or even between recognisable military entities, and they rarely have a recognisable objective of peace; they are chronic wars of political control, or marginalisation and of access to resources" (Vaux, 2004, p. 4). Deaths from modern warfare have become synonymous with humanitarian crises far surpassing the number of lives lost in combat (Lacina & Gleditsch, 2005). Increasingly, the true cost in human mortality and morbidity is to civilian populations, though at present, injured civilians are excluded from wartime morbidity and mortality statistics (Hynes, 2004). The direct impact on civilians is multifaceted: genocide, sexual violence, displacement, loss of property and livelihood, psychological trauma, damage to social capital and infrastructure, poverty and disease.

This thesis is concerned with individuals whose careers place them at the coal face of shifting global dynamics, particularly humanitarian aid

personnel and veterans. It seeks to understand how they bring meaning to their experiences of war, genocide and humanitarian emergencies as a result of these careers, initially and over time; how they reintegrate with society and intimate relationships following service; and how their responses to those experiences impacts on their spouses or partners. In this chapter: first, I address the ideological, organisational and cultural constructs that influence their work; second, I map the developments in research, practice and theory that have influenced perceptions and practice around posttraumatic distress; and third, I address both primary and vicarious theories of trauma and growth that have emerged out of the human experience of adversity.

2.2 Humanitarianism

2.2.1 *Historic roots of humanitarianism*

Humanitarian missionaries have dedicated their lives to educate, aid, and relieve pain and suffering for centuries. The word 'mission' is derived from the Latin *missionem*, meaning "act of sending" or *mittere*, meaning "to send" (Foltz, 1999). It is reported that Buddhism launched the first large-scale missionary effort in the history of the world's religions' from India in the 3rd century BC (Foltz, 1999). However, the word "mission" has its roots in Jesuit evangelical missions to China dating back to 1579 (Brockey, 2007). Many humanitarian organisations still promote their religious ideologies giving aid according to the principles, values and morals of their own faith. In fact, many Western governments still have an interest in prioritising proselytising often contracting aid agencies for political and partial purposes.

In today's humanitarian world, there is much disagreement about ideological principles. Through an increasing association with politicised intent humanitarians risk losing their trusted role in aiding those in need. The US is reported to spend \$1.4 billion on Non-Government Organisations (NGOs) that promote democracy (Campbell, 2007). When in office, the former President of the United States, George W. Bush, through an executive order, paved the way for millions of dollars of government funding to be distributed to religious aid organisations thus muddying the waters of impartiality between state and religion (Stockman, 2006). In addition to the Western model of aid some very politically powerful and influential alliances contribute to humanitarian needs none less the Muslim system, and China and Russia's partisanship (Slim, 2007) who have their own political and religious agenda. Many countries in which humanitarians work have no separation of state and religion with Westerners often perceived to lack strong moral or religious convictions (Nolan, 1998).

However, global humanitarian movements such as the International Committee of the Red Cross (ICRC) and many modern humanitarian NGOs promote non-sectarian humanitarian principles such as neutrality, impartiality and sectarian tolerance. Their goal is the strengthening of international humanitarian law. For humanitarian aid organisations to maintain their credibility, Vaux (2004) urges that irrespective of religious affiliation, they need to hold tightly to the fundamental principles of impartial humanity i.e. to focus on understanding the needs of the individual within their social and cultural context. Similarly, Banatvala

and Zwi, (2000) urge that humanitarianism must be explicit about its principles and alliances for humanitarian involvement to be effective.

2.2.2 *The crisis of modern humanitarian ideology*

Contemporary humanitarianism as a non-sectarian ideology of humane treatment probably began with the social reforms in Great Britain in the late 1800's and early 1900's. Many original mandates of older humanitarian organisations arose from the anti-slavery and women's suffrage movements and the Factory Acts of 1833 and 1844 (Peacock, 1984). These attitudes to the poor and suffering were mirrored by concern for the suffering of wounded soldiers returning from numerous 19th Century wars on the continent. It was from one man's humane gesture to assist wounded soldiers following the Battle of Solferino in 1859 that the ICRC was founded (Buckingham, 1964).

Further, the encroachment of war on civilians during World War II saw the establishment of the United Nations Organisation (UN) in 1945 to address world peace and security, and facilitate decolonization and self determination. A series of Geneva conventions (1949: see ICRC) followed and are at the core of international humanitarian law (IHL) which places limits on how war is waged. Although it has no role in regulating the humanitarian sector, the UN has ratified the Red Cross/Red Crescent's activities, privileges and immunity in alignment with the UN and other intergovernmental organisations granting it a unique position within the humanitarian world. It is exempt from judicial process, has observer status in the UN, and is entrusted with the responsibility of upholding international humanitarian law. Of greatest value is its place of

priority in troubled areas of the world long after other organisations have been asked to leave. Although its principles would seem self-evident, its ideological framework for humanitarianism was restated in 1965 as: humanity, impartiality, neutrality, independence, universality, voluntary service and unity (Pictet, 1979).

These guidelines, though humane, have become the subject of much debate over recent decades. Ideological confusion began to splinter the humanitarian sector following the demise of the bipolar world of the Cold War. Prior to this, humanitarian organisations were avowedly non-political without link to specific Western states, economic or social policy. Relief was given free of political conditions or association and granted purely on the basis of need (Chandler, 2001).

By the 1990's humanitarianism was in crisis with multiple agencies following different ideologies and different interpretations in the field (Rieff, 2004; Slim, 2002). The Rwandan genocide of 1994 challenged many organisations to reconsider their humanitarian codes and principles prominently on whether to speak out against human rights infringements. Yet speaking out can have its own deleterious effects on all concerned. For the recipient of aid, often struggling for survival, oppressed by internal power struggles, the humanitarian agency may be their only advocate. For the humanitarian worker, the challenge is: which ideology produces the best humanitarian practice, and which recipient is indeed the oppressed and most in need of assistance?

With the memories of the Holocaust and, more recently, Rwanda, neutrality and impartiality became the most contentious principles (Banatvala & Zwi, 2000; Hilhorst & Schmienmann, 2002; Vaux, 2004; Terry, 2002; Weiss, 2006). Weiss (2006) highlighted four divisive camps of thought: the "classicists," led by the ICRC, are adamant that humanitarian involvement can and should be completely insulated from politics; the "minimalists," in providing relief aim to "do no harm" (Anderson, 1999); the "maximalists" believe that humanitarian action can be used strategically to transform conflict; and the "solidarists," exemplified by *Médécins Sans Frontières* (MSF; Doctors without Borders) abandon neutrality and impartiality rejecting recipient consent as a prerequisite for intervention.

'Denunciation' and 'right of intervention' to stand by the oppressed, are two principles introduced by MSF that challenge ICRC's consensual approach. This proactive stance of 'solidarity' has received wide support throughout the sector for the mitigation of human suffering to be human-rights based rather than needs-based (Chandler, 2001). Withholding development aid until certain conditions are met is becoming common practice with political ends redefined as ethical to justify the denial of humanitarian principles (Chandler, 2001, 2009). The notion of withholding emergency aid from people in dire need is an unprecedented attack on traditional needs-based humanitarian values and practices. Stockton (1998), in defending need-based over rights-based humanitarianism concludes that employing humanitarian action as a strategy to transform conflict: "is tantamount to playing God - a deadly,

perhaps totalitarian business to indulge in without the benefit of 20:20 future vision” (p. 365). These debates will not be easily resolved but without cohesive humanitarian principles across the sector, effective humanitarian practice is unlikely.

2.2.3 *Universal standards and indicators*

Complicating the ideological crisis of international humanitarianism, the practice of humanitarianism has also undergone mammoth shifts in the last two decades. This has flagged an urgent need for common indicators and regulation of professional standards across all humanitarian organisations that clearly define what constitutes a humanitarian not-for-profit organisation. The term ‘NGOs’ or ‘INGOs’ (International NGOs) has loosely been aligned to the humanitarian sector but NGOs can be political, entrepreneurial, developmental or humanitarian in scope and are not limited to non-profit.

A plethora of humanitarian and other NGOs flooded the humanitarian field during the 1990’s challenging good practice, inter-agency collaboration, diplomacy and wellbeing for both the aid worker and recipients of aid. Unaffiliated groups scrambled to respond to disasters motivated by ‘being there’ rather than ‘being successful’ (Slim, 2007). Approximately 40,000 NGO’s have appeared on the humanitarian stage during the last thirty years. As a consequence, questions have arisen within the sector concerning how to better address humanitarian responses to horrific events resulting in a number of inter-agency initiatives to improve accountability, quality and performance in humanitarian action.

The Sphere Project (1997) was, and still is, an attempt by, and the initiative of, the Red Cross/Red Crescent movement, national and international NGOs, UN agencies, and academic institutions. These groups attempt to bring some uniform practice and support to the humanitarian field by providing a universal code of practice, and an opportunity for agencies to explain any gap between indicators listed in the handbook and actual practice. In application they accentuate the responsibility of humanitarian workers to provide dignity through quality service. These professional standards can be easily referenced and go some way to provide a guide for effective and quality work.

The Active Learning Network for Accountability and Performance in humanitarian aid (ALNAP) was also established in 1997. Its inception was a collective response from those organisations in the humanitarian sector following a multi-agency evaluation of the genocide in Rwanda in 1994 and now offers an 'accountability and learning' resource for the humanitarian sector. This has allowed critical research and evaluation to be more publicly disseminated within the aid world and has assisted in changing entrenched practices. However, in the 2007 ALNAP Review of Humanitarian Action, Slim (2007) called for even further cultural and organisation reform in the humanitarian community. Critical of the fact that accountability or successful practice is rarely demanded he derided practices that allowed failures to simply fade away often after short contracts without disciplinary action. He noted that "when operations go badly, NGO's can retreat to warm rhetoric of shared struggle while the United Nations remains in a world of its own" sharing a "grim culture of

nepotism" (p. 5). Fiona Terry (2002) is similarly critical. She believes that aid organisations can exaggerate their importance when withdrawing may be the better choice in untenable situations. Without critical evaluation of principles, purpose and goals, humanitarian practices risk being scapegoated for prolonging conflict by 'being there', or contributing to unnecessary death by 'not being there'.

Never was the need for rapid assessment, humanitarian co-ordination, and monitoring and evaluation of participation more evident after the 2004 Tsunami in South East Asia. Approximately five hundred NGOs began operating relief and recovery efforts in Aceh Province alone (Pandya, 2006). As time went on, many Acehnese in Indonesia talked of 'the second tsunami' referring to the sudden invasion of the expatriate aid community exacerbating vulnerability with their organisation's money (Kennedy, Ashmore, Babister & Kelmor, 2008). Similarly, the growing strength and presence of NGOs with their donor money, usurped the legitimacy of authority that should have been reserved for local government and community organisations (Pandya, 2006). This invasion was all the more distressing given that Aceh had been isolated from the outside world for many years before the tsunami. If "humanitarian aid must be the responsibility of all nations for the benefit of all nations" (Egeland, cited in Mitchell & Slim, 2007, p.1), then the need for transparency in humanitarian principles and practices, becomes the greatest challenge for the collaborators. Despite 'lessons learned' from previous disasters, Aceh's humanitarian response, with agencies competing for a purpose, has shown that there are still many problems

with the co-ordination and distribution of aid following disaster (Zoraster, 2006).

Without an international humanitarian ombudsman, ongoing 'self-important' transgressions of sovereignty by the humanitarian sector are bound to repeat themselves. The UN recognised its limitations as a 'humanitarian ombudsman' following the Rwandan genocide. Furthermore, the UN convention is not applicable to humanitarian NGOs that do not have implementing/partnership agreements with the UN and its specialised agencies; nor does it apply to locally-recruited personnel. ALNAP and the Sphere Project temporarily picked up the gap but remained voluntary avenues through which to interpret and evaluate performance. Sphere initiated a Humanitarian Ombudsman Project (2000) concluding that such policing was only effective in societies with well established, fair and effective public services and judicial systems. Another Sphere initiative, resulted in the establishment in Geneva of the Humanitarian Accountability Partnership (HAP; 2007), a self-regulatory body for the dual purpose of providing strategic and technical support to its seventeen world members. The outcome from these projects is a system of certification whereby humanitarian agencies can demonstrate their compliance with proven good practices in humanitarian work.

The HAP members have also addressed accountability to donors while attempting to legitimise NGOs as not-for-profit agencies. Donors, no matter how generous, are often without any understanding of the logistics and complexities of international crises particularly the risk to justice and integrity for recipients. Therefore, an essential part of HAP's

agenda is reiterating the views of the beneficiaries to improve donor awareness of the delicate balance between 'giving' and 'receiving'. Again, HAP's influence is limited with no power to impose its standards on the many non-member agencies and their donors. It is powerless to reign in the glut of cavalier adventurers seeking real-life tragedy, or restrain the advance of western capitalism into the humanitarian sector.

2.2.4 *Colliding ideologies*

The collision of humanitarianism, politics and capitalism has led Weiss (2006) to comment "that there is no longer any need to ask whether politics and humanitarian action intersect. The real question is how this intersection can be managed to ensure more humanized politics and more effective humanitarian action" (p. 1). The advance of capitalism into the aid world by capitalist international enterprises has complicated the focus on sustainable development and humanitarian issues. First, in many cases, corporate structures have brought a different way of functioning for charitable organisations. As a result, changing agenda and management structures often reflect the political or social goals of members rather than prioritising the goals of those requiring aid (Vaux, 2004). Second, not-for-profit humanitarianism is in direct conflict with the goals of entrepreneurial corporations (Illouz, 2007, 2008) which may add weight to the dyad of poverty and corruption.

Little data exists on how the recipients of aid value or prioritise aid response (Banatvala & Zwi, 2000). What is known is that environments where abject poverty and desperation exist are likely to engender opportunism, corruption and indifference to the goals of the West

(Chetwynd, Chetwynd & Spector, 2003). A quarter of the estimated 1.4 billion people living in extreme poverty are thought to live in what is known as 'fragile states' (Ellis-Jones, 1999). These are countries characterised by limited infrastructure, internal corruption, protracted insecurity and conflict, political instability, weak governance and poor economic management. In such countries, corruption is one of the biggest challenges in post-conflict or post-disaster rebuilding, producing corrosive consequences to the implementation of stable policies and programmes (Bolongaita, 2005; Rose-Ackerman, 2008). The influx of humanitarian organisations stocked up with capitalist cash can easily exacerbate underlying corruption and volatility from those inside and outside the government (Rose-Ackerman, 2008).

A Corruption Perceptions Index has been devised by an analyst group, Transparency International (Lambsdorff, 2007; Wei, 2000), an agency dedicated to fighting corruption worldwide, to assess, at an international level, the degree of corruption in businesses and nations. Transparency International encourages dual responsibility around anti-corruption measures particularly conflict-of-interest rules to govern conduct when dealing with politicians and public officials both locally and nationally. During the Aceh tsunami relief efforts, Indonesia was ranked the fifth most corrupt country in the world challenging the principles of all stakeholders including donors, aid agencies and recipients. Zoraster (2006), describing the health sector co-ordination in Aceh, concluded that it is paramount that traceable best practices and a regulatory international agency are implemented in humanitarian response which

can remove agencies or impose financial penalties when transparent practices are absent.

2.2.5 *The military, politics and humanitarianism*

Humanitarianism, in its stance beside the disadvantaged against the powerful, in many ways has always been politic (Barnett, 2005).

However, as it becomes increasingly implicated and collaborative with governance structures, particularly Western politics, it risks alienating those it seeks to serve by being seen as impostors and insurgents of a newer form of imperialism and colonialism (Rieff, 2002, Pupavac, 2005). Humanitarians are increasingly viewed as tools for politicising, militarising, indoctrinating and pathologising following catastrophic and adverse life events (Pupavac, 2005).

The overlap of boundaries between military and humanitarian work is increasing threats to physical safety as well as core humanitarian values (Barnett, 2005). Opponents in civil conflicts increasingly view with suspicion aid workers whose work brings them into close proximity with Western military forces with the consequence that they are inevitably seen as political actors. Such assumptions have contributed to 320 humanitarian workers being killed on missions between 1997 and 2005 (Lischer, 2007) irrespective of the Rome Statute of the International Criminal Court ruling the murder of humanitarian personnel a war crime. Not surprisingly, very few cases have been prosecuted at national level (King, 2002).

This increasing interplay between humanitarian personnel and military forces encourages manipulation by political and military leaders for strategic assistance (Lischer, 2007). Alternatively, the overlap of roles has seen military groups involved in humanitarianism rather than protection (Terry, 2002). Both aid workers and the military have shifted their working boundaries to the point where the Overseas Development Institute in London (ODI) has accused the military of devouring humanitarian space (Stoddard, 2003). In 2001 the US Secretary of State, Colin Powell even went so far as to commend NGOs as “force multiplier” for the US government (see Lischer, 2007). During Kosovo, Afghanistan and Iraq, the military engaged in offensives while dropping food parcels or setting up refugee camps. This psychological ploy dates back 50 years to the Malaya Incident, when the strategy for winning the war through the “hearts and minds” of the people and is mirrored in current military involvement through aid provision (Mockaitis, 2003).

Previously, aid agencies worked on the outer regions of war, administering aid as refugees fled to the safety of a second country. However, in the current climate of humanitarian work, there is an increasing trend to go to the needy wherever they are, often to the midst of conflict grappling with security as well as humanitarian needs (Cobey, Flanagan & Foege, 1999). On the other hand, when military personnel are sent as ‘humanitarian soldiers’ (Lischer, 2007) ethical dilemmas and hazy divisions occur and can contribute to perceived allegiances, suspicion, distrust and contempt by those receiving aid, humanitarian personnel, and the soldiers (Fiala, 2008). Understanding the complex sociological

and psychological impact of these colliding ideological groups across cultures has attracted much debate in recent years and is discussed below (Almedom & Summerfield, 2004; Basham, 2008; Bracken, 2002; Chandler, 2001; 2009; Clark, 2009; Clark, 2010; Pupavac, 2004; Vaux, 2004; Zarkov, 1997).

2.3 Epistemological debate

2.3.1 *Inherent biases affecting research*

It has been suggested that research, particularly by sociologists and psychologists, needs to guard against humanitarian bias where the discovery and exposure of social injustice drives that research (Furfey, 1954). By the very nature of their profession, sociologists, in particular, tend to engage in debate on social justice. Similarly, psychology “appears to be both a scientific discipline and a social gospel, and it is difficult to know where one stops and the other starts” (Janowitz, 1954, p. 530). When researchers from either of these professions conduct research in the field of humanitarian intervention, biases and preconceptions may influence expectations around social injustice. Remaining neutral and open to experiencing the subjective ‘lived’ experience of those exposed to disasters is important to good research.

Humanitarian philosophy with its roots in 18th Century Enlightenment, focusing on man’s dignity and worth in humanity, rather than his supernatural destiny as such, is an accepting, generous philosophy (Furfey, 1954). Such a philosophy would not support less-accepting intergroup attitudes interpreting them as prejudices or biases.

Inevitably, the ability to remain totally impartial, either while working in sometimes dangerous conditions or researching in the field, one could argue is challenging and unlikely because of such biases and sometimes erroneous perceptions. However, when the 'victim' becomes the 'perpetrator' the humanitarian ideology of responding to the 'poor' but 'dignified,' in particular, is challenged. Such generalities concerning minority and ethnic groups and whether 'victims' perpetrate deliberate and wilful crimes of ethnic cleansing or genocide, may cause a paradox of altruism for aid workers. This can complicate either their research or humanitarian response.

For example, on the United States Department of Veterans Affairs National Centre for PTSD webpage (2010), the information regarding rape following the Kosovo crisis in 1999 suggested that: "The situation is worsened by the religious and cultural attitudes surrounding rape. In a Muslim culture, the honour of the woman reflects upon the entire family; rape victims of Muslim faith may believe that the rape is a punishment for some sin that they have committed". This biased view offended those it sought to support. Zarkov (1997), a native of Bosnia, states this stereotyping is particularly false in Bosnia:

"I could not help but ask how much that imagery of ethnic chastity corresponds with the situation of Bosnia today with educated, urbanized and modern Muslim women who are by no means different from educated, urbanised and modern Croat, Serb, Yugoslav or any other women living in Bosnia for whom pre-marital sex is a fact

of life? Or how different Muslim women who cherish the importance of virginity, and for whom life without marriage and children is not worth living, from Croat and Serb women who think the same ... Finally why is the Bosnian Muslim community singled out as the one that will stigmatize, ostracize and further victimize rape victims?"
(p. 141).

Exploitative and sensational information is often associated with irresponsible news reporting and is believed to have been a major factor in the West's decision to intervene in Bosnia (Vaux, 2004). These false perceptions undermine the principle of humanity and accommodate prejudices under the guise of altruism. Similarly, biased reporting and critical academic reports, though stimulants for debate can trigger prejudices at the site of interaction between the helper and the distressed.

2.3.2 Cultural and psychosocial diversity

For example, academic writing has had an impact, both positively and negatively, on psychosocial participation in the field following disaster and trauma. Positively, these writers remind us to be cognisant of cultural divergence in problem solving in the field post disaster. Such writing has attempted to critique cultural specificities in non-Western countries, and the use of Western practices in response to terrifying and traumatic events. They alert us to the dominance of the medical model in the West infiltrating the language and interpretation of not only psychiatric practice but psychological and social interventions. They

question “medicalised constructions” or “talk therapy” (Almedom & Summerfield, 2004) across cultures alerting many to the pervasiveness of the medical model. A medical model explains and labels the experience of traumatic events e.g. posttraumatic stress disorder (PTSD). However, it has become so pervasive that there are increasingly fewer definitive lines of separation in describing psychiatric, psychological and social distress with practitioners across the disciplines offering ‘expert’ diagnoses to passive recipients (Maddox, Snyder & Lopez, 2004; Joseph, Beer, Clarke et al., 2009). With a medical model driving Western interpretation of traumatic experiences psychosocial distress is often misconstrued as a mental health category (see Regel, Dyregrov & Joseph, 2007).

Negatively, in highlighting East-West differences, Western cultures are described as rudderless, without communal values, tend to ‘problematise’ and ‘medicalise’ traumatic events and are suspicious of communities that are hierarchical in structure (Pupavac, 2004; Almedom & Summerfield, 2004). Furthermore non-Western cultures are spoken of as having in-built meanings in their cultural norms that are being eroded by international intervention from the West, which seeks to impose a professional judgement on communal meaning as oppression (Pupavac, 2004; Almedom & Summerfield, 2004). These scholars are concerned that Western psychological practices are misplaced in many non-western cultures to the detriment of exclusive cultural resilience (Almedom & Summerfield, 2004; Bracken, 2002). While such debate is important, an ‘either-or’ approach can first, contribute to the romanticising of all

'culture' as good, and second, place judgement on collaborative practices in the field developed for rebuilding and recovery after disaster.

Unfortunately, these scholars do not include discussion on the good collaborative and inclusive East-West practices.

It is this ubiquitous negative interpretation of Western practices that has contributed to the erosion of certain psychosocial support programmes following disaster (Rose, Bisson, Churchill & Wessely, 2009). Ambivalence, contradiction and abandonment of many collaborative disaster support protocols, has followed. For example, the group social support word 'debriefing' (Mitchell, 1983) has found its way into the medical lexicon, at odds with its colloquial use in the humanitarian and essential-services world. These many loose adaptations of its use outside its role for early support within the package of Critical Incident Stress Management (CISM; Mitchell, 1983) or Psychological Debriefing (PD; Dyregrov, 1989) has brought its intended use into ill repute. It was never meant as a stand-alone or one-off support tool for individuals nor can it be considered a counselling or psychotherapeutic 'technique' (Regel, Joseph & Dyregrov, 2007). It is based on crisis theory (Caplan, 1964) and is psycho-educational in purpose. Misleading interpretation has driven recent research methodology and scholarly papers (Dyregrov, 1989; 2001; Everly & Mitchell, 2000; Mitchell, 1983; Regel et al, 2007; Solomon & Benbenishty, 1986; Yule, 2001) with the result that it has become a 'hot potato' influencing development of policy and clinical guidelines (National Institute for Health and Excellence (NICE); 2005).

Evidence based on randomised control trials (RCTs) has indicated that 'debriefing', or more practically known as 'shared operationalised friendship', is harmful on the groups it aims to support (Bisson, Jenkins & Alexander, 1997; Mayou et al, 2000). Other randomised control trial have drawn similar conclusions (Conlon, Fahy, & Conroy, 1999; Hobbs, Mayou, Harrison, & Worlock, 1996; Lee, Slade, & Lygo, 1996). Despite these outcomes methodological flaws and conceptual misunderstandings have been identified (Tuckey, 2007). Findings by Bisson et al (1997) was based on raised Impact of Event Scales (IES; Horowitz, Wilner & Alvarez, 1979) in studies where debriefing was trialled on individuals not groups, suffering from burns, who were post event by approximately 17 days. On the basis of several such studies, the NICE guidelines in the UK (2005) recommended an end to 'debriefing' practices with no intervention by 'experts' for four weeks following a post traumatic event. 'Watchful waiting' is the term used. These interpretations of 'debriefing' as a questionable tool for preventing psychopathology rather than a positive psychosocial tool of support and validation, remind us that the medicalisation of human suffering can infiltrate every aspect of life experience. They also remind us that RCTs are not the unequivocal and definitive method of evidence-based research. For now further research is needed into the efficacy of debriefing so that practitioners, organisations and researchers can feel confident that its use is contributing to the reduction of distress.

Many practitioners and organisations involved in psychosocial support favour practice-based evidence and 'lessons-learned' evaluations in the

field and remain sceptical of these guidelines (see Berliner & Regel, 2008). Alexander (2000), Shalev (2000) and Weisaeth (2002) found that informal team-supportive 'debriefing' that was part of managerial support has been useful in reducing anxiety irrespective of future mental health issues related to trauma. In fact, many organisations have found it a useful component of psychosocial care and organisational philosophy for providing integrated services and stress reduction in their workers (Cohen de Lara-Kroon & van den Berkof, 2001; Dyregrov, 1989). However, the debate has stimulated the growth of other mediating and protective social support group practices (e.g. trauma incident management (TRIM), Jones, Roberts & Greenberg, 2003; powerful events group support (PEGS), Polk & Mitchell, 2008) to suit the needs of certain organisations. Nevertheless, many law enforcement agencies and emergency service providers in Europe including Scandinavia, the United States of America, and Australia continue to use CISM and PD. The 'debriefing' debate continues and remains controversial (Deville & Cotton, 2003; Dyregrov, 1998; Everly, 2003; Hobfoll, Watson & Bell et al., 2007; Regel et al, 2007; Rose, Bisson, & Wessely, 2002; Wagner, 2005; Wessely, Rose & Bisson, 1999). While the academic arguments continue, practitioners and recipients in times of disaster may well resort to whatever practice-based collaborative disaster support protocols they have found *prima facie*.

2.4. Collaboration or intervention

2.4.1 Psychosocial support in the field

As discussed, psychosocial programmes in the humanitarian context following disasters are not based on a medical model although mental health aspects of care can be built in through collaboration with affected societies. They prioritise sense of belonging, sense of control, social support, meaningfulness, and human dignity (Regel, Dyregrov & Joseph, 2007; Regel & Berliner, 2007). They are interested in individual's narratives and as such place value on story-telling particularly in sense making of distress and ownership of reordering disrupted lives. As such they have a similar group-support focus to CISM and PD. Cross culturally, making meaning of life events through storytelling is familiar to all peoples bringing understanding and relevance to experiences (Dart & Davies, 2003). It is supportive of the individual's lived experience and how they make sense of events from a phenomenological perspective.

Making meaning from traumatic events brings a new sense of purpose and goals and is vital to psychological wellbeing (Ryan & Deci, 2001; Ryff, 1989). Without the opportunity to narrate, traumatic memory may be stimulated by unexpected events triggering involuntary arousal and fragmented flashbacks (Brewin, Dalgleish & Joseph, 1996). By entwining personal and public narratives, collective meaning to distressing events can be realised and healthy accommodation of those memories can be achieved (Joseph & Linley, 2005; Nelson, 2003). Psychosocial programmes assist in rebuilding and defining new directions by allowing a forum for narration of events over time and place, cause and effect, relationships and priorities (Shaw, Brown & Brimley, 1998; McCormack, 2010).

Many organisations including the Red Cross/Red Crescent and the United Nations have adopted a community framework approach in training their staff to support individuals and communities develop psychosocial recovery (see Davidson, 2010; Loughrey & Eber, 2003; Regel, Dyregrov & Joseph, 2007). As such, aid staff are made more aware of the importance of supporting autonomy where knowledge from Western cultures can marry as required with positive aspects of other cultures. Supporting psychosocial growth out of narratives of trauma focuses on person-centred interpretation of events that redefine futures. Such a collaborative role between those affected by traumatic events and those offering support should not be wrongly interpreted and therefore dismissed as 'medical model tools' for addressing psychopathology.

Almedom and Summerfield (2004) believe that: "psychological knowledge is the product of a particular culture at a particular point in time" (p. 384). Conversely, it would be negligent, to accept that because referral rates to mental health services in non-Western societies have not been significantly impacted upon following traumatic incidents (Loughrey, 1997) as would be expected in Western cultures, that people are not being mentally affected by war and its sequelae. Many countries experiencing civil unrest have been governed by dictators for decades and have rigid institutionalised approaches to dealing with mental ill health (Vaux, 2004) that many might wish to avoid, far less empowering than the forms of social and psychological support offered by humanitarian workers from developed nations.

2.4.2 *Autonomous problem solving*

Several societies affected by internal conflict have devised unique and challenging strategies for bringing healing and resolution to shattered lives by tapping into already understood conflict-resolving traditional practices. In 1994, the Rwandan genocide claimed the lives of 800,000 Tutsi and their Hutu and Twa sympathizers in one of the twentieth century's worst waves of mass killing. Seven years later, the Rwandan government instituted *gacaca*, a system of 9000 community courts based on a traditional mode of conflict resolution. This was adapted to prosecute the many genocide cases and aimed to address the problem of 120,000 genocide suspects languishing in the prison system. Human rights groups and international observers feared that *gacaca* would be nothing more than mob justice and predicted that such an approach would only inflame tensions between Hutu and Tutsi. However, Philip Clark (2009) following seven years of ethnographic research has provided insight into intra-cultural problem solving. Including first hand observations of community hearings and hundreds of interviews with *gacaca* judges, genocide suspects and survivors Philip Clark (2009) and Janine Clark (2010) found that social and political impact of the *gacaca* process, although not a panacea post genocide, has gone some way to contributing to justice and reconciliation. However, from these qualitative studies, Clark (2010) warned that wherever possible societies should seek to combine criminal trials with restorative justice mechanisms.

Similarly, other communal actions defining resilience and autonomy through aid free self-reliance have developed. The *Self Employed*

Women's Movement (SEWA) in India based on trade union co-operatives encourages self-reliance as a way of thinking; *ataque*, an extreme emotional expression is a Puerto Rican emotional response to bereavement contrasts problem-focussed styles of coping common to Western cognitive/behavioural rationality (Tischler, 2009; Vaux, 2004). These examples encourage a rethinking in the way the global community can assist, if required, in recovery from conflict and disaster.

International aid to developing countries and diverse communities is a process of ongoing adaptation and mutual collaboration to avoid biases on both sides. Each has the opportunity to learn from the other for although culture and community are intricately linked, community as an all embracing term is not always well understood and not yet well articulated in theory. The environmental challenges would seem to require cultural adaptation, openness yet moral integrity as necessary personal requirements of the individual humanitarian worker. Conversely, it is not known how the individual humanitarian aid worker is affected by these challenging environmental dynamics.

2.5 Modern warfare and the individual

In the midst of competing political agenda, donor demands, and commitment to cultural autonomy, the individual humanitarian worker has been increasingly engulfed in an explosion of human crises since the end of the Cold War including conflicts and disasters in Somalia, Rwanda, Bosnia, Kosovo, East Timor, Sudan, Democratic Republic of Congo, Iraq and Afghanistan. Yet there is a paucity of research concerning the effects

of war, genocide and humanitarian emergencies on humanitarian personnel. Low on the radar of priorities, humanitarian personnel are more likely to become ill or die on mission than non-mission colleagues, experience high levels of stress, and feel rejected on homecoming with poor intimate reintegration (see Chapter Four, this thesis; Fawcett, 2004; Loquercio, 2006; McCall & Salama, 1999). Following Rwanda, Vaux (2004) commented that “many of my colleagues working in Rwanda said they had lost faith in humanity and in humanitarian work” (p. 7). For many, life will never be the same.

The Rwandan genocide highlighted the vulnerability of the individual aid worker caught between fragile states and international politics. Many, in the suddenness of a country imploding, felt abandoned by the international community, helpless and psychologically paralysed while the perpetrator and victim roles bloodily unravelled before them (see Chapter Five; King, 2002). Barnett (1997) described the UN’s late response:

“Member states did not view their interests as suitably engaged to justify the involvement of their own troops for a risky intervention. Rwanda was outside most states’ understanding of their national interests at least to the extent that they were willing to sacrifice their troops for such a cause. For most members on the Security Council, and particularly for the permanent members, Rwanda was distant from any strategic considerations”. (p. 571)

Despite efforts to bring clarity to the working life of humanitarian personnel since Rwanda, they remain at risk in unstable and volatile conditions in the Democratic Republic of Congo (DRC). Although poorly reported, it is likely that more people have died as a result of this ongoing conflict from 1996 to the present than in the Rwandan and Cambodian genocides combined (Reid, 2006). The concentration of the world's poorest people in fragile states brings with it major challenges for internal governance, economy and security issues that can leave individual aid personnel isolated and vulnerable in international diplomacy landscapes. Any long term consequences or risk to mental health of humanitarian personnel and reintegration difficulties with families can perhaps be gleaned from what is known through research into the experience of soldiers and their families exposed primarily and vicariously to war.

2.5.1 Theory and war

Young soldiers from Western cultures can find modern warfare as culturally and morally problematic as it is for the communities they are sent to serve (Basham, 2008, Chandler, 2009; Fiala, 2008). Trained in combatant warfare, the increasing inter-territorialized nature of ethical rather than global military conflicts often finds them struggling to identify real and visible enemies (Chandler, 2009). Furthermore, the armed forces of democratic nations still promote a socially exclusive culture which is elitist, intolerant of minority groups and predominantly masculine heterosexual (Basham, 2008). Such cultural practice place young soldiers at odds with democratic values (Basham, 2008) and sets

the scene for future societal rejection and poor reintegration within the civilian population on termination of military service. There are several theories that resonate with the internal conflicts and psychological distress that war creates for young soldiers.

2.5.2.1 'Just war' theory

Many young people are sent to war believing the *raison d'être* propagated by the 'elders of the tribe'. Yet Fiala (2008) believes the concept of a 'just war' is a myth and that modern warfare, now devoid of immunity for civilians, is inherently disrespectful to humans and morally problematic for the individual soldier. If so, subjectivity about the morality of war is difficult to avoid particularly when *primum non nocere*, 'above all, do no harm', the standard for a 'just war' by international law, is nebulous, or the rationale for combat appears ethically questionable (Camp, 1993). If this is compounded by poor leadership in war, individual soldiers may question their assumptions about the world and their military caretakers' ability to act in a responsible and moral manner (Fiala, 2008; Shay, 1994). Such rumblings of uncertainty over caretakers' decision making or behaviours can impact differentially on young soldiers and can be explained through betrayal trauma theory.

2.5.2.2 Betrayal trauma theory

Betrayal trauma theory (Freyd, 1996) posits that the extent to which trauma involves betrayal by a significant other will influence first, the individual's cognitive encoding of the experience, second, the accessibility to the event, and third, the psychological and behavioural responses to the event. When that significant other is a key caretaker, the response

engendered by the betrayal will necessitate a “betrayal blindness” (p. 9) or suppressed memory for the sake of survival influencing psychological and behavioural responses to the betrayal trauma (DePrince & Freyd, 2002; Freyd, 1996). These include fear for personal safety, loss of meaning, purpose and goals, feelings of helplessness, and demoralised shame (Camp, 1993; DePrince & Freyd, 2002; Janoff-Bulman, 1989).

Shame out of ‘caretaker’ betrayal has been reported by many veterans following war particularly when their own values clash with autocratic military culture or poor leadership (Freyd, 1996; Harvey, 2002; Shay, 1994). Young soldiers have no independent voice to protest or defy their military caretakers. Consequently any sense of betrayal by military caretakers may be suppressed similar to the “betrayal blindness” (Freyd, 1996; p. 9), for fear of personal safety (DePrince & Freyd, 2002; Veatch, 1977; Walzer, 1977). When shame turns inwards from such powerlessness, personal doubt (Wilson & Droždek, 2006) and self blame can lead to feelings of rage (Kaufmann, 2002; Wilson & Droždek, 2006). Rage in soldiers has been repeatedly highlighted in both classical and scientific literature (see Shay, 1994, 2002). However, understanding the experiences of shame and rage as responses to war is unknown as there is very little research on the how these emotional responses are experienced as ‘lived’ phenomena.

Shay (1994) believes that rageful actions towards others or self by young soldiers are a result of experiencing a sense of betrayal from their military caretakers from a perceived lack of justice in war. The ‘berserk state’, or reckless and frenzied fury of a combat soldier during war, is

described by Shay as a “special state of mind, body and social disconnection” (p. 77) following the combined affronts of betrayal and disenfranchised grief. Such complete loss of restraint can result in acts of total self disregard leaving the individual dead or maimed and colleagues’ safety compromised. Should the soldier survive the outburst, lifelong debilitating psychological and physiological change is likely (Shay, 1994). How betrayal and grief interlink to precipitate a ‘berserk state’ is as yet unknown (Shay, 1994). However, when the individual perceives reckless and immoral actions of others in caretakers or colleagues, shame by association can result in rageful blame and anger being directed at the external source of the shame (Gilbert, 1998, 2004; van Vliet, 2009; Weiner, 1995). Seen phenomenologically, unrestrained rageful acts out of frustration of perceived others’ transgressions can then be viewed as adaptive actions to restore identity balance (Tangney, Wagner, Fletcher & Gramzow, 1992; Wilson & Droždek, 2006).

Juxtaposed with trauma betrayal in war are the environmental complexities for expressing grief resulting in atypical patterns of bereavement. Doka’s (1989) seminal work on the concept of disenfranchised grief describes such grief from loss as that which “is not or cannot be openly acknowledged, publicly mourned or socially supported” (Doka, 1989, p. 4). War grief, particularly following wars where society is indifferent, disinterested, or antagonistic, is often disenfranchised and likely to follow atypical patterns of bereavement. When loss is disenfranchised, shame acts to inhibit the grief experience and block mourning (Kaufmann, 2002). As with betrayal trauma,

disenfranchised grief can result in shameful responses of narcissistic self disregard or rage at others (Kaufmann, 2002). However, the question remains, under what circumstances does the combined distress of betrayal and grief from war trauma evoke rage? Not all soldiers and others involved in war experience these emotional responses, so it would seem logical to investigate the conditions that evoke these responses. The experience of witnessing or personally experiencing rage and the sense making individual's bring to that experience will be explored as part of the 'lived' experience of war in the war veterans interviewed in Chapter 6 of this thesis.

2.6 Psychopathology or societal fracture

2.6.1 Illness paradigm as explanation for combat related distress

Currently, combat related rage or "hair-trigger violence" (Shay, 1994; p. 99) continues to attract medical interpretations such as narcissistic rage or dissociative amnesic seizures often associated with a diagnosis of PTSD (Fox, 1974; Salley & Teirling, 1984; Shay, 1992). Most research papers that are written about trauma take a medical paradigm (Creamer, McFarlane & Burgess, 2005; Dohrenwend, Turner, Turse et al, 2007; King, King, Gudanowski & Vreven 1995; Kulka, Schlenger, Fairbank et al, 1988; 1990; Weiss, Marmar, Schlenger et al, 1992) but do not provide any reflection on individual interpretation. However, explaining behaviours following war stress through medical categorisations I would argue limits our understanding of the complexity of experiencing war.

Warzones inherently risk personal safety on a daily basis and stimulate both biological and cognitive responses to threat that can impact on psychological wellbeing over many years (Bryant, 2006). The complexity of war stress is thus more likely to be a result of continual exposure to multiple traumatic events due to the unrelenting threatening context for the entire mission, be it military or humanitarian. Continuing after war, adaptive responses may continue to persist (see Chapters Four, Five and Six of this thesis). For example, it is not uncommon that unexpected events will trigger involuntary arousal and fragmented flashbacks of traumatic events and isolate the individual in self-destructive, high-risk behaviours for decades (Joireman, 2004; Leith & Baumeister, 1998; Tangney, 1991; Wilson, 2005).

Five main theoretical models posit how individual's recover from posttraumatic stress: a) traumatic experiences will need to be absorbed (Rachman, 1980), or; b) traumatic experiences will need to be integrated into the individual's schemas of the world and themselves (Horowitz 1986), or; c) that the individual will need to find new meaning for the shattered assumptions of their previous schematic world (Janoff-Bulman, 1989, 1992), or d) that the individual will require triggered exposure to create a cognitive network resolution (Creamer, Burgess & Pattison, 1992). Lastly, e) suggests that stress can be resolved to a lesser or greater degree according to personality, cognitive appraisal and social support (Joseph, Williams & Yule, 1995, 1997). As Joseph and Linley (2005) point out, these theories concentrate on resolution or completion of the cognitive-emotional response to trauma, without describing the

process that energises that completion or integration. The studies of this thesis explore these processes (see Chapters 5, 6, and 7).

The medical perspective perceives distress as a symptom of an underlying incapacity requiring treatment. It is seen as a negative and debilitating experience devoid of a role for psychological adjustment following trauma. While a personal illness narrative has served to provide a context for societal recognition of the individual exposed to war (Chatman, 1978), a medical narrative can reflect ongoing powerlessness for some veterans exposed to 'caretaker' betrayal in war, that may be mirrored in the interplay with post-war caretakers, namely, medical professionals and institutions (Frank, 1995). In an attempt to alleviate distress following major traumatic events the individual will likely initiate a search for understanding and meaning. However, if that distress is explained solely in a medical model of individual illness, governments and citizenry will remain excused from the betrayal of 'just war' rhetoric and critical judgement, and continue to isolate and disenfranchise individuals exposed to war (Doka, 2002; Harvey, 2002). Without a collective conscience intent on 'lessons-learned', the individual may struggle to make meaning of the horrors of war while societies remain uninformed of the political powers and interests at play that impacted on the individual at war.

2.6.2 *Alternative discourses of trauma*

Alternative discourses of trauma exist in addition to that explained by the medical model of psychiatry and clinical psychology. These offer behavioural and emotional responses from traumatic experiences from a

perspective that is inclusive of the individual's ecological context as opposed to a discourse of individual psychiatric dysfunction (Bracken, 2002; DePrince & Freyd, 2002; Doka, 2002; Harvey, 2002; Illouz, 2007, 2008; Maddux, Snyder & Lopez, 2004; McCormack, 2009; Shay, 1994). In particular, several theories of growth promote alternate discourses for the role of trauma that appreciate the individual's capacity for positively redefining traumatic experiences. An effective and coherent narrative provides the opportunity for an individual to move on in a growthful manner (Hunt, 2010). It is this idiographic standpoint, that of individual meaning making through interpretative describing, that motivates this thesis.

For example, Roger's (1964) organismic valuing process theory along with Deci and Ryan's (1985) self-determination theory are leading approaches on psychological well being and ultimately growth, following exposure to adversity or trauma. Rogers (1959; 1964) describes the centred, in-tune, and fully-functional organism that is still in progress, while Deci and Ryan (1985) provide the theoretical perspective for combining both self-valuing and a nourishing environment for continuing growth and optimal functioning to occur. Joseph and Linley (2005) have developed an organismic valuing theory of growth through adversity, based on Roger's (1964) organismic valuing process theory (OVP), recognising that there are many possible ways of dealing with exposure to stressful and traumatic experiences that may or may not lead to growth. They identified four theoretical models that provide an understanding of how PTSD symptoms can be reduced and which they

feel shape their theory of growth. Acknowledging transformational experiences from adversity from the disciplines of literature, philosophy and religion, those four theories: a) a need to integrate new trauma-related information to give completion (Horowitz 1982, 1986; Rachman, 1980; Creamer et al., 1992); b) vulnerability versus growth factors in the post-trauma phase which leads to assimilation or accommodation (Hollon & Garber, 1988; Janoff-Bulman, 1992); c) how the event is comprehended and incorporated as significant or not (Calhoun & Tedeschi, 1998, 1999; Janoff-Bulman & Frantz, 1997), and; d) psychological wellbeing as opposed to subjective wellbeing (Keyes, Shmotkin, & Ryff, 2002; Ryan & Deci, 2001, Linley & Joseph, 2004); describe psychological adjustment following adverse threatening events.

However, although Joseph and Linley's (2005) OVP theory of growth incorporates these theories of PTSD and explains the individual differences in adjustment and recovery from exposure to adversity or trauma, it also advocates that the direction of recovery and growth will innately lie within the individual's ability to define their own psychological well being. Loevinger (1976) speculated that individuals grow when they are exposed to interpersonal environments that are more complex than they are. This would fit with an integral assumption of Joseph and Linley's (2005) OVP Growth Theory (2005) that for a person to continue to actualise following exposure to threat, unconditional positive regard during childhood culminating in healthy self regard and ongoing actualisation at the point at which they perceived, experienced or witnessed threat, will need to be in place. Accordingly, when adverse

situations and contexts challenge the individual, those resources nurtured over time may well be triggered in a more focused and conscious manner.

Conversely, it can be expected that individuals whose self regard and actualising processes are poorly developed are more vulnerable to a less-positive development in the face of adversity. Over the last two decades, very valuable research into posttraumatic stress and its sequelae has tended to lead psychologists to see psychological growth as an aftermath of psychopathology rather than an organismic valuing process (Rogers, 1964) or self actualisation (Maslow, 1968) responding as necessary to that which triggers responses or threatens the organism. The *organismic valuing process* (OVP) is reflected in Maslow's (1943) words "that a whole is meaningful when a demonstrable, mutual dependency exists among its parts" (p. 529). Maslow (1954) was describing the regulatory system inherent in the organism's valuing process which seeks congruence between social environment conditions and self concepts; the development of self regard born out of others' unconditional regard.

For optimum psychological wellbeing to persist the growth process must continue to be stimulated and consciously pursued (Joseph & Linley, 2005). Like building blocks, optimum potential is dependent on psychological wellbeing rather than subjective wellbeing being achieved at each challenge to the individual (Durkin & Joseph, 2009). An individual who stabilises their distress state with subjective wellbeing may in fact increase in vulnerability with each life adversity. Thus, subjective

wellbeing as an outcome alone may in fact decrease the OVP and increase vulnerability.

More recent growth theories posit that for successful integration of trauma-related information at a personal level, an individual must find personal significance and comprehensibility in their current life (see Joseph & Linley, 2008). As such, both independent dimensions, positive and negative assessment of war must be acknowledged if growthful adaptation is to occur (Aldwin, Levenson & Spiro, 1994; Fontana & Rosenheck, 1998; Schok, Kelber, Elands & Weerts, 2008; Spiro, Schnurr & Aldwin, 1999). Research and therapeutic interest in the positive psychological changes following trauma has the potential to advance understandings of human functioning that may have applications in many fields of human health and endeavour. Approaches to clinical application stands to gain much from understanding growth and the individual's adaptive capabilities following trauma given the limitations of prescriptive therapeutic efforts to treat psychological trauma. Instead of research and practice focusing on efforts to diminish symptoms of distress, sourcing the power of the individual to innovatively and creatively redefine their distress may offer a more collaborative and person-centred approach to therapy.

2.7 Relational implications of war trauma

While theories of growth have spawned increasing research into growth following trauma, there is currently no idiographic research into the negative or positive 'lived' experience of being the spouse or partner of

an individual who has suffered protracted distress following involvement in war. The impact of being vicariously exposed to war over decades in an intimate relational role is a further extension of the research reported in this thesis.

2.7.1 *War and sexual intimacy*

For many young soldiers, their first sexual encounter occurred during active military service coinciding with the developmental stage of adult relationship intimacy (Erickson, 1968; Shay, 1994; 2002). Unfortunately, sexual encounters laced with the adrenaline of danger or driven by hope of rescue in the immediacy of a doubtful tomorrow interrupt the normal development of reciprocal intimacy (Shay, 2002). Sometimes wartime liaisons result from a desperate need to be related to or nurtured by another. Sometimes the feelings of fear, anger, grief and betrayal in war result in soldiers engaging in prostitution and even violent sexual encounters that temporarily relieve anxiety and tension (Matsakis, 1996). Unfortunately, the intensity of wartime encounters can result in insatiable post-war sexual activity, avoidance of intimacy, or torment minds with intrusive recollection for years providing the scenario for marital conflict and failure (Matsakis, 1996; Shay, 2002).

2.7.2 *Post war marital attachments*

Irrespective of whether such experiences are part of their war narrative, many veterans do get married. Yet for many there are likely to be complex and often unrealistic expectations in forming secure adult attachments as well as complex psychosocial challenges (Basham, 2008; Busuttil & Busuttil, 2001; Hill, 1949; Howard, 1975; Oboler, 1987).

Longitudinal data from military marriages are rarely collected (Karney & Crown, 2007). An extensive search has failed to find any research that specifically brings understanding to why some wives and partners, despite risk of secondary or vicarious trauma (Figley, 1995), remain in marriages where combat-related stress challenges both partners' mental wellbeing. Furthermore, research concerning longevity of marriages that occurred before, during and after deployment has produced conflicting and mixed outcomes and tends to focus on patterns within the United States military culture limiting cross-cultural understanding. Additionally, retrospective reports are hampered by the biases of recall over time with cross-sectional data often unable to separate the effects of combat exposure from the effects of individual vulnerabilities. The constraints and assumptions of traditional empirical research prevent the in-depth exploration that an idiographic investigation can exploit. As a consequence, the research reported in this thesis seeks the individual interpretation of a life 'lived' vicariously by Australian wives of veterans over decades (see Chapter 7).

Ruger, Wilson, and Waddoups, (2002) estimated military combat in any war between 1930 and 1984 more than doubled the risk of subsequent marital dissolution. This is similar to Hutchinson and Banks-Williams (2006) who suggested that the divorce rate for veterans is 62% greater than civilian divorce rate including veteran populations from the Korean, Vietnam and Gulf wars. Specific studies with Vietnam veterans reveal a direct association between combat exposure and marital distress inferring trauma as the mediating variable (Kulka et al., 1990; Laufer &

Gallops, 1985; Stellman, Stellman & Sommer, 1988). However, Call and Teachman (1991; 1996) criticised controls and sampling in many empirical studies that focused on the negative impact of combat on marriage. Controlling for age at marriage and other demographic variables, they found no increased risk of divorce among veterans who married prior to or during their service in Vietnam and in fact found that serving personnel either did not differ or had lower rates of divorce than those who did not serve. Further they suggested that service had a positive effect on veterans' family stability (Call & Teachman, 1996).

Research conducted since the end of the Vietnam War has not supported Call and Teachman's (1991; 1996) findings. Rather, unforgiving, invalidating and disinterested societal attitudes following the Vietnam War contributed to alienation from friends, poor self-esteem and debilitating primary and secondary traumatic stress reactions in veteran families (Basham, 2008; Figley, 1995; 1998; 2005; McCormack, 2009). In the struggle to reintegrate, hostility and intimate partner violence in the short term, and chronic mental health disability in the long term, are well documented (Dekel & Solomon, 2006; Jordan, Marmar, Fairbank et al., 1992; Marshall, Panuzio & Taft, 2005; McCormack, 2009; Nelson Goff & Smith, 2005; Riggs, Byrnes, Weathers & Litz., 1998; Roberts, Gearing, Robinowitz et al., 1982). In particular, and as previously discussed, feelings of shame from personal acts or association with others' immoral actions during war triggers withdrawal into self-blaming and narcissistic behaviours to camouflage fragility (Joireman, 2004; Leith & Baumeister, 1998) and to deflect disapproval and rejection (Dickerson, Gruenewald &

Kemeny, 2004; Keltner & Beer, 2005; Littleton, Axson, Radecki Breitkopf & Berenson, 2006). As such, partners and children feel rejected, interpreting the numbing/detachment cluster of post combat trauma responses in particular as indifference and disinterest (Samper, Taft, King & King, 2004).

Increasingly research has shown that families traumatised by exposure to war struggle in isolation, have parenting issues, feel constantly anxious and can have attachment insecurity (Dekel & Solomon, 2006; Hutchinson & Banks-Williams, 2006; Westerink & Giarratano, 1999). Adults, like children, turn to their preferred attachment figures such as partners or close friends to regulate their affect following distress (Bowlby, 1960; Hazan, Gur-Yaish, & Campa, 2004). However, if one or both partners have been traumatised they are likely to display preoccupied or unresolved/disorganised attitudes within their relationships unable to show the flexibility and bi-directionality of secure attachments. Fortunately, secure attachment in one partner has been found to mitigate conflict and insecure patterns of interaction allowing for relationship-specific secure attachment (Creasey & Ladd, 2005).

Nevertheless, wives and partners' can either buffer against reconciliation of traumatic memories by providing a safe haven that perpetuates avoidance of traumatic memories, or provide a main effect support that allows the sharing of experiences through narrative bringing meaning to traumatic memories (Cohen & Wills, 1985; Hunt & Robbins, 2001b; Burnell, Coleman & Hunt, 2006). However, such empathic willingness to feel the pain of others, while attempting to maintain

personal identity and sense of self (Frankl, 1959; Lantz, 1993) may contribute to vicarious trauma (Dekel & Solomon, 2006; Figley, 1995). That dichotomy and whether domains of growth are facilitated by such distress are central to the research reported in this thesis, particularly in Chapters 5, 6 and 7.

2.7.3. Secondary/Systemic trauma theory

Systemic trauma theory (Figley, 1998) explains how close and long term contact with emotionally-disturbed persons may have a contaminating effect resulting in chronic stress and emotional problems that mirror the primary trauma symptoms of the victim (Figley, 1998). Figley describes systemic or secondary trauma theory as contamination through empathy and emotional support for a significant other traumatised person. The partner's posttrauma responses result from indirect rather than direct exposure to the traumatic event. This phenomenon is variously known as *compassion fatigue*, *secondary traumatic stress* and *vicarious trauma*. Transmission is linked to the carers' susceptibility to emotional contagion followed by emotional distancing in response to feeling overwhelmed by the enormity of the task of caring (Figley, 1995). However, research into length of marriage or relationship and its influence on the development of secondary trauma or growth in veteran wives or partners is scarce.

What research there is recognises that there are great expectations on wives to maintain equilibrium in the family, and moderate, negotiate and compensate for the emotional needs of children (Dekel, Solomon & Bleich, 2005; Lyons, 2001; Solomon & Shalev, 1995; Matsakis, 1996).

Similarly, resentment over their inability to control or 'cure' their husband has inhibited many from boundary setting and led to a reiterative cycle of avoidance by the husband and over-functioning by the wife providing an environment for exhaustion, burnout and vulnerability to poor mental health in the wife (Dekel et al, 2005; Harkness & Zador, 2001; Lyons, 2001). Many suffer the same symptoms of primary traumatic responses. (Bell, 2003; Ben Arzi, Solomon, & Dekel, 2000; Dekel et al, 2005; Dirkzwager et al, 2005; Frančišković, Stevanović, Jelušić, et al, 2007; Galovski & Lyons, 2004; Lyons 2001).

Frančišković et al (2007) found that wives of Croatian war veterans most likely to meet diagnostic criteria for secondary posttraumatic stress were married longer and unemployed and may have been influenced by long exposure to a life task of dedicated caretaking. Women who knew their husbands prior to the war and carried the burden of anxiety and uncertainty during the war struggled to reconcile the man they knew pre-war with the changed and distant man post-war (Frančišković et al, 2007). Yet Dekel et al (2005) found that working and having known their husband prior to the war was helpful for many wives whose veteran partner was diagnosed with posttraumatic stress disorder (PTSD). They were however still at increased risk of developing their own mental health problems by association.

Vicarious shame and guilt as well as secondary trauma may simply occur through hearing the stories of war as they arise between couples (Lickel, Schmader, Curtis et al., 2005). Furthermore, many wives tend to feel responsible for not only the care of their husbands but guilt that they

may have caused his problems and are unable to heal the veteran's emotional and psychological pain (Harkness & Zador, 2001; Lyons, 2001; Matsakis, 1996; Verbosky & Ryan, 1988). Shame on the other hand is felt through shared social identity with the actions of the partner (Lickel, et al, 2005). When both partners of a relationship struggle with guilt and shame associated with posttrauma stress, each can trigger or exacerbate the others' responses (Nelson Goff & Smith, 2005) including the perpetration of violence (Jordan, Marmar, Fairbank, Schlenger et al, 1992; Lambert & Morgan, 2009). As discussed earlier in this chapter, shame brought about by war can result from situations that bring into question personal moral integrity (Kaufmann, 2002; Shay, 1994) with rage a likely outcome at intimate others who then respond by further detachment and alienation (Tangney, Stuewig & Mashek, 2007; Shay, 1994; van Vliet, 2009). If unresolved childhood trauma and betrayal for either partner further impacts on this cocktail of distrust, insecure attachment and intermittent chaotic patterns of relating oscillate between avoidance, and explosive emotions and violence (Cassidy & Mohr, 2001; Fonagy, 1999).

When rage or violence are understood in the context of shame which motivates distance and avoidance, self loathing, loss of empathy, moral turmoil, anger and helplessness to repair others' transgressions (Lindsay-Hartz, de Rivera & Mascolo, 1995, Tangney & Dearing, 2002), lashing out with violence from either partner could be seen as an attempt to restore identity balance and externalise feelings of shame (Tangney, Wagner, Fletcher & Gramzow, 1992; Wilson & Droždek, 2006). In a sense the

wife of a Vietnam veteran may feel betrayed. Although her husband may appear to her to be present in body, his psychological detachment can cause a crisis of meaning similar to that of unexpressed grief. Her basic core beliefs of the world may be threatened (Hogan & Schmidt, 2002; Janoff-Bulman, 1989; Thompson & Janigian, 1988) including the belief that the world is just and that individuals receive and deserve the outcomes they get (Lerner, 1980). As such her grief over lost expectations and companionship may leave her emotionally disenfranchised on the one hand but feeling undeserving and self blaming on the other. A repetitive cycle of alienation, loneliness, abandonment and further unworthiness may keep her trapped in her own shameful psychological distress and unworthy behaviours (Doka, 2002; Harvey, 2002; Kaufmann, 2002).

However, in considering the psychosocial impact of military service on individual lives, sexual and family relationships an alternate discourse of interpretation to that of the medical model can seek to shed light on the hermeneutic and growthful possibilities individuals bring to traumatic, painful and chronic life events over a lifetime trajectory. The phenomena of growth following vicarious trauma in wives of Vietnam veterans is explored in this thesis (see Chapter 7). Similar to the veteran, partners may attract a pathological explanation for their distress or seek meaning through a phenomenological understanding. That alternate philosophical discourse can be found in a small but growing literature describing the positive experiences of trauma therapists. In the way that the posttraumatic stress literature gave rise to posttraumatic growth

literature, vicarious trauma as a stimulus for vicarious traumatic growth is beginning to emerge in the literature and is considered in the next section.

2.7.4 *Vicarious exposure in trauma therapists*

Vicarious exposure to the distress of others is also a consequence of providing therapeutic support for those returning from war and disaster and their families (Figley, 1995; Wilson & Lindy, 1994; Wurmser, 1987). "There is a cost to caring. Professionals who listen to clients' stories of fear, pain, and suffering may feel similar fear, pain, and suffering because they care ... ironically the most effective therapists are most vulnerable to this mirroring or contagion effect. Those who have an enormous capacity for feeling and expressing empathy tend to be more at risk of compassion stress" (Figley, 1995; p. 1).

Counter-transference in therapists is most commonly regarded as over-identification with the client to the point of meeting the therapist's psychological needs through the client (Gold & Nemiah, 1993). Consequently, a therapist's own past or present life experiences can infiltrate the therapeutic relationship (Johansen, 1993). The term 'burnout' has been coined to describe the loss of effectiveness and increased vulnerability over time. In the context of the trauma literature, there are numerous sources of burnout including cumulative exposure to the content of trauma therapy (Courage & Williams, 1986), erosion of idealism (Freudenberger, 1986) and feeling void of achievement (Pines & Maslach, 1980).

Working with the posttraumatic stresses of war, particularly any narcissistic defences of shame can be a considerable personal challenge and requires commitment. Despite such risks to wellbeing, therapists have the opportunity to facilitate transformative growth out of war trauma influencing the mental health of both the primary sufferer and those family members often vicariously contaminated by society's disinterest or invalidation. A small amount of research suggests that vicarious exposure in therapy can impact positively on the psychological wellbeing of both the therapist and the client. For example, Pearlman and Saakvitne (1995) found that although therapeutic work can alter the therapists' basic schemas of trust, safety, personal control, attachment, and esteem for others, their effective responses can aid the healing of trauma narratives. Therapists themselves have reported personal benefits and positive changes stating that they had grown spiritually, experienced increased recognition of personal strengths, became more self confident, sensitive and compassionate, and more appreciative of relationships (Arnold, Calhoun, Tedeschi & Cann, 2005; Brady, Guy, Poelstra & Brokaw, 1999; Linley, Joseph & Loumidis, 2005; Pearlman & Saakvitne, 1995; Schauben & Frazier, 1995).

2.8 Defining the domains of growth

Empirical measures have been developed to articulate domains of posttraumatic growth. These compilations of scales and measures assess wellbeing, happiness, thriving, resilience, and human coping and change, following trauma or adversity. To date, there are seven published

instruments that attempt to directly measure positive responses to adverse or catastrophic events, or post trauma growth.

Joseph et al (1993) developed the Changes in Outlook Questionnaire (CiOQ) a 26-item measure that considers both positive and negative perceived changes; Tedeschi and Calhoun's (1995, 1996) 21-item inventory with five subscales, the Posttraumatic Growth Inventory (PTGI) measures dimensions of relating to others, new possibilities, personal strength, spiritual change, and appreciation of life; the Stress-Related Growth Scale (SRGS) developed by Park, Cohen & Murch (1996) is a 50-item measure of psychological growth following a stressful experience; a combination of the SRGS (15 items) and the PTGI (3 items), with two items added by the authors, Abraido-Lanza, Guier & Colon (1998) resulted in the Thriving Scale (TS); and the Perceived Benefit Scales (PBS) has both positive and negative items but only scores the positive (McMillen & Fisher, 1998). Of these, the positive subscales are enhanced self-efficacy, increased community closeness, increased spirituality, increased compassion, increased faith in people, lifestyle changes, enhanced family closeness, and material gain. In 2001, Armeli, Gunthert and Cohen revised the SRGS (RSRGS) producing a 43-item instrument with eight subscales which assesses affect regulation, religiousness, treatment of others, self-understanding, belongingness, person strength, optimism, and life satisfaction. Lastly, an Illness Cognition Questionnaire (IGQ) looks at the adaptive function of acceptance and perceived benefits for long-term physical and psychological health (Evers, Kraaimaat, van Lankveld et al., 2001).

These scales have been developed from populations including, college students, a shipping disaster, and medical illness but as yet the domains of growth that may be associated with populations who have survived war, genocide or humanitarian disasters are unknown. The negative effects of war and genocide though powerful influences on posttraumatic distress, may also be catalysts for positive change and posttraumatic growth. This thesis explores domains of growth that may be relevant to this population (see Chapters 5, 6 and 7).

2.9 Stimulants to growth from war distress

As mentioned, there is a wealth of literature on the power of shame to impact negatively on the individual. From a positive perspective, shame is believed to be a mark of humanity to motivate avoidance of unethical behaviour (Elshtain, 1995; Schneider, 1977; Thrane, 1979). Feelings of shame can motivate future situations positively, and is strongly related to personal ideals of self identity, thereby drawing criticism of therapeutic culture's attempts to banish it (Elshtain, 1995; Thrane, 1979). Despite its powerful ability to stimulate a critique of personal values and self disgust, it also stimulates the seeking of authenticity through reformation, readjustment of ideals, and even humour, willing us to seek not forgiveness but acceptance, justice, morality and personal growth (Schneider, 1977; Thrane, 1979).

Schneider (1977) and Thrane (1979) emphasise the role of shame in promoting the growth of individuation and maturity. Despite the narcissistic defences and self destructive high risk behaviours that can result from shame (Joireman, 2004; Leith & Baumeister, 1998; Tangney, 1991; Wilson, 2005; Wurmser, 1987), it is also seen as a virtue (French, 1989) which stimulates individual moral integrity and social justice (Solomon, 1989). Without 'healthy' shame there is the likelihood that violation of our values will go unrecognised (Ben-Ze'ev, 2000) and that an individual will forfeit an opportunity for positive personal change (Nathanson, 1987). Feelings of shame act to moderate our actions independent of moral reasoning (Hyde, 2001) and effectively cultivate reciprocal and reparative communication with self and others (Johanessen, 2002).

In consideration, shame by association as opposed to personalising shame offer two different pathways for understanding how acts of betrayal combined with disenfranchised grief impact on the ability to retaliate in the face of injustice or remain inactive and blame self. However, despite evoking painful distress through either pathway, it can be a powerful tool for the moral agents of humility - sincerity and fairness - to facilitate self reparation and self valuing authenticity (Andre, 2002; Ashton & Lee, 2008; Heim, 2009).

Humility was described by Bernard of Clairvaux in the 12th Century (Burch, 1940) as engendering mercy through observing one's own wretchedness and learning to love that weakness in a sad rather than joyous manner (Burch, 1940). Thus sympathy and love would be

extended to others in reciprocal altruism and autonomous self respect. Buddhist thinking also values humility as a virtue for honest self-assessment (Heim, 2009). This viewpoint regards humility not as low self esteem but truthful self appraisal (Andre, 2002). Having a low opinion of oneself may simply reflect a realistic and honest evaluation of skills while at the same time maintain good self esteem. In other words, it encourages compassion to self, promotes greater resilience, wisdom and personal growth while accommodating limitations and vulnerabilities.

Pre-Christian Aristotelian philosophy aligned eudaimonic happiness or wellbeing with virtuously living in accordance with true self while hubris, thinking too highly of oneself, was considered a vice (McLeod-Harrison, 2005). Humility leads to sincere and fair interpretation of one's potential and place in the world while aiming for human perfection by thinking no more highly of oneself than is justifiable. Therefore humility can provide the conduit for honest self evaluation that allows the development of one's potential while moderating self efficacy. This may be particularly important to those exposed to traumatic events and their engagement with intimate relationships post event as honest and conscious awareness of affect states between couples following distress allows reflection and meaning making to occur (Basham & Miehl, 2004).

Gratitude, a personal trait that values and appreciates the positive in life, is known to mitigate negative consequences and posttraumatic stress responses after war when received from society (Burnell, Coleman & Hunt, 2006; Hautamäki & Coleman, 2001). It is strongly related to many aspects of psychological wellbeing and appears to lead to lower levels of

stress and depression over time (Wood, Joseph & Maltby, 2009; Wood, Maltby, Gillett, Linley & Joseph, 2008). Rather than focusing on momentary hedonistic pleasure, gratitude appears to promote motivation, daily self-regard and the pursuit of social activities that are constructive, satisfying and rewarding leading to personal growth (Kashdan, Uswatte & Julian, 2006; Wood, Joseph & Maltby, 2009). Finding meaning after shameful association, alienation and psychological distress following war, genocide and humanitarian disasters may depend on the emergence of humility and gratitude. Humility and gratitude are aspects of psychological growth that have not been traditionally defined or included in empirical studies of growth.

2.10 Summary

The research reported in this thesis aims to understand both negative and positive meaning making out of the experiences of war, genocide and humanitarian disaster. Current theories of posttraumatic stress have spawned interest in the human potential for redefining adversity that aligns to modern theories of self actualisation, psychological wellbeing, and growth (Joseph & Linley, 2005; Tedeschi & Calhoun, 1995; Rogers, 1963; Ryan & Deci, 2000; Ryff, 1989). Growth is not the absence of posttraumatic distress but a positive redefining of self worth out of distress promoting psychological wellbeing rather than the affective states of subjective wellbeing (Joseph & Linley, 2008; Durkin & Joseph, 2009). Even when core values have been shattered, personal growth is possible out of adversity (see Joseph & Linley, 2008). It is suggested that growth is dependent on social support (Hogan, Greenfield &

Schmidt, 2001; Tedeschi & Calhoun, 1995; Ryff, 1989). This thesis is interested in whether growth is possible in the absence of validating social and intimate support post war, genocide or humanitarian disaster. If so, it seeks to understand what domains of personal understanding the individual brings to their lone journey for self reparation, authenticity and psychological wellbeing from either primary or vicarious exposure to the trauma of war, genocide or humanitarian disaster.

CHAPTER 3

Methodology

3.1 Methodological considerations

A positivist approach to research, which is associated with the principles and procedures of the natural sciences, is an epistemological position that has tended to dominate research paradigms in psychology. This paradigm is based on the philosophy that our preconceptions need to be set aside in order to identify objective facts based on empirical observations that are context free. Its focus is purely deductive and concerned with quantifying observable behaviour. Similarly, it seeks to establish generalisable laws from the sample to the wider population from identified statistical relationships between dependent and independent variables (Ackroyd, 2004.) Subjects are chosen using sampling techniques that are designed to eliminate potential sources of bias. Methods associated with the positivist paradigm include structured interviews and questionnaires, randomised controlled trials, systematic reviews and statistical analysis of official data.

3.2 Epistemology and for social research

However, can the social world be studied by the same principles and procedures as the natural sciences? Positivism is extremely difficult to pin down as it has no explicit epistemological commitment. Its researchers assert a variety of epistemological viewpoints. However, as the more dominant approach amongst research methods, it posits that

there is an external reality to which scientists direct their attention i.e. that there is a reality that is separate from our descriptions of it. Current debate around positivism raises questions of the appropriateness of the natural science model for the study of society, physical and mental health (Joseph, Beer, Clarke, Forman et al, 2009). In particular, the social scientist's interest in the individual within community and society I would argue is better understood through an interpretivist and idiographic perspective as not all that we wish to explore is observable. By returning to these early roots of psychology and research philosophies the social scientist has the opportunity to bring understanding to individual experiences. By exploring idiographic interpretations using qualitative research methods, a researcher gains insights into subjective meaning making rather than objectifying the unique relationship between individuals and their world.

Historically nomothetic empiricism came under criticism throughout the 1980's and 1990's, providing the platform for two relatively new philosophical positions, relativism and realism, to be adopted with increasing frequency (Easton, 2002). Edwards and Potter (1992) developed a qualitative *discourse analytic* approach which focuses not on the meaning individuals bring to events but in deconstructing expressions and conversations as a way of understanding social interactions. This *critical relativist* approach explores multiple realities through a discursive construction of reality. As such, all knowledge is relative to its time and place (Easton, 2002) with concepts such as right and wrong, goodness and badness variable according to situations and culture.

In contrast, a *critical realism* approach is very different to that of *critical relativists*. In fact *realists* view *relativists* as socially restrictive, inhibiting exploration into what goes on inside the person. *Critical realists* focus on subjective interpretation of phenomena, language systems, meaning systems, symbolism, and the interactions between them. This inductive focus stands in contrast to the deductive focus of positivism that objectively observes the relationship between cause and effect.

The *critical realist* approach attempts to establish that in order for scientific investigation to take place, the object of that investigation must have flexible, internal mechanisms that can be actualized to produce particular outcomes. It seeks an interface between the natural and social worlds that is forever changing. Research adopting this approach is concerned with the individual experience expressed through talk, understanding, describing, interpretation, and meaning making. Generalisability is not important. *Critical realists* stress the importance of alternative subjective positions and different ways of making sense of the world (Blaikie, 1991) and thus draw on interpretative qualitative methods.

Interpretivist heritage includes Weber's (1924) notion of *Verstehen* which encompasses hermeneutic-phenomenology and symbolic interactionism discussed further in this chapter. *Verstehen* is concerned with 'going back to things themselves' and making meaning: that is, people act towards things according to the meaning those things have for them. He spoke of gaining 'understanding' of the meaning social actors bring to the social action through their unique interpretations. Philosophical differences thus exist between the positivist emphasis on

the *explanation* of human behaviour, and the *understanding* of human behaviour from an interpretivist perspective.

3.3 Dialogue between methodologies

Many quantitatively trained researchers particularly in the area of health have begun to broaden their skills recognising that good qualitative data and analysis can be a challenge to quantitative assumptions. They recognise the value of dialogue between the specifics of qualitative analysis and the generalisations of quantitative analysis. Similarly, there is recognition that there are limitations in addressing many significant questions in the human realm through objective and context-free methods (Polkinghorne, 1983) particularly when researching complex life experiences. This will be further discussed in Chapter 8.

Interpretative qualitative paradigms that sit within a critical realism position include symbolic interactionism, phenomenology, ethnography and hermeneutics all of which describe the way in which the world is socially constructed, interpreted and understood (Blaikie, 2000). Such investigations require an intense and vital interaction between the researcher and the participant (Philip, 1998). Because of this their ontological and epistemological approaches often pose philosophical challenges to researchers more used to explaining cause and effect. However, when the researcher is clear about the philosophical underpinnings, and adopts openness to iterative exploration, the data driven qualitative approach can provide complementary perspectives to quantitative research. Participants are selected on the basis of how useful

they are likely to be for the pursuit of the inquiry through a purposive or theoretical sampling approach. They are actively sought because their views are not necessarily representative of the general sample (Goering & Streiner, 1996; Strauss & Corbin, 1998). As such they are not random samples. Methods of qualitative exploration include semi-structured or unstructured interviews, focus groups, textual analysis and ethnographic case studies.

Before describing the method chosen for this thesis, some understanding of my own ontological stance is necessary. How we think about a topic (ontology), what we think can be known about a topic (epistemology), followed by how we think it can be investigated (methodology and research techniques), and the theories that can be constructed, is important to any research outcomes. From my own perspective, a critical realist approach which argues for the material presence of the social and natural world outside our knowledge of it provides a platform for phenomenological exploration of complex subject areas. Critical realism is a philosophy of 'perception' allowing an ongoing process of understanding and a critical reflection of a real world where unobservable realities exist. Unlike various forms of naive or empirical realism, critical realists accept that there is no theory-neutral observation, description, interpretation, or explanation. 'Interactionists' make explicit their use of values in choosing what to study while striving to be objective. It therefore aligns well with phenomenological, hermeneutic and idiographic studies seeking meaning making such as this study.

According to the critical realist perspective, access to the world is always mediated. It is therefore a comfortable fit with symbolic interactionism, the theoretical perspective underpinning IPA: 1) people act towards things based on the meaning those things have for them; 2) These meanings are derived from the social interaction; and 3) meaning is fluid and ambiguous and modified by interpretation. Together, critical realism and symbolic interactionism created a philosophical and theoretical perspective for using IPA in this study. Unlike Grounded Theory which aims to generate theory from data in the process of conducting research, IPA allows the researcher's perspective to be brought to the table. In this study I was seeking perspectives of personal growth, as well as distress, out of adversity.

3.4 Interpretative Phenomenological Analysis (IPA)

The qualitative method, Interpretative Phenomenological Analysis (IPA) is the method used in this thesis. It is a critical realist approach, developed by Jonathan Smith (1996). It offers psychological researchers the opportunity to contribute to our understanding of theory through a double hermeneutic focus as will be discussed. This iterative dyadic method places emphasis on the researcher striving to make sense of the participant striving to make sense of their world (Smith & Osborn, 2003). However, if researchers fail to understand its philosophical underpinnings they risk conducting a qualitative method from a positivist perspective.

3.4.1 *Philosophical underpinnings of IPA*

3.4.1.1 *Phenomenology*

Phenomenology is a philosophical movement and underpins phenomenological methods such as IPA. In psychology it is concerned with subjective experience or existence itself in relation to phenomena. It is defined by qualities of directedness, embodiment, worldliness evoking the term "Being-in-the-World" (Spinelli, 2005). Fundamentally, social reality has a meaning for human beings and therefore human action and interaction is meaningful. Phenomenologists aim to access the perspective of the individual from their own interpretation of their world.

The nature of phenomenology requires researchers to retain a wonder and openness to the world while reflexively restraining personal biases and pre-suppositions as they explore individual stories. Whereas a biography reports the life of a single individual, a phenomenological study describes the meaning of the 'lived' experiences of the topic under investigation. This can be either an individual as in a case study, or several individuals. Phenomenologists explore the structures of consciousness in human experiences (Polkinghorne, 1989). Its roots are in the philosophical perspectives of Edmund Husserl (1952/1980) and branches out to the critical thinking and philosophical discussions of Heidegger (1927/1962), Sartre (1958/2000), and Merleau-Ponty (1962/1945). It has been used especially in sociology (Borgatta & Borgatta, 1992), psychology (Giorgi & Giorgi, 2008; Polkinghorne, 1989, 1994), nursing and the health sciences (Nieswiadomy, 1993), and education (Tesch, 1990).

Husserl (1952/1980), a German mathematician, wrote about phenomenological philosophy throughout his life. According to Husserl, a

researcher should seek to find the 'essence' or the underlying 'meaning making' of the experience that individuals bring to their consciousness. Those experiences, both the outward appearance and the inward consciousness are based on memory, image, and meaning. Therefore, according to Husserl (1952/1980) analysing phenomenological data is a method of reduction to specific statements and themes in search for all possible meanings. Husserl (1952/1980) articulated reduction as a radical, self-meditative process that the researcher engages in to 'bracket' separately both the natural world and the interpretative world so that the essence of the phenomenon could shine through. He talked of 'bracketing', or setting aside all prejudgements from our experiences to allow the researcher to rely on intuition, imagination and universal structures, and reflexively arrive at a picture of the experience. The understanding of the phenomenon being presented requires the researcher to intuitively search for consistent or fundamental meanings.

Discernible from Husserl's writings on phenomenology is:

1. A return to the traditional tasks of philosophy away from empirical 'scientism' to search for wisdom and meaning.
2. A philosophy in which judgement is suspended, (or *epoche* as Husserl called it) until supported by more solid evidence.
3. The intentionality of consciousness: i.e. the reality of something is inextricably related to one's consciousness of it. According to Husserl reality is not divided into the Cartesian duality of **subjects and objects** in that the immaterial mind and the material body

causally interact; but to the **meaning of an object** as it appears in consciousness. Heidegger later referred to this as *Dasein* – ‘being in the world’.

4. Flowing naturally from this intentionality of consciousness, the meaning of the experience according to the individual lies in their perception of an object as real.

Moustakis (1994) believed:

“... to determine what an experience means for the persons who have had the experience and are able to provide a comprehensive description of it. From the individual descriptions, general or universal meanings are derived, in other words, the essences of structures of the experience”. (p. 13).

3.4.1.2 Phenomenology and Interpretation

Heidegger (1927/1962), an existential and hermeneutic philosopher, and student of Husserl, introduced challenges to this reductive process. He was part of the recasting of phenomenology, elaborating existential and hermeneutic dimensions as well as reaffirming the importance of the earlier philosopher’s historical/cultural context. He referred to these existential and hermeneutic dimensions as ‘embeddedness’ in the world. In addition, Heidegger saw *interpretation* as inevitable to the meaning of ‘being-in-the-world’. Thus, interpretation he viewed as interpretative movement between the participant’s past and present - openness to being transformed by wonder in the face of the world (Gadamer, 1983).

The researcher on the other hand must also provide openness that is empathic. At the same time they must constantly embrace the concept of reflexivity as a means of critically interrogating the impact of their own subjectivity and knowledge of the subject on the investigation. Dahlberg, Dahlberg & Nystrom (2008) explains the researcher's position:

"Researchers should practice a disciplined kind of interaction ... with their phenomena and informants, and 'bridle' the event of understanding so that they do not understand too quickly, too carelessly or slovenly, or in other words, that they do not make definite what is indefinite" (p. 130).

In essence, scientific theories, knowledge, explanations and beliefs should be set aside. The truth or falsity of claims being made by participants, and the personal views and experiences of the researcher, need to be carefully extracted and thoroughly investigated. The stance of the phenomenological approach is best described as an attitude-of-wonder that is extremely empathic.

There is an argument that the researcher's personal views and experiences should be reflected upon as an important first step of the research process (Collaizze, 1978). Wertz (2005) regards self-reflection as something that should be engaged with, but questions when and how. My own personal experience throughout this investigation is that this should be continued before and during interviews, and during analyses.

Summarising Heidegger's approach to phenomenology he proposed:

- That bracketing though an ideal, may be impossible to do while unravelling meaning. He suggested that researchers' assumptions will be ongoing and should be left to occur automatically.
- That a researcher cannot look at something without looking at the experience in context. "Being in time" was the phrase he used to explain that it is not possible to remove the time perspective from an experience. Although explaining is avoided there is however a need to interpret as well as describe. *Dasein*, meaning 'existence' in German, is used to describe what it means to exist in the world. It reflects the intrinsic relationships individuals have with the world in which they live.
- Phenomenology is not limited by description but is dynamic and an ongoing interpretation guided by an existential stance.

3.4.1.3 *Shifting dynamics of phenomenology and hermeneutics*

The difference between Husserl and Heidegger is that Heidegger saw limitations with descriptive phenomenology. His view of phenomenology as interpretative and existential embraces hermeneutics which originated as a way to interpret religious text. This inclusion of hermeneutic interpretation led by Merleau-Ponty (1962/1945) and Heidegger allows for the researcher to engage in reflexivity. By continually seeking to-get-back-to-meaning-making, the researcher is constantly striving for distance from pre-understandings and personal interest so as to allow critical and reflexive interrogation. Like peeling an onion, there is a

constant peeling away of what is visible, revising interpretation, and again peeling away what is newly visible.

3.4.1.4 *Hermeneutic Enquiry and Circle*

Engaging in this hermeneutic enquiry occurs through the understanding of language. It is a negotiated understanding through conversation to reveal the 'things themselves'. Again, the subjective positioning will be enabled or limited by pre-judgements or 'horizons' brought to the enquiry. Gadamer (1983) describes horizons as our 'bubble' of experiences. These experiences often overlap as mutual understandings with the participant and are recognised within the hermeneutic circle as contributing to multiple ways of interpreting experience. This reflexivity is not 'bracketing' but an opportunity for the researcher to consider the impact of their feelings in response to what they are hearing. There is a need to manage personal emotions in response to this interactive experience and to acknowledge that we are already interpreting once we have experienced.

3.5 Conducting IPA

IPA is a suitable phenomenological method when perceptions and understandings of a particular situation are sought particularly those that are: a) complex, b) poorly understood, or c) previous unexplored. Such issues include war, disaster, or genocide that have either created a critical crossroad or impacted significantly on the participant's life. The research question is often led by new theoretical concepts as yet

untested around the subject matter being explored, or where aspects of the theory are as yet uncharted.

IPA does not follow strict steps or predetermined formulas, but is intent on prioritising rich, idiographic accounts through semi-structured interviews. It provides a set of flexible guidelines, adaptable to research aims (IPA; Smith, 1996, Smith, Flowers & Osborn, 1997; Smith & Osborn, 2003; 2008). Closely aligned theoretically with cognitive psychology (Smith, 1996), it is a process of empathically striving to understand the complex interweaving of expressed language, thinking and emotions through a double hermeneutic approach. Like cognitive psychology the aim of IPA is to disentangle an individual's thoughts (cognition), words (story) and actions (behaviour). It addresses the science of experience, that is, the relationship between that which exists outside our minds (objectivity) and the thoughts and ideas individuals have about reality (subjectivity). As such the researcher seeks to describe rather than explain.

However, in the initial stages of using IPA, the researcher is well advised to follow Smith's map to develop an understanding of the 'spirit' of IPA as they develop their own style. Smith (1996) describes these stages as signposts that allow the individual researcher the confidence to develop their own interpretative sensibility and flourish as an analyst through practice. Furthermore, he argues that through the art of quizzical rather than formalised questioning, the researcher facilitates the participant's ability to bring to consciousness and visibility that which may have remained invisible.

Similar to person-centred psychology the focus of this method is on the participant as the experts in their own life with the interviewer encouraging them to explore their personal perceptions around events. It is an idiographic approach to gain a detailed understanding of the individual's personal world through a process of interpretative activity between the researcher and the researched. Both are engaged in shared reflexivity with the experiences of the past witnessed in present time (Smith, 1996). Thus there is an interpretative framework whereby within the process of IPA the relationship between the individual's perceptions of meaning, and the researcher's attempts at making sense of such perceptions, are recognised. In using IPA as the method, the focus is on a non-directing style of questioning rejecting hypotheses in preference for open-ended questions. However, the subject being explored can be grounded in a relevant theory for further exploration.

Smith (1996) describes good IPA as similar to case law in that it can offer deeper interpretations and influence generalisations. He talks of 'hot' cognitions as opposed to 'cool' cognitions as the essence of good IPA research. With 'hot' cognitions there is no sense of closure related to the individual's ability to engage with their experiences. Even though the experiences are in the past, the reflection and engagement with the events is going on during the interview as a present 'lived' experience. Some of the best IPA is regarded as someone struggling in real time while the researcher is witness to the drama being played out. It is emotionally laden, not detached. The facilitation and openness of the interviewing techniques are paramount.

As a *critical realist* qualitative methodology IPA assumes that objectively knowable or mind-independent phenomena happen that individuals are unable to access directly, but which can be acknowledged through the roles of perception and cognition. Therefore it looks at how individuals' cognitively make meaning of their experiences. Historically it has been difficult for cognitivism to be independent of positivism. As a consequence the term 'meaning making' tends to be used in phenomenological investigations into cognitive activity around human interpretations (Strauss & Corbin, 1990).

3.5.1 *The Double Hermeneutics of IPA*

The double hermeneutics of IPA involves recognising that the researcher's own conceptions are both necessary to make sense of another's personal world through a process of interpretative activity while at the same time trying to make sense of the participant trying to make sense of their world (Smith & Osborn, 2003). IPA assumes that something really happened although it is difficult to obtain direct access. How the reality appears and is made meaningful for the participant is what is paramount to the IPA researcher whose role is to make sense of that reality. Double hermeneutics is at one and the same time empathic and critical hermeneutics (Ricoeur, 1970).

Smith (1996) talks of that hermeneutic cycle of enquiry in IPA as an empathetic/critical circle developed by the skilled IPA researcher which attends closely to the 'lived' accounts or views of the experiences of participants. As mentioned, this 'lived' experience becomes visible as the individual makes sense of, and brings meaning to, their experiences in

the present, and is dependent on the researcher's ability to recognise personal biases and presuppositions (this is discussed further in Chapter 8). Rather than being highly constructionist, it has an epistemological commitment to the individual. Understanding the experience, the object or the event is consistent with the phenomenological origins yet allows an internal critical dialogue with self to question from a distance. Thus, IPA, as a method, fulfils both descriptive (letting things appear and speak for themselves) and interpretative (allowing for the interpretation of phenomena).

3.6 Analytic process of IPA

For researchers who have previously valued a tight model or structure with theory driven hypotheses, the necessity to put self and preconceptions on hold with IPA and let the theory develop further or become manifest, can leave the researcher feeling extremely powerless. It challenges the sense of 'who is driving the car'. The overwhelming and voluminous nature of the data which cannot be reduced to a page of figures and a few tables defies the best organisational skills. It requires trust that eventually themes, patterns and interpretations will emerge and that theoretical insights will be revealed. However, there are occasions when the researcher may need to lead the participant back to the subject under investigation. This may require questions to be phrased in a way that encourages participants to pick up on specific words or phrases used by the interviewer. Although this can be thought of as leading the participant back into the researcher's world, the researcher may need to bring the interview back on track if it diverts

away from the subject under investigation (e.g. Chapter 5. 6 & 7 - see Appendix 4).

Analysis starts with the interview, in which the quality of the data collection are hugely dependent on the researcher's willingness to explore the unexpected and readiness to abandon any interview structure that may have been pre-determined. There is a temptation to go into salvage mode when the interview takes its own direction. Competition can arise between what the researcher thought would be investigated, and new insights that are revealed by the participant. Confidence to stay engaged with the direction evolving during the interview, actively following up by probing, and avoiding redirecting the interview back to a structure, increases the possibility that the participant will share more closely and intimately as the interview proceeds. This is further discussed in Chapter 8.

Transcribing is also analysis and hearing the interview is the beginning of recognising contradictions, 'hot' cognitions and ambiguities. Of course, it is impossible to prioritise every theme that is identified, so paring for divergent and convergent concepts, and connecting the narrative thread, is extremely time consuming. IPA analysis is both deductive and inductive in its approach. It therefore seeks interrelated concepts, not just a list of themes. Moving from the 'raw' participant information to psychological constructs, and eventually the convergence of themes, requires hours of patient faith in personal capabilities.

Psychological phenomenology has been written about in length by Dukes (1984), Tesch (1990), Giorgi (1989, 1992, 1994), Polkinghorne (1989), Moustakis (1994) and more recently Smith (1996). All are in unison that the major procedural issues of a phenomenological method include:

- '*Epoche*' or bracketing as central – bracketing out the researcher's preconceived ideas and biases to understand the meaning making through the voice of the participant.
- The researcher's questions are designed to explore the meaning making of the experiences for the participant who is encouraged to describe their everyday 'lived' experiences.
- The data is collected from individuals who have experienced a particular phenomenon. A funnelling approach allows questioning to move from the general to the specific.
- Analysis follows particular steps honing in from statements, to clusters of meanings, themes, superordinate themes with excerpts from the data to substantiate these findings. IPA has its own specific protocol.
- The final report reflects the reader having come to an understanding of the essence of the experience for that individual and its underlying structure. The researcher and ultimately the reader should be left with a real sense of truly understanding what it is like for someone to experience that particular phenomenon.

3.7 Studies of this thesis

The studies of this thesis are outlined below:

Study 1: A case study of an individual who had spent more than 35 years in multiple roles as a humanitarian worker.

Study 2: A case study of two individuals who had completed multiple humanitarian missions in areas that exposed them to inter-territorial conflict, disaster, and genocide.

Study 3: An idiographic study of nine Australian Vietnam veterans decades following the Vietnam conflict.

Study 4: An idiographic study of five wives of Vietnam veterans vicariously exposed to war and societal alienation following the Vietnam conflict.

3.7.1 *Analytic Strategy of this thesis using IPA*

Recruitment procedures and participant information as well as developing the interview procedure for each study are included in the Method section of each study respectively. Using IPA this study sought to describe the phenomenological uniqueness of the individual within their social context. It was interested in: a) whether antagonistic or absent social support would influence the individual's positive and negative perspective of their complex experiences of war, genocide or humanitarian emergencies; b) The impact of time on that interpretation and; c) what domains of human functioning were utilised for making meaning.

Unlike nomothetic research studies, each participant is a unit of analysis on their own terms. It provides a flexible set of guidelines for analysing and theme building adaptable to research aims: first, each script is read several times with initial annotations by the researcher; second, subsequent readings immerse the researcher in the development of psychological concepts and abstractions providing more specific themes/phrases; third, thorough and meticulous inductive and deductive interplay begin with care taken not to lose the participant's own words in the researcher's interpretations as clustering of themes and labels are developed; fourth, a narrative account of each participant's phenomenological experiences is supported by extracts. Quality control occurs through an independent audit of themes and the narration is checked for authenticity and representation. Extract notations are logged. A table showing higher order themes and subthemes is developed from the iterative process of refining understanding and interpretation for each study.

Where there is more than one case, a more analytical ordering occurs following initial analysis of each script as connections between themes began to emerge across cases. This iterative process requires a close interaction between reader and script to eliminate, as far as possible, biases, preconceptions and any attempt to shift interpretation out of the participant's personal/social world into the researcher's world. Thus a narrative account develops merging the interpretative activity of the researcher and each participant's narration of their experiences. A descriptive analysis/discussion follows.

IPA seems to offer researchers and practitioners the opportunity to bridge knowledge and understanding through combining a closer analysis of the individual while informing theory. Each individual perceives both their life experiences and the world uniquely. Thus, in being conscious of the individual's perception of events, are we more likely to be in tune with the reality of human experiences as a whole? In this study, while I have made every attempt to remain neutral around my own values and assumptions, the double hermeneutic focus of IPA will be impacted upon by what I, as a researcher, have brought to interpretation.

3.7.2 Participants

Many of the participants had been previous clients of mine which contributed both a positive and negative influence on the gathering of data and analysis. This included one of the aid workers, and the 9 veterans. The others were familiar to me through common involvement with an aid organisation or were the spouses of the veterans. On the one hand it allowed those participants who were familiar with me to reflect on personal experience where trust had already been developed, on the other, I was challenged to listen afresh to once familiar stories and remain alert to new interpretations. The question and perspective under investigation was meaningful for both the researcher and participants with these clients so it was opportune to use my own contacts.

CHAPTER 4

Sustaining a positive altruistic identity in Humanitarian aid work: A Qualitative case study

4.1 Abstract

This case study explored the interpersonal and intrapersonal experiences of a single individual who had spent greater than 35 years in humanitarian aid work. Using Interpretative Phenomenological Analysis (IPA) one superordinate theme, *Altruistic Identity* emerged. On return home following humanitarian mission *Altruistic Identity* required: a) strong perception of empathic validation for intimate reintegration; b) self acceptance of personal involvement. However, *altruistic identity disruption* was related to: a) a perception of rejection or weak empathic validation for intimate reintegration; b) self blame leading to isolation from intimate others. With *altruistic identity disruption*, validation was alternately sought from humanitarian colleagues and/or by returning to the field. Results suggest that post mission reintegration processes are important determinants of psychological wellbeing. Employing organisations' role in addressing psychosocial care of their staff on return from mission to reduce long term social disruption and psychological distress are discussed.

Keywords: Altruistic Identity, Altruistic Identity Disruption, psychological wellbeing, humanitarian aid work, Interpretative Phenomenological Analysis (IPA).

4.2 Introduction

Worldwide there are no statistics on the number of humanitarian workers in the field as different reporting procedures exist for different agencies (2008, UNHCR Report). Yet, humanitarianism is intrinsically interconnected with global politics, military goals, internal conflicts, and natural disasters (Lischer, 2007) leaving aid workers exposed to risk factors that include death, disease, and mental ill-health (Blanchetiere, 2006; Eriksson, Vande Kemp & Gorsuch et al, 2001; Gidley, 2006; King 2002; Loquercio, 2006; Sheik, Gutierrez & Bolton et al, 2000; Wilson & Lindy, 1994). International aid organisations employing humanitarian aid workers have been criticised in recent years for harming rather than helping those they seek to help, for complicating internal conflicts, and undermining local economies (Almedom & Summerfield, 2004; Anderson, 1999; de Waal, 1998; Duffield 1994; Last 2000; Macrae, 2001; Pupavac, 2004; Slim, 1995, 1996). It may be that this criticism could extend to their care of humanitarian aid workers.

Environments that inherently risk safety will induce both biological and cognitive responses to threat impacting on long term psychological adjustment and wellbeing (Bryant, 2006). Conversely, where safety is prioritised, coping will be enhanced (Solomon & Benbenishty, 1986; Solomon, Shklar & Mikulincer, 2005). With this in mind, the social and psychological consequences of aid work including successful post mission reintegration and adjustment, places a duty of care on both government and non-government aid organisations. Unfortunately there is a paucity of research concerning the phenomenological experiences of

humanitarian aid workers and their long term psychological wellbeing following missions.

Humanitarian workers are twice as likely to die from health reasons on mission as their non-mission work colleagues (Schouten and Borgdorff, 1995). Lack of privacy, environmental challenges and long working hours contribute to stress, are related to illness, fatal accidents, and an unwillingness to return for further missions (Fawcett, 2004; Loquercio, 2006; McCall & Salama, 1999). When international humanitarian workers return home difficulties can arise integrating back into families, societies and communities. This can be complicated by their withdrawal into a “conspiracy of silence” when families and friends show little willingness to listen or they believe no one will understand their stories (Danieli, 1996, Danieli, Stamatopoulou & Dias 1999; Eriksson, Vande Kemp, Gorsuch et al., 2001; McFarlane, 2003a). As many as 33% have reported feelings of disorientation on return from mission and 17% felt family and friends did not understand what they had experienced (McNair, 1995).

This is complicated by some returnees fearing that post mission psychological assistance will be viewed as personal weakness or impact on future selection by organisations (Kaur, 1996). Others feel their needs are trivial in comparison to others’ needs witnessed in the field (Grant, 1995) yet 50% are believed to work ineffectively due to stress (Kaur, 1996). These findings are not surprising in such environments given that the impact of catastrophic events has been described as a shattering of assumptions or an existential blow with individuals still experiencing negative views of themselves and the world many years after a trauma

(Brom & Kelber, 1989; Janoff-Bulman, 1989; 1992). To address this, organisational care of individuals returning from mission may need revisiting with research literature highlighting the integral role played by active management of families (Busuttil & Busuttil, 2001).

Recent research has highlighted that positive psychological growth can result from negative experiences and adversity (Calhoun & Tedeschi, 1998; Joseph, Williams & Yule, 1993; Linley & Joseph, 2004; Tedeschi & Calhoun, 1995) with personal relationships being identified as one of five domains of posttraumatic growth (Post Traumatic Growth Inventory [PTGI]; Tedeschi & Calhoun, 1996). Thus organisations who extend reintegration protocols post mission to include families/intimate others, as a consequence may affect better outcomes in the field and staff retention.

The recent abundance of research using qualitative methods is providing insight into the hermeneutic possibilities that individuals bring to traumatic, painful, and chronic life events (Osborn & Smith, 2006; Reynolds & Lim, 2007; Smith & Osborn, 2008), and this is relevant to research into complex humanitarian experiences. This study hoped to identify what processes contribute to successful adaptation, accommodation, and intimate reintegration on return home, and resilient mental wellbeing from long term exposure to aid work. Interpretative Phenomenological Analysis (IPA; Smith, 1996) offered a double hermeneutic approach to the subjective experience and meaning making of over 35 years working in humanitarian relief and complex

emergencies. Through reflexivity, it offered the opportunity to consider positive and negative influences on an individual's altruistic identity.

4.3 Method

4.3.1 Recruitment and Participant

The participant, Vince (pseudonym) was approached given his experiential knowledge of aid work over 35 years. He was provided with details of the research and consent was attained. At the time of the interview Vince was aged 57 years, remained married throughout his aid career and had two adult children. Vince graduated from university before becoming involved in aid work. He worked for many years in international development and emergencies in field work, senior management and as a consultant.

4.3.2 The Interview Procedure

Following ethical clearance from the university, the participant was contacted through email, giving explanation of the study. He was asked directly to participate in the research study of which he gave consent. At a time convenient to the participant he was interviewed in his home by the researcher. The semi-structured interview lasted 2 hours and 17 minutes and was recorded on a digital voice recorder. Open questions were followed by prompts concerning personal involvement, relationships, organisational structures, other aid workers in the field, recipients of aid, and psychological impact. The interview remained flexible allowing a dialogue to develop around the participant's responses. The participant responded willingly needing little encouragement or prompting.

4.3.3. *Analytic strategy*

Using Interpretative Phenomenological Analysis (IPA; Smith, 1996, Smith, Flowers & Osborn, 1997; Smith & Osborn, 2008), an individual case study was chosen as the most suitable way of investigating the interview data which reflects a continuum of experiential phenomena. The interview was transcribed and analysis followed the four-stage process described by Smith and Osborn (2003) and explained in Chapter 3 (Methodology). Table 1 provides the step-by-step stages of the analytic process. The researcher conducted the interview and analysis. The researcher's supervisors conducted an independent audit and validity check of themes. This involved a critical examining of thematic interpretations for authenticity and representation (Smith, 1996).

4.3.4. Table 1. Stages of Interpretative Phenomenological Analytic Process

Stage	Process
1	Listening to recorded interview, transcribing verbatim and preparing first transcript.
2	Thematic analysis of transcript to identify traumatic exposure, post mission identity, socially supportive reintegration, and self acceptance themes.
3	Interpretation of transcript by paraphrasing and summarising the participant's phenomenological and hermeneutic experience.
4	Documentation of expected themes followed by exploration of higher themes.
5	Chronological listing of emerging themes for connectedness.
6	Further examination of higher theme, assessing its relationship and links to psychological wellbeing and vulnerability/resilience and psychological growth.
7	Clustering of themes around concepts and theories.
8	Data from transcript rechecked by researcher's supervisors to verify investigator's validity of interpretations from within the text.
9	Emergent higher order main theme of post mission altruistic identity reassessed.
10	Subjective analysis of interpretation of themes representing the phenomenon of the 'lived' experience within the context of post mission psychosocial support, defined world views and post mission identity leading to development of model.
11	Narrative account of theoretical links to themes generated through concise verbatim extracts from transcript.
12	Development of links from humanitarian trauma exposure to perceived and received psychosocial support influencing self care, resilience and psychological growth processes.

4.3.5 *Researcher's perspective*

While every attempt is made to remain neutral around values and assumptions, the double hermeneutic focus of IPA will be influenced by what researchers bring to interpretation. Over two decades, the researcher worked as a post trauma therapist with veterans, humanitarian workers, and emergency workers and has been involved in developing and evaluating aid programmes in the field. That work has led to the recognition that although individuals exposed to catastrophic events and adversity can experience extreme distress, many do not develop long-term or chronic psychopathology. In fact, some have described changes to their life views as 'metamorphic' and 'pivotal'. Even when psychopathology such as posttraumatic stress disorder (PTSD) has been diagnosed as a response to such events, positive outcomes have emerged often concurrent with distress. The essence of individual stories and what sense is brought to experiences appeared for many to contribute to renewed psychological wellbeing and changed existential beliefs.

4.4 Results and Analysis

Analysis revealed one distinct super-ordinate theme, Altruistic Identity (AI). This overarched a continuum from self acceptance and adaptive reintegration into society-of-origin, to self doubt and social disruption (Table 2). Each of the four sub-themes listed in Table 2 represent different aspects of personal struggle confronting aid workers as described by Vince. These struggles: making sense of global injustice; personal responsibility as humanitarians; mental health and adaptive

processes to traumatic exposure; and difficulties integrating after mission with intimate others shed light on the complexities of humanitarian work, intimate relationships, and the roles and responsibilities existing between Aid personnel and Aid organisations.

4.4.1. Table 2: Altruistic Identity's sub themes

1. Adaptive/Maladaptive
2. Acceptance and absolution/Isolating self blame
3. Integration/Disruption
4. Validation/Alienation
5. Cumulative accountability/Personal doubt
6. Personal growth/Debilitation

4.4.2 Adaptive/Maladaptive

Despite many years in humanitarian aid work, Vince still struggles to understand global injustices and acts of inhumanity. The contrasts in distribution of wealth worldwide are still an existential challenge for him:

"It just seems to be totally unacceptable that you have people who are dying for lack of, you know, a few bits and pieces and we're all wondering and worrying about obesity ... it's kind of unacceptable I find that sometimes it just sort of stops me in my tracks - it just sort of endlessly draws you in".

Concurrently, his concern for the personal cost paid by humanitarian workers is as inexplicable as his continuing desire to contribute to global questions.

"What about those people who – who did get into deep - big trouble, I mean like people whose marriages broke up or – er – um you know, who were – who really seemed to be going off the rails?"

He recognises that chronic exposure to extreme environments triggers emotional responses that promote maladaptive behaviours and psychological fatigue negatively affecting cohesive teams and good outcomes.

"People get a kind of adrenaline thing ... some people want to get into the sort of war situations you know, the more dangerous it is, the more excited they are – so I think in that way it becomes addictive ... you've got to keep on getting your fix. You do get people in those situations who really do sort of burn out – the way people burn out is that they not only become cynical but they become paranoid. You get big tensions within teams eventually. But the people who keep going back and get into these situations eventually they start getting quite dangerous to the organisation".

Vince manages resilient mental health by monitoring his physical responses to the demands of the work, and nurturing acceptance and absolution of himself particularly when events are beyond his control. Furthermore he recognises that his preference for working independently can be both a positive coping style and a way of avoiding and isolating

himself. Working on his psychological competencies is never far from his consciousness:

"I sometimes find it quite reassuring when I do have a reaction and I suppose, I suppose what I'm doing is just watching myself to see, you know, am I behaving in a way that's reasonably helpful – can I function in these situations – um – is it you know, getting in the way of what I'm trying to do".

4.4.3 Acceptance and Absolution/Isolating Self Blame

However, words such as "personal challenge" and "guilt" reflect self doubt in dealing with difficult situations. The self blame emotion of guilt can result from "eroding and corroding" effects of chronic exposure causing individuals to question personal integrity and moral values (Dearing, Stuewig & Tangney, 2005). Struggling to bring meaning to confronting situations, the individual will often withdraw into avoidance coping while ruminating over their actions or inactions:

"There are things that happened, incidences that happened that you feel uneasy about, you feel there's something wrong and yet you haven't actually thought about it, you know, 'what is the significance of it' and you haven't answered basic questions like 'did I do a good job in that situation' you know, 'do I feel satisfied ... with what we tried to do' – um – 'what lessons have we learnt from it?'"

Feelings of self doubt and guilt contribute to a sense of helplessness in horrific situations risking psychological vulnerability:

"It can take you into quite negative areas because you either feel bitter that you can't do anything about it - you know somebody's hopelessly mutilated or in a terrible situation ... there's all sorts of reasons why these very emotive incidents can lead to guilt feelings of various kinds and it's guilt that - um - it's guilt that screws people up so much in these situations".

He is conscious that guilt is a powerful response to human suffering. As such, attempting to make sense of catastrophic humanitarian events can lead to psychological distress and distorted world views including negative views about one's role in those events (Littleton & Breitkopf, 2006; O'Connor, Berry, Weiss, & Gilbert, 2002). Similarly he recognises that inertness, passivity, and rejection personally experienced on return home contribute to negativity. His own response to societal indifference, hostility or antagonistic to his involvement in humanitarian work at times has shocked him:

"I'm going to keep on telling these people even if they don't want to hear ... I've just come back and people would have, you know, been dying all over the place, and almost sort of testing out people's reactions. Well of course it was an absolute shock. People were desperate to get away from you".

4.4.4 Integration/Alienation

Vince is aware that chronic exposure to aid work results in personal loss beyond the mission:

"I think there's good reason to believe that a lot of aid workers do end up quite badly affected by all these things ... I don't think it makes people more happy ... that's the cost of doing it".

He has given much thought to how individuals are stimulated by the immediacy of the crisis, sometimes neglecting self regulation, wellbeing, relationships, and thorough evaluations of outcomes.

Sadly, Vince recognises that grief and loss in personal relationships and damaged lives are consequences of humanitarian work and a concern not prioritised by organisations. The question, *"What lessons have we learned from it?"* though highly relevant to the broader humanitarian sector, is also a personal reflection of his own role. He has no doubt that negative psychological reactions are cumulative and may lead to alienation and poor reintegrate back home post mission:

"The longer you stay in the business there is a sort of eroding or corroding effect over time, you know, that – that you can't entirely sort of avoid ... and I think that has a sort of negative effect. It's like carrying a weight around with you".

As a way of alleviating any sense of rejection and alienation after mission, humanitarian workers may seek to return to the field *"to keep on getting your fix"*, and feel purposeful: *"They can't let go, so they keep on applying"*.

Similarly reintegration back home is often complex and confronting for family members:

"If you start talking to somebody else about it – um – I mean if they start sort of sympathising, you can feel the all - almost patronised, why, I was weak you know ... it can actually make things worse I think. Not many people have got the ability to actually – um – listen – er – to that kind of stuff, so it does put huge stress on human relations".

4.4.5 Validation/Disruption

Over many years Vince has observed the relationship challenges many have experienced on return home:

"They didn't realise how much they'd screwed themselves up. It's tricky – I mean divorce – this is the one that seems to happen or partnerships breaking up".

Seeking solace by returning to the field or seeking humanitarian peer support is often an alternative:

"The social side of it is, you know, is, can be very, very strong. That provides immense satisfaction".

Vince was able to articulate a phenomenon of behavioural practices that initially seems to offer comfort, support, and validation that of seeking the company of other aid personnel who "*understand*" without uncomfortable explanations: "*People outside the group don't understand*". Yet if such solace replaces reintegration into family and society-of-origin, long term mental health, particularly any unresolved posttraumatic stress reactions may result. Consequentially, there will be a likely impact on interactions with colleagues, recipients and organisational practices, should they return to the field.

Research has shown that attending diligently to post-mission psychosocial needs will assist in identifying those with psychological distress following a mission. Vince observed that many reactions though not initially pathological if left unsupported lead to long term psychological consequences:

"I think they're left with quite a lot of walls, mental walls you know, that they've blocked out all sorts of things and then they find it clogs up your mind a bit. I think it has a negative effect".

He suggests that taking the time to normalise post mission experiences supportively may avoid self blame, family breakdown and disruption, and ongoing psychological distress and even psychopathology.

4.4.6 Cumulative accountability/Personal doubt

Vince was critical of the tendency for organisations and donors to hyper-inflate achievements inhibiting critical evaluation of lessons learned:

"There always has been the slightly sort of self – self congratulatory sort of feeling in aid – I mean, it's partly because we have to keep on telling donors you know, that we're doing wonderful works so please send us some more money, and this culture tends to sort of get into - you know, you either have a success which you talk about or if you have a failure, you move on quickly you know, and don't talk about it – um so you don't learn all that much. That is a fault".

He sees the composite of urgency, lack of honest evaluation, and poor prioritising of psychosocial care of humanitarian workers as contributing to poor outcomes in the field. As a consequence, staff selection processes are not addressed diligently, programmes are poorly sustained and individuals begin to doubt their worth:

"It's probably that the thing that aid agencies don't like to think about very often is that if they claim to save lives, they're also by not doing things, losing lives ... people who – um – are useful one year can be got rid of the next year. I mean, it's a fairly sort of cruel business in that way".

4.4.7 Personal growth/Debilitation

An abrupt termination by one organisation caused confusion and self doubt yet offered the opportunity to positively reflect on new challenges and new life direction:

"I needed a new challenge – kind of propelled me on my way towards a new challenge".

Such reflection resulted in Vince concluding that psychological resilience and personal growth is the marrying of self care through internal evaluation and good systemic support. He recognises that many organisations are responding to the exponential global changes in the humanitarian sector and that:

"Some organisations have tackled it. They've built in a whole learning system into the way they operate that every action has to be followed by a learning process and so on".

Even so, without diligence to the individual, extremes of behaviour will undermine practices:

"You've got people of both extremes ... highly practical people and process oriented people ... the danger with that sort of divide is that – um – it can actually block the organisation".

Throughout the interview Vince evoked an exigent ownership for good practices of openness and transparency. He passionately believed that

charity "*distorts the way we look at things*" and that recipients need an alternative to aid, considering that solutions may lie in "*poor people doing things for themselves*".

Vince has been able to attribute meaning to his continuing role in humanitarian work by consciously exploring and critically evaluating not only his own existential constructs around poverty and injustice but challenging the policies and practices of the broader aid community. It is evident that his attention to personal growth continues through mindfulness of personal reflection and self analysis:

"If I find global suffering unacceptable, I find it unacceptable that people who worked for me suffered as a result of that."

4.5 Discussion

This case study highlights the ongoing process of meaning making Vince brings to his experiences as a humanitarian aid worker. The process unfolds throughout the interview as he overtly contemplates the interplay between aid work and the aid world. Strikingly there is no sense of closure; his experiences are not in the past but remain an alive and ongoing reflexive evaluation. It is an embodiment of sense making, consciousness-raising, and cognitive punctuations throughout. He remains open to continuing his journey despite any emotional pain and confusion, a journey of ongoing engagement with the world.

In the interview Vince talked about the issues raised from witnessing social disruption and mental health problems in colleagues over his 35

years of Aid work. Feelings of alienation and rejection can lead to relationship and family breakdown. However, disengaging from mission role identity and reintegrating with society and family after mission is not uniformly and often poorly addressed by aid organisations. Returning to the field then becomes an attractive option for the worker where empathic colleagues become the source of validation. Unfortunately, redeploying individuals for further missions before the reintegration process is complete may complicate social and psychological resolution of earlier mission experiences risking cumulative and long term mental health distress and social dysfunction.

However, aid organisations are active in promoting psychosocial support in the field to vulnerable communities. The protocols used for vulnerable communities could be adapted for Aid workers on return from mission. Developing rehabilitation and redevelopment programmes for Aid workers and their families on return could include elements of *debriefing, psychosocial, and psycho-educational* support.

First, debriefing is a component of Critical Incident Stress Management (CISM) which was developed by Mitchell (1983; Everly & Mitchell, 2000) as a supportive measure for groups of people exposed to the same critical incident. It has a specific cognitive-emotive-cognitive regime for validating yet calming, and providing a springboard for those few individuals needing further intervention. It is important to clarify it was not designed as a psychotherapeutic intervention for traumatised individuals. It is designed for follow ups and primarily for use with

secondary victims, hence appropriate in many instances for aid workers (Dyregrov, 1989).

Second, psychosocial support involves practice based research and 'lessons-learned' in the field (Berliner & Regel, 2008). These programmes, developed to assist communities devastated by crises, are collaborative and place such communities centre stage in re-establishing their sense of place (Prewitt Diaz, 2007). They are designed to orient the individual after catastrophic events towards personal growth and development prioritise listening and understanding before action, and collaboratively identify knowledge of support networks. Potentially their protocols for good outcomes can inform practices for social reintegration of humanitarian workers returning home which could be incorporated into post mission clearance procedures. The in-field Red Cross/Red Crescent psychosocial priorities of sense of belonging, sense of control, social support, meaningfulness and human dignity (Berliner & Regel, 2008) apply equally and essentially to mental wellbeing and adaptive reintegration of returning aid workers.

Third, psycho-educational support encompasses a wealth of strategies and skills for aiding psychological adjustment. These psycho-educational tools if extended to returning humanitarian workers would aim to enhance problem solving, normalise their responses, and empower individuals and families in empathic listening and self care as they reintegrate and transcend the dissociative experiences of homecoming. Many organisations provide a 'debrief' and 'lessons learned' feedback session for the returnee. However, extending this validating process to

include family/community support would mirror their commitment to disaster affected communities.

Although I would argue that the above supportive measures promise to be useful for returning humanitarian workers, there is a need for ongoing evaluation. In particular, debriefing has met with controversy (Almedom & Summerfield, 2004; Bracken, 2002; Conlon, Fahy, & Conroy, 1999; Devilly & Cotton, 2003; Dyregrov, 1998; Everly, 2003; Hobfoll, Watson & Bell et al., 2007; Hobbs, Mayou, Harrison, & Worlock, 1996; Lee, Slade, & Lygo, 1996; Pupavac, 2004; Regel et al, 2007; Rose, Bisson, & Wessely, 2002; Wagner, 2005; Wessely, Rose & Bisson, 1999). As such I would urge caution in the use of debriefing with returning humanitarian workers when used in isolation from psychosocial and psycho-educational support. As part of a package of post mission support debriefing offers the first contact to retuning Aid workers with their organisations. But as this study shows social disruption and mental health problems are complex issues post mission and as such are likely to require more holistic and ongoing contact to ensure healthy reintegration.

In summary, aid organisations must be accountable to their personnel who are often caught in life threatening situations, have interrupted careers and risk long term mental health distress. A post mission protocol for reintegration and rehabilitation could be adapted from the psychosocial protocols outlined above for in-field programmes. This could include the following: 'debriefing' and psychological assessment; psychosocial rehabilitation with family, community and workplace; psycho-educational sessions for both aid worker and family members.

These would address the protocols: sense of belonging, sense of control, social support, meaningfulness and human dignity; which are equally valid for the carer as for the recipient of care.

The reflexivity and researcher's perspective allowed through the double hermeneutic sense making of IPA has contributed to the recommendations of this study. The researcher's interpretation of Vince's perspective provides the springboard for recommending an increased role by Aid organisations ultimately aimed at reducing the risk of chronic psychopathology and social dislocation. In their attempts to bring hope and dignity to human tragedy humanitarian aid workers may struggle to reconstruct a sense of purpose and meaning as well as redefine their existential world view. With the inclusion of post mission protocols for reintegration and rehabilitation sustaining a positive altruistic identity that promotes psychological growth and wellbeing, is a likely outcome.

In light of these results and the paucity of research into the experiences of humanitarian aid personnel exposed to modern global conflicts since the demise of the Cold War, the 'lived' experience of intermittent aid personnel was sought. Many professionals offer their services as the need arises to international disasters. These individuals rely on the recruiting humanitarian organisations to responsibly create the conduit for deployment and reintegration back into their societies and employment post mission. Unexpected catastrophes, genocide and overwhelming human tragedies are just some of the international events to which they respond. Many return struggling to make sense of what they have experienced. The following study considers two professionals

who have interrupted their lives and careers on multiple occasions and who have been exposed to genocide and other humanitarian disasters.

CHAPTER 5

Making meaning out of humanitarian trauma and genocide: An Idiographic Investigation

5.1 Abstract

There is a paucity of research into the experiences of humanitarian aid workers exposed to modern global conflicts. Therefore, little is known of how they make sense of any personal moral doubt they may experience as a result of such exposure. This idiographic investigation explores the phenomenological experiences of two humanitarian workers who experienced multiple international crises including genocide. Semi-structured interviews were conducted and data were analysed using Interpretative Phenomenological Analysis (IPA). One theme:

Humanitarian growth through reparation with the self overarched five subordinate themes. Of these, four themes highlight the 'lived' experience of protracted distress, isolation, shame, and resultant high risk behaviours for many years while one theme describes a lone journey to find meaning and redefine healthy altruistic identities. Of interest are the domains of empathy and self acceptance following the shame of perceived failure and moral discomfort, domains of growth not previously explored in the literature. As positive social support is known to deter the development of posttraumatic responses, recruiting organisations' duty of care to provide post mission reintegration protocols for returnees is discussed.

Key words: IPA; re-integration; shame; empathy; altruistic identity.

5.2 Introduction

Humanitarian work that exposes individuals to traumatic experiences presents unique personal challenges. Participants of this study witnessed or were personally exposed to evisceration, publicly displayed beheadings, rape, assisted in the burial of large groups of dead women and children, machete attacks, life threat at gunpoint, looting and burning. They spoke of being tormented about their own actions or inactions in the face of these experiences often generalising these events as 'incidents' to protect themselves and others from the unimaginable. Although this is not the experience of all humanitarian aid workers, there is a paucity of research into the experiences of aid personnel who often find themselves working in countries troubled by internal war and genocide.

Increasingly since the demise of the bipolar world of the Cold War, and the aftermath of Somalia, Rwanda, Bosnia and Kosovo in the last decade of the 20th Century, humanitarianism has found itself entwined with global politics, military goals, and overwhelming human crises at national levels (Lischer, 2007; Vaux, 2004). For those exposed to horrific events played out in these modern global conflicts, life may never be the same. In order to understand the insider perspective, this study explored the phenomenological experiences of two individuals whose humanitarian work took them to Rwanda, Sudan, Sierra Leone, Myanmar, Liberia, Pakistan, and the Solomon Islands during times of crises where they experienced complex humanitarian missions including genocide. It aimed to highlight the 'lived' experience of humanitarian personnel working in

unstable environments and the psychosocial consequences of such work post mission.

In contributing their expertise willingly to assist those less fortunate many humanitarian aid workers have been murdered during the course of their work (Blanchetiere, 2006; Sheik, Gutierrez, Bolton, et al, 2000; Wilson & Lindy, 1994) or are twice as likely to die on mission from health reasons as their non-mission work colleagues (Schouten & Borgdorff, 1995). Environmental challenges and extremely long working hours contribute to stress, illness, and an unwillingness to return for further missions (Fawcett, 2004; Kaur, 1996; Loquercio, 2006; McCall & Salama, 1999). Although not all humanitarian personnel work in areas of conflict, neither injuries nor environmental factors that affect those that do are included in wartime morbidity and mortality statistics (Hynes, 2004).

Unfortunately, they are also likely to be confronted by moral dilemmas when exposed to war or genocide that without resolution will impact on long term psychological adjustment and wellbeing (Bryant, 2006). Yet many humanitarian personnel exposed to horrific events do not seek help to understand their distressing responses fearing organisations will view post mission psychological assistance as personal weakness or that it will negatively impact on future selection (Kaur, 1996; Paton 1996). Rather, many are inclined to seek validation from colleagues by returning to the field especially when post mission adjustment and social reintegration leaves them feeling alienated and isolated (McCormack et al, 2009 - see Chapter 4 this thesis).

Fiala (2008) believes that the increasing de-territorialized nature of ethical rather than political conflicts in developing countries no longer offers immunity for civilian nationals or humanitarian personnel from warring parties and armies and creates personal moral dilemmas for many of those exposed. Moral dilemmas born of traumatic events cause the individual to question their own integrity and sense of self especially if these events traumatically shatter previously held assumptions of the world as a safe place (Brom & Kleber, 1989; Janoff-Bulman, 1989; 1992; Janoff-Bulman & Franz, 1997; Lerner, 1980). When moral integrity is doubted, self blame is a likely outcome and a way for the individual to make sense of horrific events (Lerner & Miller, 1978; Lerner, 1980; Littleton et al, 2006; Littleton & Bretkopf, 2006). In other words, they come to believe that they are to blame for their inadequacy in the face of horror and have failed their personal standards (Niedenthal, Tangney & Gavanski, 1994; Tangney & Dearing, 2002).

When humanitarian aid workers question their own moral integrity and personal standards, self doubt can then cause shameful retreat into isolation to avoid misunderstanding and judgement (Danieli, 1996, Danieli, Stamatopoulou & Dias 1999; Eriksson et al., 2001; McFarlane, 2003a; Macnair, 1995). Unfortunately if a chronic sense of having shamefully failed personal standards persists, self-destructive and high risk narcissistic defences can then develop to protect fragile and negatively changed beliefs about the self (Joireman, 2004; Leith & Baumeister, 1998; Tangney, 1991; Wilson, 2005; Wurmser, 1987).

Making sense of negative feelings of shame and coming to self forgiveness is considered a necessary process for self acceptance and moral growth (Rangganadhan & Todorov, 2010). In fact, the ability to self-forgive those actions that are perceived as personal failure or harmful to others has been found to be related to mental health and wellbeing (Hall & Fincham, 2005). However, as the excessive and self critical focus of shame tends to promote not only self destructive behaviours, but difficulty in self forgiveness (Joireman, 2004; Leith and Baumeister, 1998; Rangganadhan & Todorov, 2010; Tangney, 1991; Wilson, 2005), any indifference or negative responses from support systems on return from mission can exacerbate psychological distress and poor adjustment (Davis, Brickman, & Baker, 1991; Ullman, 2000). These findings have important implications for the care of returning humanitarian personnel exposed to horrific events.

While it is impossible to protect against every eventuality in unpredictable environments, governments, military caretakers and non-government organisations have physical, social and psychological obligations to provide a duty of care to their personnel both on mission and after. In fact, post-mission reintegration processes inclusive of families or intimate partners are important determinants of psychological wellbeing and maintenance of healthy altruistic identities (McCormack et al, 2009 – see Chapter 4, this thesis). The need for such processes cannot be ignored given the potential for positive change, psychological wellbeing and posttraumatic growth that is now recognised following a wide range of traumatic life events particularly

when supportive psychosocial frameworks are in place (for reviews see Helgeson, Reynolds & Tomich, 2006; Joseph & Linley, 2008; Prati & Pietrantonio, 2009).

Interpretative Phenomenological Analysis (IPA; Smith 1996) is a particularly relevant method for this study as it is informed by the theoretical perspective of symbolic interactionism that is, the construction of meaning by the individual within their social and personal world. In-depth idiographic studies are concerned with individuals rather than nomothetic generalities and as such, each participant is a unit of analysis on their own terms. The subjective interpretation of experiencing humanitarian aid work in unstable environments and crises was therefore an important aim of the study. It also sought to highlight the participants' perception of organisational support during and after field work, particularly the psychological, social and emotional reintegration on homecoming.

5.3 Method

5.3.1 Recruitments and Participants

Two humanitarian aid workers participated in this study who had experienced multiple missions. Between them, Felicity, aged 47 and Peter, aged 56 had completed missions in Rwanda, Sudan, Sierra Leone, East Timor, Burma, Liberia, Pakistan, and the Solomon Islands experiencing civil unrest, natural disaster, war, and genocide. Both had terminated marriages or major relationships. Peter had recently remarried after his first long term marriage of approximately 20 years failed after Rwanda. Felicity was not in a current relationship. Felicity

had no children and had experienced early menopause following significant weight loss during her mission in the Sudan. Peter had two adult children from his first marriage. Recently reconciled, he had been estranged from both children for many years following his return from Rwanda. Both participants were professional allied medical personnel, highly skilled, and had been recruited for subsequent missions.

5.3.2 Procedure

The interview schedule was constructed to elicit answers corresponding to predetermined categories i.e. the continuum of experiential phenomena from multiple humanitarian aid missions and psychosocial reintegration processes on homecoming. Its purpose was to facilitate and guide rather than dictate direction. Because it sought to understand the 'lived' experience and the meaning the participants brought to their experiences, a funnelling technique was used in devising the schedule. This technique elicits general views then works towards more specific concerns. When participants address targeted issues early in the interview, specific questions become redundant.

Following ethical clearance from the University ethics review panel prior to data collection the participants were contacted through humanitarian support group links. These two participants were chosen as their experiences complied with a purposive sampling strategy of IPA which emphasises the recruitment of participants for whom there is relevance and personal significance in the topic being investigated. These participants fitted the strict criteria of IPA for homogeneity.

Before signing the consent form, each participant was informed of the subject area under investigation and the purpose and methodology of the study. Information was given about the manner of data collection using a semi-structured interview and digital voice recorder. Participants were informed that they could withdraw at any time and ask for their interviews to be destroyed. Interviews were conducted at a place of their choosing. Apart from clarification and exploratory prompting, the interviews followed the interviewees lead. Each interview lasted approximately 3 hours allowing for subjective reflexivity and clarification. This resulted in approximately 6 hours of data. Although specific issues were addressed, the interviews aimed to provide the opportunity for referencing actual events in space and time giving them significance and meaning. They were asked to talk as widely as possible about the experiential phenomena of being a humanitarian aid worker over many years and the ramifications of it in their careers, family and personal lives. The researcher conducted the interviews, transcribing each verbatim (for notations see Appendix 1) and the analysis. The researcher's supervisors conducted independent audits. This involved checking that interpretations were grounded in the text through critical examination of thematic representations for authenticity (Glaser & Strauss, 1967; Smith 1996).

5.3.3 *Analytic strategy*

Using IPA, this study is well suited to enlighten our understanding through two theoretical alliances: first, the cognitive processes for bringing understanding to extreme humanitarian exposure such as

genocide and war and; second, symbolic interactionism (Denzin, 1995) which is concerned with how individuals construct meaning within their social and personal world. The two interviews were treated as one set of data. Each was transcribed and analysis followed the four-stage process described by Smith and Osborn (2003) as described in Chapter 3 (Methodology). Table 3 provides the step-by-step stages of the analytic process.

5.3.4 *Table 3. Stages of Interpretative Phenomenological Analytic Process*

Stage	Process
1	Listening to and transcribing verbatim transcripts.
2	Thematic analysis of transcript to identify humanitarian and genocide experiences leading to superordinate and subordinate themes.
3	Interpretation of transcript by paraphrasing and summarising the participant's phenomenological and hermeneutic experiences through narrative.
4	Documentation of expected themes followed by exploration of overarching theme of 'Humanitarian growth through reparation with self'.
5	Chronological listing of emerging themes for connectedness.
6	Continuing to assessing overarching themes and subthemes relationship and links to meaning making, understanding and redefining self.
7	Clustering of themes around concepts and theories.
8	Data from transcript rechecked by the researcher's supervisors to verify investigator's validity of interpretations from within the text.
9	Emergent higher order main theme of 'Humanitarian growth through reparation with self' reassessed.
10	Subjective analysis of interpretation of themes representing the phenomenon of the 'lived' experience within the context of post mission isolation, alienation, and self blame through to reparation with self and renewed meaning around their altruistic identity.
11	Narrative account of theoretical links to themes generated through concise verbatim extracts from transcript.
12	Development of links from humanitarian trauma exposure through isolation, alienation, and self blame to empathy, self caring and self reparation.

5.4 Results and Analysis

This section reports on the six subordinate themes overarched by one superordinate theme: '*Humanitarian growth through reparation with self*'.

The superordinate theme reflects the overall accounts presented by Felicity and Peter that defines the sequence of events out of horror, shame and self doubt to reparation with self and psychological growth.

The clusters of subordinate themes captured most strongly the respondents' concerns across the subject area. Although many themes emerged those included had a keen fit with the emerging structure of shattered altruistic identities to meaning making that was reliant on self rather than others. These were rich in evidence from the scripts.

Quotations from the interviews are used to describe and illustrate the themes.

In the five subordinate themes: *Enduring horror and powerlessness; Shameful Betrayal and Disillusionment; Ongoing self doubt, inadequacy and social isolation; Negative Coping and Narcissistic Shame; Purpose and Meaning out of Reparation with Self*; the phenomenon of making meaning of humanitarian traumatic experiences is investigated. Felicity and Peter describe first the horror and many years of subsequent self doubt and shame; and second, a slow process of redefining their altruistic identities in their current lives (Table 4).

5.4.1 Table 4. Superordinate theme ‘Humanitarian growth through reparation with self’ with five subordinate themes

1. Enduring horror and powerlessness
2. Shameful betrayal and disillusionment
3. Ongoing self doubt, inadequacy and social isolation
4. Negative coping and narcissistic shame
5. Purpose and meaning out of reparation with self

5.4.2 Enduring horror and powerlessness

This first theme highlights the subjective feelings of horror and psychological disintegration from exposure to genocide and the ongoing threat to sense of self. Peter, a paramedic, described his exposure to the fastest genocide in recorded times in Rwanda as “... *eaten up and psychologically spat out ...*”. Struggling for both physical and mental survival, he had no prior experiential schema for what confronted him. He described the emotional intensity and panic that threatened to overwhelm him in the face of personal threat:

“There was a three week period where every fibre of my being said: ‘you must get out of here; you’ve got to run. You’ve got to tell them lies to get on an aircraft and tell them that you’re not up to this and go’. And it took every ounce of my fibre to stay”.

Despite nearly two decades since that genocide his senses are easily triggered leaving him feeling remorseful and haunted:

"... Ah ... (very quietly and reflectively) so much death concentrated in one place ... augmented by smell and – and grotesqueness. You know, it was – it was grotesque in every way – it assaulted your (sigh) – it assaulted every ... um form of decency you've ever known ... it challenged your own survival – you know, you weren't going to survive this ... I was picking babies up that were – um – dead or almost dead and that's what I have the greatest trouble with ... because some of them weren't exactly dead ... two children by hand and – and you threw them away ... I still see their faces ...".

As with Peter, Felicity used vivid sensory imagery when describing the horror of her Rwandan experiences and her sense of helplessness and aloneness from lack of organisational support in the field or on return, a theme that recurs for both throughout these interviews:

"In your room at night – you'd hear people running and then you'd hear the dull thud of something hitting a person and you'd hear a yell and then there'd be silence ... but you weren't able to process it. We didn't get debriefed at all and when I came back ... it was like getting off a train at three thousand kilometres an hour and then you stop and – and you can't really talk about it to anybody.... I never had had a nightmare except when I was in Rwanda, when I was in Rwanda".

Similarly, Felicity describes escalating and overwhelming events that left her with a sense of being consumed by the devastation and chaotic circumstances around her in the Sudan:

"Nothing prepared me for this ... the biggest humanitarian disaster in the world ... people are looting and burning and other things. People were killed. Aid workers were killed ... I was so powerless to do things ... I almost felt like the job was starting to eat me alive – where it started to consume me and devour me".

5.4.3 Shameful betrayal and disillusionment

In this theme we draw attention to the rich descriptive passages that describe both Felicity and Peter's sense of betrayal and disillusionment from lack of validation and support following their various missions. As a consequence, self blaming shame became a way of making sense of their isolation with words such as *alienated*, *inadequate*, and *hurt* reflecting aspects of that shame (Rahm, Renck, & Ringsberg, 2006).

A sense of betrayal and disillusionment from the very organisations ostensibly there to provide support was confronting in its unexpected disregard for their wellbeing. Peter described how criticism and indifference from work colleagues at home after his time in Rwanda produced a profound sense of alienation and hurt:

"When I got back to work I was compassion zero – and – still reeling ... I took every opportunity I could to get away from work ... I felt like I was rudderless ... I felt anger – a

lot of anger because I came home and people told me to er – get on with my life, the holiday was over ... I got off that plane and walked into indifference – at work I was er – ah – I was vilified by the boss, and that hurt a great deal”.

Struggling to come to terms with events in Rwanda such invalidating responses and what he perceived as duplicity by his employer began to erode his sense of worthiness. What felt like betrayal compounded the psychological assault of Rwanda and left him unable to neither comprehend his recent threatening and horrific experiences nor make sense of the actions directed towards him on return. Such incomprehensibility further impacted on his now vulnerable and precarious sense of identity:

“The previous week I’d been ankle deep in diarrhoea ... burying children – sixty and eighty at a time – in – roughly dug pits – I – was just overwhelmed by any stretch of the imagination – and the service gave me an extension – which turned into a month, and the service charged me with being absent without leave, and I felt betrayed by them. So when I actually got back to work I was compassion zero ... and no one back here understood!”

Felicity’s physical debilitation as a consequence of her Sudan experience was irreconcilable with feelings of rejection from her organisation on return. Lack of good nutrition and extreme weight loss

had triggered early menopause. Further, she sustained a fracture and soft tissue damage that was incorrectly diagnosed needing extensive rehabilitation on return. She felt betrayed and hurt:

"We're finished with you ... there could be insurance claims. We're not going to get bothered with this ... once you're home you're on your own" ... and that made me feel like I was rubbish...I've put my life on the line many times and this is how I get treated".

5.4.4 Ongoing self doubt, inadequacy and social isolation

This theme describes extended periods of social disconnection that Felicity and Peter experienced while they privately questioned their fragile altruistic identities and sense of moral integrity. They talked of remaining tentative about disclosure of witnessed events and personal threat for fear of judgement and further misunderstanding. Pre mission moral values seemed alien as they searched for meaning and self respect. Felicity tentatively tried to reach out to those she thought would understand by hinting at her own struggle and aloneness through the narrative of other's traumatic experiences:

"I don't talk. No, I don't like talking about the facts. But sometimes I'll give somebody a book. ... I got a book for one of the doctors at work Now I thought she would really like it and she said "Oh, this book's so grim – it's so grim – when does it get better?" And I thought, 'Oh, she

*doesn't get it. She doesn't get it'. Sometimes it's a way – it's not my story – it's my story of **that** life".*

Disbelief and disinterest from others was described as shame, guilt, humiliation and a sense of inadequacy. They came to view themselves as personally flawed. This was confirmed by the negative responses and disbelief they perceived in some professionals whenever they attempted to reach out for help. Peter felt scorned when he sought help from a psychiatrist as his family began to fall apart:

"I was persuaded by my wife to go to a psychiatrist of which he had the compassion of a – um – you know, he didn't have much compassion at all ... he had a look of complete - disbelief ... his body language said to me – that – that couldn't possibly have happened!"

They talked of feeling repulsed by others and how this authenticated their sense of moral inadequacy and growing self loathing. Feeling contaminated and believing no one could like him after Rwanda Peter projected aloofness:

"At an intimate level I had a lot of disconnectedness because it was part of that thing up here (pointing to head) that no one likes me because of the things I've done ... well I didn't like myself so I didn't know how they would like me".

For years a cyclical dance of ruminating self doubt, anger, and aloofness from Peter, and rejection and alienation from his family kept him socially isolated in a life without purpose or significance:

"I lost my daughters, I lost my wife um – I didn't know where to connect again ... I just didn't know where to reconnect, where to plug into emotion again ... love and things like that was so far off the page it didn't matter".

5.4.5 Negative Coping and Narcissistic Shame

This theme draws attention to negative behaviours that resulted from nagging self doubt and shame. Peter's sense of having failed personal standards prevailed for many years leading to self destructive and high risk behaviours to obliterate mental torment from a life disintegrating.

"I was like a lost soul wandering around this country for two years ... I felt like I was rudderless, you know and – er – and I felt anger ... I withdrew and became reclusive and on – on the drink and feeling sorry for myself".

The lack of validation and a sense of betrayal he felt from others on return home, consolidated feelings of worthlessness. An inward evaluation of personal identity as 'bad' over 'good' seemed to exacerbate less empathy for others, and displaced anger. As such, high risk behaviours and lack of self care increasingly led to retaliatory and angry aggression towards patients with little empathy shown for genuine pain and suffering:

"I said, 'Well is your leg hanging off? What are you whingeing about?' ... I was becoming less ... what's the word – less compassionate to my patients and it was showing ... I would withhold pain relief – 'get on with it son, because I'm not doing anything for you' – heroin addicts got a shit of a time from me – I would shun them – I would turn away, you know, 'get stuffed. I haven't got time for you'. And people with minor or relatively minor injuries, I would withhold pain relief".

He also directed it at the source of the perceived cause, himself:

"I really had the feeling that I did not care whether I lived or died. Life had become – life had become ... those children that I watched die over there ... they just perished en masse ... so when I came home you think 'why do I matter? If they don't matter, I surely don't'. ... I became reclusive".

The consequences of finding oneself caught in the swift and complex forces of genocide are phenomenologically beyond psychoanalytic conceptualisation affecting bonding, attachments, and on-going self-development (Wilson & Droždek, 2006). As a consequence, adaptive responses were not motivated resulting in negative outcomes and poor self care:

"I was consumed by – um – thought and memories and – and what if I'd have done this and what if I'd have done

that, could I have saved this one if I'd done that ... nothing mattered except the rationalisation did I do the right thing to help those children ... it overtakes you, it overtakes you ... that had a – a dramatic effect on me because I became very um – uncaring of my own um – safety”.

Their exposure to direct and continuous empathy-stimulating distress in others caused them to question their actions or inactions in alleviating the suffering of others. Peter's inability to carry out his altruistic goals, are memories that were expressed as permanent burdens. However, as the interview progressed there was a sense that although the burden of personal doubt remained heavy, he was able to recognise a reconnection with life had begun to occur:

“I still haven't forgiven myself – still haven't forgiven myself. It still comes – I've managed to compartmentalise it to some greater or lesser extent – that'll stay with me till I'm an old man. That will never leave me”.

5.4.6 Purpose and Meaning through Reparation with Self

This theme highlights that without the positive and validating support of organisations and family post mission, finding purpose and meaning may be delayed and an alternate pathway found through reparation with self. Niedenthal et al (1994) talks of undoing shame by altering qualities of the self. Peter reflected that it took many years for his private narrative of genocide to give way to rudimentary self absolution through

finding qualities in himself of worth and purpose again. This seemed to allow the beginnings of emotional reconnection to occur:

"I felt there were stepping stones ... after East Timor ... I regained my compassion. Finally I started to take an interest in life ... perhaps if you're going to stay in this world you've got to care for yourself to some extent ... finally it comes to you that you're worth something and you contribute again ... there is some purpose to my life".

During the interview there seemed a shift in perceptions of self respect between critical past and empathy with self in the now. Felicity recognised personal lessons learned from her Darfur experience that was taking root in the here and now:

"I started to feel undervalued and I started to realise that maybe I wasn't assertive enough in demanding more things ... I've become quite protective because you give so much of yourself ... now it's time for me to hold back a bit and not – so maybe being creative or nurturing in a different way".

Similarly as the interview progressed she reflected less on the negative experiences and more on a pragmatic acceptance of human lability:

"I believe that the ability of people to be humane and civil is as easy to scratch off as a top layer of skin and that all of us have the potential to do awful things – all of us".

Peter articulated an awareness of positive meaning and purpose through reconciliation with earlier personal qualities in his altruistic identity allowing him a renewed sense of personal destiny:

"... to give someone back their life or what have you has been a life-long pursuit and one that I feel was my calling and if I'm remembered for that, then I will be satisfied".

Although reduced faith in human nature is sometimes considered negative change, both Peter and Felicity's lowered expectations of others seemed to reflect emotional independence and authenticity which realistically acknowledged the positive and negative possibilities of human behaviour:

"... I realised that we aren't here for very long – it's not about the material means, it's about a life of purpose – that's what for me is meaningful – doing that work was meaningful, purposeful and I feel good about what I did ... I've learned a lot about what I'm capable of – I've also learned in the last couple of years, my limits".

Furthermore, the domain of spirituality is regarded as an aspect of posttraumatic growth. Yet both Felicity and Peter were consciously aware that they had rejected the concept of an omnipotent god out of their traumatic experiences. Both were brought up in a Christian faith described as providing "good morals and ethics" for life. For Peter and Felicity, having witnessed the most depraved human behaviour, there

were absolute and conscious shifts from theodicy. Unable to argue in defence of God's goodness amongst such evil, Felicity was emphatic:

"Well I don't believe there can be a god. I don't believe that not when you see what happens to children. How can there be a god. ... Each life is equal and each life is precious and that within each of us we have to find purpose and meaning and for me that purpose and meaning was through helping others".

For Peter, rejection of an omnipotent and just god was perceived as a positive change allowing him to make sense of his experiences and give purpose and meaning to the rest of his life:

"I had a relationship with God before Rwanda. After it I never will again. I think he's a figment of man's imagination ... I think you know, if they said at my funeral, 'he tried to save some lives and he perhaps did' that would be the greatest thing that I would cherish".

5.5 Discussion

Following this analysis I address first, the value of a qualitative phenomenological approach for researching topics poorly understood and second, the value in good post mission reintegration processes for psychological wellbeing in humanitarian aid personnel.

First, in choosing a phenomenological approach to investigate the subjective-felt experiences of complex humanitarian experiences this study describes Felicity and Peter's 'lived' experience rather than explains

outcomes. Using IPA, I have not simply applied a qualitative method to these complex situations, but considered the philosophical underpinnings of IPA. In so doing, the double hermeneutic orientation aimed to access the 'insider's perspective' while bracketing, or setting aside the researcher's biases and presuppositions and the more positivist explanations of cause and effect. As such, the study prioritised epistemological understanding of subjective interpretation from Felicity and Peter's perspective rather than the researcher. At the same time it allowed the researcher the freedom to search for concepts that appeared meaningful to both participants in their complex phenomenological world. Through its link to symbolic interactionism (Denzin, 1995) which is concerned with how individuals construct meaning within their social and personal world this IPA investigation tried to capture the richness of what it meant to have experienced such events within their social setting and to understanding what it was and is like from the point of view of the two participants (Blumer, 1969; Smith, 1996). As such, it has been an empathic and active enquiry to bring previously unexplored areas of research under the spotlight.

From an idiographic perspective, an interplay of factors unique to each of these participants highlighted the difficulty in psychological adjustment following extreme humanitarian missions especially when little or negative social support occurred post mission. Exposure to extreme events including genocide for Felicity and Peter phenomenologically disrupted every thread of life previously held valuable. The aftermath resulted in the loss of family, faith, and

previously held values including self worth. They remained isolated in self doubt and prone to high risk behaviours for many years. Feelings of shame led to a confrontation with former conceptual schemas of self and moral standards. Similarly they struggled to make meaning of their role as humanitarian workers and their once valued altruistic identities.

Although the construct of self forgiveness has attracted very little empirical attention, theories of interpersonal forgiveness posit that resolution of shame is intimately linked to self forgiveness (Tangney, Boone & Dearing, 2005). Furthermore, shame following real or perceived personal failures and transgressions has been linked to psychopathology (Abe, 2004) whereas self forgiveness is linked to aspects of mental health and wellbeing (Hall & Fincham, 2005). However the process of self forgiveness appears to be mediated by empathy and internal acceptance of selves (Hall & Fincham, 2005; Ranganathan & Todorov, 2010). For both Felicity and Peter, though self forgiveness was verbally doubted at times, the processes of self forgiveness outlined above seemed evident. For example, first, empathy returned allowing them to reconnect with their altruistic identities: *"a life- long pursuit and one that I feel was my calling ... I regained my compassion ... you contribute again"*. Second, acceptance of self was found in redefining purpose and meaning in their own lives: *"I realised ... it's about a life of purpose – that's what for me is meaningful – doing that work was meaningful, purposeful."*

Though it took many years, these self forgiving behaviours and cognitions, that articulated renewed empathy and self acceptance gave

resolution to self blaming shame: *"I feel good about what I did ... Finally it comes to you that you are worth something"* renewed perceptions in self care, empathy and their former altruistic identities gave purpose and meaning where there had once been shameful avoidance: *"For me that purpose and meaning was through helping others"*. A sense of personal growth and reconnection with life emerged including a new pragmatic world view which doubted the inherent goodness of humanity and questioned omnipotent justice.

Sadly, the delay in Felicity and Peter's renaissance was impacted on by disinterest, even antagonism of important others on return home and by poor follow up and care in field by recruiting organisations. Positive social support is regarded an important deterrent to the development of posttraumatic responses following trauma (Borja, Callahan & Rambo, 2009; Brewin, Andrews & Valentine, 2000; Ozer, Best, Lipsey & Weiss, 2003). Similarly, reintegration protocols post-mission that include families and/or intimate others may buffer against social and psychological consequences of humanitarian work contributing to better outcomes in the field and staff retention (see Chapter 4 this thesis). If those support systems, minimise, blame, or react with negative or indifferent responses, those exposed to traumatic events are more likely to show an increase in psychological distress and poor post event adjustment (Davis, Brickman, & Baker, 1991; Ullman, 2000).

With this in mind, it is important that recruiting organisations develop reintegration programmes that facilitate psychosocial wellbeing post mission. Many organisations have adopted a top-down corporate

approach to define goals and outcomes, however, this can impinge on good practices and the wellbeing of the individual in high risk field environments when donors needs are prioritised over personnel and recipients (Spearin, 2001). When individuals risk their lives in the care of others, they should expect: first, that their employing organisation will provide not only good risk assessment prior to mission but safety and evacuation procedures when environments become threatening and, second, psychosocial follow up for healthy reintegration on return through inclusive management of returnees and their families.

Although such an inclusive rehabilitation programme may seem daunting to aid organisations, there are already several models of psychosocial care following disaster that are now available (see Davidson, 2010; Loughrey & Eber, 2003; Regel, Dyregrov & Joseph, 2007). Alternatively, inclusive support and programmes being used for veterans and families could be adapted for humanitarian aid personnel. For example, Australian and the United States of America, psychosocial support is provided for defence personnel and veterans, their partners, sons and daughters. In Australia, the Veterans and Veterans' Family Counselling Service (VVCS) funded by the government provides an inclusive psychosocial and mental health rehabilitation service that includes a 24 hours crisis line, counselling and multiple programmes, specific to the challenges of war: e.g. primary and vicarious posttraumatic distress; alcohol and anger management; relationship adjustment; financial and career advice to name a few. Therapists attached to such organisations are skilled in posttrauma management

and rehabilitation. It is perceivable that collaboration between government and non-government organisations could assist all nationals and their families struggling to adjust following a family members' deployment to international disasters or conflict.

Furthermore, I would argue that the protocols used by the VVCS are not dissimilar to that of aid organisations psychosocial programmes used in the field to support vulnerable communities (see Regel, Dyregrov & Joseph, 2007; Regel & Berliner, 2007). Their protocols: sense of belonging, sense of control, social support, meaningfulness, and human dignity, are equally valid for the carer as for the recipient of care and could be adapted for aid workers on return from mission. When applied in the field there is practice-based evidence that psychosocial programmes positively impact on restoration of dignity, autonomy and community rebuilding. They assist in the unravelling of story-telling and narratives as a way of bringing focus for the future and reintegration of families and communities (McCormack, 2010).

In summary, indifference, isolation and rejection from intimate others and organisations can exacerbate self blaming shame in humanitarian personnel exposed to extreme and horrific working environments. Rebuilding a meaningful world can be protracted and even impossible for some exposed to unfathomable acts of inhumanity. Wurmser, (1987) warns therapists that identifying accurately an individual suffering the consequences of posttraumatic shame requires great sensitivity and patience as they may present with narcissistic defences to protect their fragility or now negatively changed beliefs about themselves.

Furthermore, transference and counter-transference is a great risk for the therapist with a strong empathic desire to alleviate suffering on the one hand yet escape the horror of hearing and witnessing on the other (Wilson & Thomas, 2004). Such therapeutic work is not for the faint hearted with expressions of shock, disbelief or disgust creating the risk that the individual may retreat into silence or further psychological injury.

However, resilience, wisdom, and psychological strength are known to grow from an individual's ability to change their personal view of themselves and accommodate their limitations and vulnerabilities particularly when the social environment facilitates self authenticity (Joseph & Linley, 2005). Additionally, therapists who are able to work with the emotions of narcissistic shame without shock, disbelief, or horror may be able to facilitate what is ultimately a growthful process for the client and for themselves. Some therapists have reported personal benefits and positive changes including increase in personal strengths, self confidence, sensitivity and compassion and a growth in appreciation in their own relationships (Arnold, Calhoun, Tedeschi & Cann, 2005; Brady, Guy, Poelstra & Brokaw, 1999; Linley, Joseph & Loumidis, 2005; Pearlman & Saakvitne, 1995; Schauben & Grazier, 1995).

In conclusion, although psychological growth has been possible for these participants, it has been through lone narratives of growth that evolved from reparation of self blaming shame despite lack of societal and organisational support. Moral doubt and discomfort required acceptance of personal responsibility at some level. Being able to self-forgive has been described by Bauer, Duffy, Fountain, et al (1992) as a

personal gift where one moves from estrangement and 'brokenness' to a sense of 'at-homeness'. They have been able to renew their altruistic identities, with empathy and self compassion and begin the process of self caring again.

However, the risk of long term psychopathology to less resilient individuals remains high emphasizing the need for organisations to responsibly address the psychosocial needs of humanitarian aid workers and their families on return from mission. Without the opportunity for humanitarian narratives to be heard and validated, and families supported in listening in the re-integration period, many humanitarian aid workers may remain isolated in shameful self blame, unable to adaptively integrate new and purposeful meaning into their lives that gives hope for their future.

This study has highlighted an area of research overlooked in the literature. It is nearly two decades since Rwanda yet global crises since that time have seen a burgeoning of aid personnel caught between warring parties and chronic civil unrest as discussed in Chapter 2. As an extension to this gap in the literature, we have no understanding of the long term 'lived' experience and psychological sequelae of war and genocide. Some forty years since the Vietnam War, how Vietnam veterans have made sense of their experiences of war and their return to societal antagonism and divisions, may shed some light on the 'lived' experience over decades of those whose careers place them at risk from international conflict and war.

CHAPTER 6

The humility of shameful growth: Decades of betrayal following the Vietnam War. A Phenomenological Interpretation

6.1 Abstract

This idiographic study investigated the subjective felt experiences of being a Vietnam veteran in Australian society. Semi-structured interviews were conducted and data were analysed using Interpretative Phenomenological Analysis (IPA). One superordinate theme was identified: *Moral authenticity: a lone journey out of war*. This theme defined layers of perceived betrayal in youth, loss of meaning, lack of belonging, and the experience of not feeling understood. Analysis showed that rage is a likely response to feelings of shame following betrayal and grief when others' actions are perceived as reckless, immoral, and threaten personal integrity. However, rage did not occur when feelings of shame were internalised as personal failure following betrayal and grief. Despite ongoing betrayals and protracted grief over decades, time impacted on interpretations of self efficacy with domains of humility, gratitude and empathy, aspects of posttraumatic growth not captured by existing standardised psychometric tools. A phenomenological interpretation of war trauma offers subjective insights of the unique experiential world of individuals that compliments extant quantitative research grounded in the positivist tradition.

Key words: IPA, betrayal, shame, rage, humility, gratitude, empathy

6.2 Introduction

There is limited research into the subjective and unique experiential world of individuals who participated in the morally and socially contentious Vietnam War. While we know that many felt betrayed and shamed (Shay, 1994; 2003), what is unknown is the individual 'lived' experience of this war and homecoming, how they made sense of feelings of shame and betrayal during war, and reintegrated back into societies that left many feeling betrayed. The aim of this study was to conduct interviews with participants in order to explore the insider perspective.

The Vietnam War had characteristics that heavily impacted on those who served. Of the fifteen nations involved in the Vietnam War, the three countries involved in the ANZUS (1951) security treaty, Australia, New Zealand and the United States of America (USA), experienced rapid social change during and after the war. Vietnam soldiers had to adapt in two ways. First, the intensity and escalating anti-war movement in these countries impacted on morale and discipline while serving in Vietnam with many coming to believe that the war was morally wrong (Fiala, 2008). Yet as young soldiers without an independent voice to protest, defy military caretakers, or intervene in questionable acts during their war service, the sense of having been betrayed by governments or military caretakers was likely to be suppressed for fear of personal safety (DePrince & Freyd, 2002; Veatch, 1977; Walzer, 1977). Such powerlessness can trigger doubt over personal moral virtue and integrity stimulating feelings of shame (Wilson & Droždek, 2006).

Second, confronted by an atmosphere of defeat, anti-war marches and protests (Goodwin, 1987; Shay, 2002) many experienced personally invalidating, isolating antagonism on homecoming (Fleming, 1985; Sandeck, 1987). War is a disruptive turning point in the life of a young person contributing to long term stress reactions, social dysfunction and difficulties with intimate reintegration (Elder, 1986; Elder, Shanahan & Clipp, 1995; Pilgrim, Rogers & Bentall, 2009). Without being heard, valued and offered the ability to mourn collectively within a welcoming society following war, the sense of self is at risk of permanent disintegration (Shay, 1994). Unexpressed traumatic grief can leave the individual feeling alienated, lonely, abandoned and shameful (Doka, 2002; Harvey, 2002; Kaufmann, 2002).

Most commonly since the Vietnam War defining post Vietnam War distress in individuals has been through a discourse based on the categories of the Diagnostic and Statistical Manual of Mental Health (DSM: American Psychological Association 1980; 1987; 1994; 2000), and in particular the diagnosis of Posttraumatic Stress Disorder (PTSD). PTSD provides a personal illness narrative based on a positivist, medical paradigm indirectly providing a context for empathic societal acceptance of the once ostracised Vietnam veteran (Chatman, 1978). However, while there is no doubt that many veterans welcomed the diagnosis of PTSD as an acknowledgement of their suffering, it might also be argued that isolating what is a societal issue solely within the individual abdicates society from responsibility further invalidating and contributing to the perception of betrayal.

It could also be argued that governments' have an interest in maintaining the positivist tradition of mental health research insofar as it does serve to shift responsibility to the victim. Furthermore, the language of disorder creates an understanding across professional boundaries especially the law, politics and psychiatry all of which are charged with decisions of compensation and accountability. The danger in this is that the voice of the person themselves is lost. As such qualitative research, drawing on a phenomenological epistemological position deliberately seeks to broaden our understanding of human experience with inclusive narratives that recognise societal and political dysfunction rather than an individual psychiatric dysfunction (Bracken, 2002; Doka, 2002; Harvey, 2002; Maddux, Snyder & Lopez, 2004; Shay, 1994). We know that gratitude from society to returnees of war has assisted male veterans come to terms with their participation in war not only in the immediate aftermath but 50 or more years after the war (Burnell, Coleman, & Hunt, 2006; Hautamäki & Coleman, 2001). Similarly, it encourages the integration of personal and public narratives around complex traumatic societal events aiding reconciliation for the individual and society. Further understanding is needed on how veterans themselves made sense of this dialectic between the language of psychiatry and the social structures which were important for healing.

Interpretative Phenomenological Analysis (IPA; Smith, 1996) is a particularly relevant method for this study as it is informed by the theoretical perspective of symbolic interactionism, that is, the construction of meaning by the individual within their social and personal

world. As an in-depth idiographic study of individuals as opposed to a nomothetic research study, each participant is a unit of analysis on his own terms. Using IPA the study aimed to provide an indepth understanding of the phenomenological experiences of being sent as a young man to the Vietnam War and public antagonism and rejection on homecoming. Recent research has highlighted that psychological growth can result from a wide range of complex life events, including war (for reviews see Helgeson et al, 2006; Joseph & Linley, 2008; Prati & Pietrantonio, 2009). Mindful of this literature an interview schedule was developed asking respondents about both positive and negative reactions.

6.3 Method

6.3.1 *Participants and Recruitment*

The impact of the Vietnam War on Australian society is scarcely known outside Australia. The empirical research that exists tends to reference the USA's experience and it is assumed that these experiences generalise to Australian veterans. While there are undoubtedly commonalities, there are likely differences. Australia's history of a colonial and penal past includes a military history exclusively in the service of others' conflicts, with soldiers deployed to assist foreign sovereignties. So it was with Vietnam. Conscription of young men on their 18th birthday helped to swell the ranks of regular recruits already in training providing a random socio-economic group of young soldiers. The chance to yet again assist a great power was welcomed by the Australian government at the time, with the first advisors sent to Vietnam in 1962. It was hoped that the

USA would reciprocate any cold war threat from China to this large land mass with a small population. Ultimately the outcome of the war forced Australia into dialogue with more diverse and immediate neighbours including the south-east Asian nations who had fought on both sides of the war, and left a war-divided and anti-conscript society antagonistic to the young men and women who had served.

The participants, all male, were aged between 57 and 64 years at the time of the study. Data were collected between March and July, 2008. Five were conscripted into National Service, three were regular army and one was navy. Four remain in their first marriage, four are in long term second marriages or stable relationships and one was divorced and lives alone. Apart from the veteran living alone, all had adult children. All had received a psychiatric diagnosis of posttraumatic stress disorder (PTSD) and other stress related categories including anxiety, depression, alcoholism, and agoraphobia as well as recognition for physical disabilities. All had varying levels of remuneration in the form of pensions for their disabilities and diagnoses. All had sought and received psychological and psychiatric assistance.

6.3.2 Procedure

The interview schedule was constructed to elicit answers corresponding to the predetermined categories i.e. the continuum of experiential phenomena from the Vietnam War and its positive and negative ramifications over a lifetime in Australian society (Table 5). Its role was to facilitate and guide rather than dictate direction. Because this study was interested in the 'lived' experience from the dual

distresses of war and societal antagonism, as well as experiences of posttraumatic growth, a funnelling technique was used in devising the interview schedule. This technique firstly elicits general views then works towards more specific concerns. When participants addressed targeted issues early in the interview, asking the more specific questions became redundant.

Ethical clearance was obtained from the University ethics review panel prior to data collection. The participants of the study were sourced through mail-outs and notice boards of social groups within the Vietnam veteran community of an Australian city. A purposive sampling strategy was used which emphasises the recruitment of participants for whom there is relevance and personal significance in the topic being investigated. This select group of Vietnam veterans formed a homogeneous group, a strict criteria of IPA.

The first nine who met the study's criteria were recruited. Before signing the consent form, each participant was informed of the purpose and methodology of the study including the manner of data collection through a semi-structured interview and digital voice recorder. Similarly, the subject area under investigation was explained during recruitment. It was made clear that participants could withdraw at any time and request their interviews be destroyed. Interviews were negotiated in a place acceptable to each of the veterans and at a time of their choosing. Apart from clarification and exploratory prompting, the interviews followed the interviewees lead. Each interview lasted approximately 2 - 3 hours allowing for subjective reflexivity and clarification. This resulted in

approximately 25 hours of data. The researcher conducted the interviews and transcribed each verbatim (for notations see Appendix 1).

6.3.3 Table 5: Interview schedule for Vietnam veterans

1.	Could you describe how your experiences related to Vietnam and homecoming have impacted on you over your lifetime so far?
2.	How do you make sense of your personal involvement in the Vietnam War?
3.	How do you make sense of the human dynamics at play in Australian society that you have been caught up in?
4.	What is it about your Vietnam experience in particular that has impacted on you either positively or negatively?
5.	Do you think you as a person have changed because of these experiences?
6.	Are there any psychological, philosophical, existential thoughts that have altered or that have emerged over the years since Vietnam?
7.	It has been suggested that psychological growth can follow terrible adversity such as war. Could you comment on any transformative changes in the way you think about yourself, your relationships, and your values and beliefs over the decades as a result of being a Vietnam veteran?

6.3.4 Analytic strategy

The nine interviews were treated as one set of data. Each was transcribed and analysis followed the four-stage process described by Smith and Osborn (2003) as described in Chapter 3 (Methodology). The researcher conducted the interview and analysis. The researcher's first supervisor conducted the validity check via an independent audit (Smith, 1996). This involved checking that interpretations were grounded in the text through critical examination of developed themes (Glaser & Strauss,

1967). Step-by-step stages of the analytic process are provided in Table 6.

6.3.5 Table 6: Stages of IPA Process

Stage	Process
1	Repetitive listening, verbatim transcription and preparation of first transcript
2	First interpretation of transcript by paraphrasing and summarising the participant's phenomenological and hermeneutic experience followed by annotation of emerging themes
3	Thematic analysis of first transcript to identify perceptions of the struggle to make meaning of multiple betrayals and shame during and after war over the decades
4	Stage 1, 2 and 3 repeated for each transcript searching for convergence and divergence and clustering of themes that supported evidence of the superordinate theme
5	Exploration of overarching higher theme of lone journey to personal growth
6	Chronological listing of emerging themes across for connectedness.
7	Further examination of higher theme, assessing its relationship and links to psychological growth out of betrayal and shame
8	Clustering of themes around concepts and theories
9	Data from transcript independently audited by first supervisor to verify investigator's validity of interpretations from within the text.
10	Emergent higher order main theme of moral authenticity in a lone journey of self reparation reassessed
11	Subjective analysis of interpretation of themes representing the phenomenon of the 'lived' experience in the context of war and on return from war to develop model of pathways through shame out of war betrayal and shame to personal moral integrity and growth
12	Narrative account to link theory to themes generated through pertinent verbatim extracts from transcript
13	Development of links from several levels of war betrayal and shame to growthful exploration of meaning making and psychological wellbeing

6.4 Results and Analysis

This section reports on 5 subordinate themes overarched by one superordinate theme: *Moral authenticity: a lone journey out of war*. This overarching theme encapsulates a sincere and honest drive for reparative self evaluation in the aftermath of war. It defines first, a chronology of betrayal and personal shame in a life affected by war and second, conscious attempts over time to reinterpret perceptions of self contributing to positive change and psychological wellbeing. The clusters captured most strongly the respondent's concerns across the subject area. Although many themes emerged those included had a keen fit with the emerging structure and were rich in evidence from within the scripts. Quotations from the interviews are used to describe and illustrate the themes. The reiterative process respected convergences and divergences across the scripts. As such, the following analysis respects not only theoretical convergence but individual idiosyncrasies within that convergence. The researcher's supervisor conducted an independent audit and validity check through critical examination of thematic representations and authenticity (Smith 1996).

The following analysis presents themes that have emerged from across the entire data set of nine individual scripts to define a lone journey out of war over decades (Table 7).

6.4.1 Table 7. Five subordinate themes overarched by one superordinate theme - Moral authenticity: a lone journey out of war

1. Betrayal in youth:	<i>The beginning of doubt and bewildering grief</i>
2. Betrayal in meaning:	<i>Lack of justice and shameful failure</i>
3. Betrayal in belonging:	<i>Shameful retaliation against rejection/scapegoating</i>
4. Betrayal in understanding:	<i>Society exonerated in a lone illness narrative</i>
5. Reparation with self:	<i>Psychological wellbeing out of shame, humility and self acceptance</i>

6.4.2. Betrayal in youth: The beginning of doubt and bewildering grief.

In this section I draw attention to the rich descriptions participants contributed in describing their struggle between comprehension and doubt around multiple losses imposed on them as young men sent to war. The reality of war altered the dreams and plans of these young lives which led Nick to morally doubt Australia's involvement:

"I didn't really understand what had happened in Vietnam to get us there in the first place ... I don't think many Australian's did. We were just sent there – "off you go boys"

while call-up for National Service has left Warren grieving an abruptly interrupted and promising career:

"It was a nasty kick off in life – let's face it, you're 18 to mid twenties and the prime of your life ... was thrust in the middle of that. It has devastating effects right through the rest of your life – you can't run away from them."

Similarly, Keith remains bewildered by the lifelong sensory legacy of war grief;

"... they're screaming and in pain and legs missing and ar – bowels sticking out and eyes gone... cause it's life and death, it never leaves you, it's vivid in your mind all the time ... you leave it – leave it in the background and get on with your life the best you can but ah – but ah – it's always there"

and the intrusiveness of sensory memory to maintain a lifetime of sadness and mourning:

"You can't deal with daily death ... you can't deal with it ... you never get used to it ... you can shovel bodies into bags and ship them off on a helicopter, you can dig a grave for – for the dead and bury em – um – but you can't – can't erase it from you mind"

They recognised that doubt quickly replaced trust with growing scepticism over personal safety fuelling cynicism in a land where affiliations appeared transient and labile:

"I remember feeling – why are we helping these people when all they do is turn their back on us and try and shoot us at night-time?"

As thoughts of being involved in a just and moral war were worn away, dealing with death became a surreal detachment from the many visual representations of death:

"Plenty of corpses at all different stages of decomposition throughout the bush as you travelled along".

Grieving the dead was abandoned as the grave reality of staying alive entered their consciousness:

"We didn't shed any tears when people died in Vietnam ... you were totally focused on not getting killed, watching where you stepped - watching where – everything you did was one second at a time ... and when they start putting them in body bags ... you think, this is for real".

As a consequence, catastrophic loss had no context for mourning and bereavement was suppressed to emerge unpredictably over the decades:

" ... a soldier is supposed to feel ... react only for the group you're with and that goes out the window when the first body bag ... and you already know who is in the bag and the reason he is in it because I have been on the radio during the contact with the enemy. Do I feel anger? The answer is yes, very much so. Not much I could have

done then. Did I cry then? Yes underneath, but over the years lots."

Even when the participants felt supported and valued by their military leaders, the unpredictability of death interrupted expected journeys of togetherness and severed inclusive narratives.

"We grew that close – that's probably what hurt me the most about the death and destruction – plenty of ours cut to pieces and when you don't see them anymore and you've trained with them, and been through this, then someone comes in and replaces them and – and they are – so that – that – that hurt the most."

6.4.3 Betrayal in meaning: Lack of justice and shameful failure

This theme highlights the erosion of trust as meaningless death overwhelms them. They describe a growing sense of frustration and nagging doubt that they are being betrayed and by association, betraying their colleagues.

When colleagues were killed, the meaning of one's own survival was challenged bringing nagging doubts of self blame for not performing some miraculous act of heroism. Such relationship severing had no absolving dialogue with the dead:

"the Army did train us well ... but in my dark times I cry a lot. Maybe it's the survival guilt coming out, shame is the other thing that rings strong with me even to this day

... one in particular I have not discussed with anyone which touches me deeply but that, I take to the grave".

Internalised dialogues that had no opportunity for verbal expression maintained fragmented and shameful memories fuelling honour in death and shame in living. Self forgiveness was elusive. Death had become a mark of achievement, and living, a proof of failure:

Sean: "I thought I was a failure there because I went out and got drunk and got beaten up by the White Mice (South Vietnamese police) and the Yanks and um - ... and while I was in hospital, 9 of my own mates got killed ... I'd have been with them ... so I'd have probably been one of the KIO's (killed in action)... How do you get your head around it. I don't know. ... I had a vendetta to fulfil - definitely anger at - probably towards myself you know ... Shame is the question I ask myself lots of times over and over ..."

Forty years on Warren still grieved the circumstances that left him without choice and engaged him in a questionable endeavour:

"I did have and still have a feeling of humiliation in the sense that being a Vietnam soldier was a sense of failure and a waste of my young life ... I now feel as I grow older that my Vietnam service was unimportant."

On the other hand, "going tropo" (Australian slang for going 'berserk' in the tropical sun) was not seen as failure but loss of restraint triggered

by injustice and failed duty of care. Caught between two loyalties, Warren's distress and shame was a complex mix of helplessness and powerlessness juxtaposed between a powerful 'caretaker' and his impotence to humanely support his colleague. His 'anxiety' reflected an internal struggle that left him shamed by his complicity in military discipline:

Warren: *"I was involved with a mate and he definitely went berserk in the next tent shooting off his rifle ... shit, what are we gonna do ... jump on him, disarm him and tie him up ... the Army protocol then was to lock him up in a padded cell (shipping container). I was given the job of guarding the cell at the Provo Unit (Police quarters). He goes berserk inside trying to hit his head ... he got so furious he busted the lock that was welded ... and then I'm chasing this bloke and trying to tackle him and hold him down – it was my responsibility to – to guard him ... I restrained him once again with help and eventually he was put in a straight jacket ... I was – I was um – commanded to go down to a court martial ... as a chief witness... pretty upset about being forced ... the cause of his tropo came out in court was that he had family and personal problems at home ... seeing my mate go tropo made me have terrible pity for him which I feel is a form of shame. The event I remember caused great anxiety for me at the time".*

'*It's not right*' is a repetitive theme particularly when threatened by others incompetency. Noel's berserk state following three acts of injustice by his senior officer can be viewed as justifiable anger at incompetence and inhumanity:

First incident: "*We went out on a patrol by ourselves with a handful of Vietnamese, completely by ourselves out there, and we saw enemy not too far away, and he wanted to start shooting at them, and you know – you know, there was about 6 of us – you know he was such a dickhead!*"

Second incident: "*there was an incident where he made me drive him back ... right on curfew time, and I said "we can't go back, you're drunk" ... He ordered me to drive him back and I had to dismantle a road block to get the – to keep driving on the road, and when I dismantled the road block, a trip flare went off ... and we got shot at by the bloody south Vietnamese soldiers"*

Suppression of emotions and feeling silenced in the face of questionably moral decisions by his senior officer, finally found release in rage. Noel's response to '*the straw that broke the camel's back*' seemed an amalgam of emotions to force more humane actions. In describing circumstances where Noel's commanding officer offloaded a badly injured Vietnamese colleague to await a Vietnamese helicopter some 20 minutes later, Noel described his rage as '*quite out of control*' but driven by internal threat to his moral integrity:

Third incident: " ... so by the time we got this Vietnamese wounded soldier off one helicopter and waiting for another, I'm already sort of starting to get a bit of head – I'm getting a head of steam up cause this bloke's such an idiot. ... of course the guy died and it ended up that I lost it completely – I just – just went crazy and pulled my rifle on him and threatened to blow his head off ... - quite out of control, because – because of all this other stuff ... we could have done better".

Loss of restraint did not attract judgement from these veterans but sadness for a mate overwhelmed:

"One of the soldiers in our company 'lost the plot' whilst in camp ... that was difficult and sad for us as he was a nice guy."

Threats to survival of self or others are indelibly implanted in memory. Restrained during the war, a desire to purge the debt arose decades later:

Frank: "... the actions of an inexperienced officer put the rest of the patrol in serious danger during the course of the patrol. The anger was palpable to say the least when the boys got back to camp. What has made the situation worse over the years ... was that the officer concerned falsified the reports of the events that took place and caused a number of (disability) claims to be denied as the traumatic incident ... was at odds with the "official report". It took a concerted

joint effort by all the patrol members who corroborated each others' accounts of the event to finally get the claims accepted and through the system. As recent as last March I spoke to one of the original claimants and I believe him when he stated that if any of the patrol members come across the officer concerned, blood will be spilt as many of the claimants were shattered to find an officer had lied to cover his own short comings. There was at least one attempted suicide - thankfully unsuccessful".

6.4.4. *Betrayal in belonging: Shameful retaliation against rejection and scapegoating.*

This theme highlights the burden of societal blame and humiliation carried by these veterans on return home. Further it sheds light on behavioural and emotional responses to years of scapegoating and societal isolation.

Despite the decades, perceived threat still evoked powerful responses of rage. The loss of control described the breadth and complexity of deep seated responses to core threat. Self blame had not abated:

"I've just about gone off the deep end for the thousandth time (be)cause I do fly off the handle – it's a handicap"

Family reintegration was splintered:

"My family did not want to know".

Suppression of war grief and betrayal produced open emotional wounds that continued to suppurate with rage and hurt as societal ill-will festered in their lives:

"It was just all too hard to stay composed – seemed to be that my emotions were always close to the surface and it didn't take too much to trigger me off."

Being scapegoated for unpopular military and political decisions consolidated self blame and feelings of alienation:

"You know, they didn't even want us back here ... I couldn't pick up where I left off ... I just didn't fit in ... I felt alienated from them".

Leaving many isolated in a lone narrative:

"People around me just wouldn't talk about Vietnam because OK it was a war we lost ... so the Vietnam veterans probably got the blame for that"

Yet, retaliatory rages brought some relief from self blame when used to confront unjust criticism and blame:

"I just belted seven bells out of this bloke and I started to enjoy it – it was like a relief. I felt sorry for the bugger in some respects but unfortunately he made the decision to have a crack at me so bad luck ... I will not be afraid to have a go at a bloke"

6.4.5. *Betrayal in understanding: Society exonerated in a lone therapeutic narrative.*

With this theme I draw attention to the subtle perpetuation of individual blame. A unique set of responses described within an individual mental illness paradigm brought a stigma of mental incompetency to many Vietnam veterans:

"They thought you were mad. You were on your way to the mad house".

Mental anguish was described as "*mental pain*" by these veterans and it therefore was understandable that they would welcome an interpretive language akin to other forms of pain:

"... there's no two ways about it and it's hard to describe the mental pain you feel along with the physical pain, but you do."

Because the decades of struggle for these veterans saw no relief but engendered "*thoughts about doing harm to myself ... increasingly as time went on*", mental health categories became entwined within a narrative of self judgement and shame:

"When I was diagnosed with posttraumatic stress disorder ... I felt guilt that I – that I had posttraumatic stress and yet I wasn't in the field"

Yet, the granting of a psychiatric diagnosis for war related mental distress was the badge that gave approval for a war pension and societal

recognition. However, Barry still perceived himself as the problematic referential point of blame in need of change;

"... trying to get other people to understand – yeah, I'm trying to change"

and:

"If I would've opened up a little bit more and thought a little bit more, actually those problems might have resolved themselves a little more easily and not caused problems for anyone else ..."

Juxtaposed with the burden of blame, there was relief that being recognised as a TPI pensioner (Totally and Permanently Disabled) gave some compensation:

"I could not imagine living without TPI being with the health problems – not so much mental".

Others are shamed by the mental ill health categories:

"it seems to have a stigma of we're nuts or leapers".

6.4.6. *Reparation with self: Psychological wellbeing out of shame, humility and self acceptance.*

This theme explores a positive and reparative redefining of self following decades of shameful betrayal. Changes in perception of self-in-time emerged.

Despite insatiable mourning and regrets; ongoing *"lack of trust"* of society; learning to *"put up with the scars"*; retreating into alcohol *"to console myself"* or *"try and integrate with people and civilian life"*; and the deep sense of betrayal of *"being controlled by what happened in Vietnam for the rest of my life"*, they described distress of war as contributed to the building of strengths and capacities to overcome adversity in the future. More importantly, there was recognition that growthful revelations came through embracing distress:

"If Vietnam was to draw any positives from it, I know I'd be a stronger person ... I can confront tragedy in front of me ... emotionally I'll be strong enough to cope with it ... I can confront the demons ... and I don't mind shedding a few tears".

Every participant of this study relayed a story that reflected laconic pride of the young man's ability to confront adversity unrecognised by his society. A lifelong struggle from cumulative betrayal determinedly motivated them to extend themselves. Positive reflections recognised that war gave opportunities for competencies to be developed beyond predicted expectations. These new interpretations were viewed as reparative to long-held negative views of self and gave rise to a new perspective of self as resilient:

"You were basically thrown in the deep end and made to think, made command decisions ... and we used to do things that took initiative."

As the interviews progressed language shifted from telling a story in past tense to a language that began to interpret understanding between past and present. As such, the context changed to one of self valuing in the here and now. Engaging in an iterative process with themselves, endurance was viewed as strength and emotional pain and grief as giving rise to virtues, such as empathic concern for others:

"I feel grief for people. Anybody, anybody that has a tragedy in their life you know – I can feel their pain".

As this occurred a sense of power seemed to influence their current perceptions. They began to reflect on their psychological pain as uniquely instrumental in facilitating positive change in personal relationships with others and self.

" ... to concentrate on the things that are important and not get too wound up with things that are not important ... because I used to be one that took everything on board with very debilitating effects. I almost killed myself. ... I've had the view of late that if I'm alright, people that matter to me are alright around me."

They no longer sought to avoid emotional challenges that once left them feeling vulnerable and fragile, but showed a willingness to embrace painful memories as part of reparation with self irrespective of societal evaluation of them as veterans:

"In one sense I try to resurrect emotionally by digging through my past to try and resurrect it ... it might take me time, but I can – I can confront it".

Similarly, they spoke of personal growth as having been facilitation through the distress of honest self evaluation:

"... I had no idea that we'd lose the house and everything ... and I'd end up diagnosed with PTSD ... I knew it would happen and I – I also knew it had to happen to allow us to move onto the next stage whatever that was going to be – and we're not finished yet. ... so, where we end up, God knows but I'm quite looking forward to it."

It is believed that people are intrinsically motivated towards positive accommodation of adversity and trauma. Despite the failure of society to provide a non-judgemental, empathic and genuine context to facilitate growth following war, Frank's honest self evaluation with self appears to have facilitated wisdom and autonomy. His private and lone journey of interpretation and personal reparation became an ongoing search for meaning:

"I can't differentiate between wisdom gained with age or just a better understanding of myself in relation to everyone else. I suppose that as you strive to be a better human being, recognition from anyone in relation to oneself becomes less and less important as you realise how much other people do that causes you or what you

do to become less important in your own eyes, regardless of what other people think or the importance they place on what you have done”.

Again, there was recognition that purposeful and honest self evaluation and reparative change involved a conscious embracing of considerable psychological pain and belief in the possibility of positive change:

“I went pretty close to the edge ... that was a good turning point in my life I think and a period of time just talking through whatever, and it wasn’t hard ...if I keep that attitude – if I want to change and something comes up and it doesn’t go right, I can change.”

As outcasts on their return and throughout their life journey their trajectory has been a lone journey out of betrayal and disenfranchised grief. Shame, it could be argued, stimulated a renewed moral integrity, a humble commitment to honour self no more highly than is justifiable, and gratitude for lessons learned:

“The word humility comes to mind, only that I am older now and wiser, or wiser after the events. I am thankful for what I have and for what I have had ...yes, humility is a big word for me ... after all I only did the best job I could under the circumstances.”

Self-in-present-time appeared to be one of perceived personal growth rather than a medical paradigm of mental disability. Although these

extraordinary and complex set of historical betrayals undermined their moral rights and meaningful citizenry. Societal contrition over time, though welcome is barely adequate and disproportionate to the burden endured:

"and even in the newsletter recently, there's one guy who wrote in and apologised for demonstrating against us – so that is a little bit – lifts a bit of weight off you".

6.5 Discussion

A burgeoning body of research has begun to recognise the significance of using qualitative methods to explore the 'lived' experience of individuals with traumatic, painful, and chronic life distress (e.g., see Chapters 4 & 5 this thesis; Shinebourne & Smith, 2009; Smith & Osborn, 2008). Such knowledge provides a complimentary benefit to existing quantitative research by focusing on idiographic understanding rather than nomothetic explanation. While quantitative research is able to provide generalisations to the population, qualitative methods such as IPA allow us to explore the individual's unique interpretation of their experiences that are invisible to a quantitative approach. Similar to anthropology, a qualitative study does not claim to be able to generalise its' findings to all 'cultures' but significantly contributes to extant theoretical literature and subsequent studies while shedding light on the individuality of 'lived' experiences (Smith & Osborn, 2008). Its versatility is that it can be used for a single case study or multiple cases of a

population with similar demographic/socio-economic backgrounds such as these veterans (Smith, 2004; Smith & Osborn, 2008).

In this study, an idiographic approach revealed an interplay of factors unique to each participant that produced convergent themes of betrayal over time. Disenfranchised by these betrayals on return home, (*'they didn't even want us back'*) rage at perceived injustice, and consequential self blaming shame, brought *'thoughts about doing harm to myself ... increasingly as time went on'*. Eventually, making meaning of their marginalisation by society required that they embrace a solitary narrative encased in a mental illness paradigm maintaining the veteran as the problem (*'If I would have opened up a little bit more ... and not caused problems for anyone else'*). Unfortunately, a medical and illness narrative as meaning for post war distress further contributed to a lone and isolating shame (*'it seems to have a stigma of we're nuts or lepers'*).

A medical paradigm based on empirical research has often been used to explain war distress (Crane, Barnard, Horsley, & Adena, 1997; Kulka, Schlenger, Fairbank et al, 1990; Weiss, Marmar, Schlenger et al, 1992). Significantly, a phenomenological interpretation alternatively regards subjective interpretation of subjective distress as the key to rediscovering meaning and purpose following trauma. This is an important consideration given that how an individual makes sense of war shame both during and after war is unknown for although there is a considerable amount of research regarding the role of shame (Cook, 1987; Joireman, 2004; Leith & Baumeister, 1998; Maddox, Lee, & Barker, 2010), there is

a limited amount of research on the subjective 'lived' experience of shame.

This study offers a valuable insider perspective of first, shame internalised as self doubt, and second, shame by association through negligent, corrupt or dishonest actions of others. We know that narcissistic and self harming behaviours, avoidance behaviours, self focused empathy and ruminations are defences at camouflaging fragility when an individual feels shamed by their own transgressions (Joireman, 2004; Leith & Baumeister, 1998) and that rage can be viewed as an adaptive response to restore identity imbalance (Tangney, Wagner, Fletcher & Gramzow, 1992; Wilson & Droždek, 2006). Likewise, the veterans of this study described internalising their shame when personal or social standards were transgressed but alternatively, described retaliatory behaviours aimed at restoring justice when associated with others' shameful acts.

Fortunately, despite evoking painful distress, shame can be regarded as a powerful tool for the moral agents of humility: sincerity and fairness; to facilitate self reparation and self valuing authenticity (Andre, 2002; Ashton & Lee, 2008; Heim, 2009). In other words, over time, it can encourage compassion to self, promote greater resilience, wisdom and personal growth while accommodating limitations and vulnerabilities (Andre, 2002). These veterans talked of engaging with their distress – *'I try to resurrect emotionally by digging through my past ... I can confront it'* - to make meaning of their war experiences and give purpose to their futures. As they mused on their experiential interpretations, a detailed

picture of the subjective self shifted from a past 'self' struggling with shame and isolation, to a more empathic, humble and grateful one in the present. Humility as expressed by the veterans was unexpected and has not been previously discussed in the literature on veterans. Scheff (1994) proposed that repetitive or protracted violence through war is a response to shame without humility. Without humility and honest self assessment, societies as well as individuals can ignore moral questioning and risk being stuck in a repetitive shame/retaliation loop continuing to externalise blame and repeat mistakes.

The recognition of gratitude was equally unexpected. When received from society, it is known to mitigate negative consequences and posttraumatic stress responses after war (Burnell, Coleman & Hunt, 2006; Hautamäki & Coleman, 2001). At a personal level, gratitude appears to promote motivation, daily self-regard and the pursuit of social activities that are constructive, satisfying and rewarding leading to personal growth rather than focusing on momentary hedonistic pleasure (Kashdan, Uswatte & Julian, 2006; Wood, Joseph & Maltby, 2009). This thinking is closely aligned to modern theories of psychological wellbeing, and growth which describe the individual's innate and natural tendencies for self actualisation, purposefulness and fulfilment of one's potential (Joseph & Linley, 2005; Tedeschi & Calhoun, 1995; Rogers, 1963; Ryan & Deci, 2000; Ryff, 1989).

Therapists working with those suffering the extreme consequences and often narcissistic defences of war betrayal and shame have a unique opportunity to facilitate transformative growth out of war trauma and

experience vicarious growth themselves. Personal challenges often confront therapist working with veterans and such work requires great sensitivity and commitment that is not without personal risk of emotional fatigue, transference and counter-transference (Figley, 1995; Wurmser, 1987; Wilson & Thomas, 2004). However, as psychological growth is considered both a process and an outcome (Joseph, Williams & Yule, 1993; Joseph & Linley, 2005; Tedeschi & Calhoun, 1995; 2004), psychologists and trauma therapists have reported personal growth from such work.

For example, a small amount of research suggests that vicarious exposure in therapy can impact positively on the psychological wellbeing of both the therapist and the client. Pearlman and Saakvitne (1995) found that although therapeutic work can alter the therapist's basic schemas of trust, safety, personal control, attachment, and esteem for others, their effective responses can aid the healing of trauma narratives. Therapists themselves have experienced personal benefits and positive changes reporting they had grown spiritually, experienced increased recognition of personal strengths, became more self confidence, sensitivity and compassion, and more appreciative of relationships (Arnold, Calhoun, Tedeschi & Cann, 2005; Brady, Guy, Poelstra & Brokaw, 1999; Linley, Joseph & Loumidis, 2005; Pearlman & Saakvitne, 1995; Schauben & Frazier, 1995). Of significance for those working with veterans of all wars is the importance of respecting the individual's interpretation for redefining their emotions, their views of themselves and their relationships over time being mindful that categorising their

responses in a fixed and rigid medical illness model may further add to their feelings of isolation and self blame.

In summary, the significance of a qualitative approach such as IPA is that it can complement and illuminate quantitative studies in its detailed construction of subjective-felt experiences and its meaning-focused approach to research. However, it is important to highlight limitations of a qualitative investigation that arise when researchers are incognisant of their biases and pre-suppositions. First, psychologist/researchers need to be aware of mindsets that preferentially look for the more positivist explanations particularly generalities or cause and effect often imbedded during their training. Therefore, researchers need to be explicit about their philosophical position and conduct a preliminary self-investigation to expose unconscious biases and presuppositions that may influence the research question. As such a medical model explanation that promotes an illness ideology needs to be bracketed out when describing the personal/social life world of participants and subjective meaning making.

Second, the quality of the analysis will depend on whether the researcher is able to make sense of their own world impacting on their interpretation of the personal world of the participant. Without such awareness the subjective world of the participant may inadvertently be neglected in favour of the subjective world of the researcher. Thus, the double hermeneutic approach of IPA, though essential to accessing an 'insider's perspective', challenges the researcher to remain neutral and reflexive, while conscious of the multitude of hidden agenda that lie in wait to thwart the best efforts of any interviewer.

Following the philosophical principles of phenomenological enquiry, this study is not concerned with cause and effect or generalisable outcomes. It seeks to investigate, describe and clarify individual, subjective 'lived' experiences of an unpopular war and re-integration difficulties on return home, and the meaning brought to these experiences over decades. It foregrounds epistemological understanding of subjective distress from the perspective of the researched, rather than the researcher.

These Vietnam veterans are ideally suited to describe the 'lived' experience and sense making over decades of betrayal and shame from a controversial war in their own society. Furthermore they can enlighten our understanding of any transformative changes and psychological growth following complex adversity influenced by the passing of time. They describe a lone journey over forty years struggling to bring meaning to societal isolation and their emotional responses to war distress. Their journeys highlight that no matter how explanatory medical paradigms may be, if used to legitimize emotional pain, psychological distress and government compensation following war, further betrayal trauma and rageful shame may impact on individuals over decades. For these veterans, making meaning over time came through honest self evaluation with humility, gratitude and empathy leading to renewed moral integrity, psychological wellbeing and growth. Australian society has grown to recognise the tragic long term distress imposed on its Vietnam veterans and now provides one of the most comprehensive mental health assessment and rehabilitation services for veterans worldwide. However,

the increasing deterritorialised nature of ethical rather than political conflicts means that combatant war is more likely to be indiscriminate and without real and visible enemies (Chandler, 2009). Military intervention to solve global political and social issues, places young soldiers at risk of dislocation in their own society and burdens families with the tragic consequences of emotionally charged and visionless immoral conflicts.

Those family burdens and the vicarious effect on partners and spouses is the focus of the next study. In the years to come, supporting psychological adjustment in returnees from current modern wars will be borne by families often unprepared for the hidden agenda of war in their loved ones. The long term 'lived' experiences of vicarious combat exposure are unknown. Wives of Vietnam veterans can shed light on the enduring consequences of vicariously experiencing war and the meaning making individuals in supporting roles bring to their emotional, psychological and societal experiences.

CHAPTER 7

The 'lived' experience of vicarious growth over decades in wives of Vietnam veterans: A Phenomenological Investigation

7.1 Abstract

There is a paucity of research understanding the 'lived experience' of psychological growth following vicarious trauma. This idiographic study explores the phenomenological experiences of wives of Vietnam veterans exposed to vicarious combat trauma over decades. Using semi-structured interviews data were collected from wives of Australian veterans and analysed using Interpretative Phenomenological Analysis (IPA). Two main themes emerged: a) '*Living with the distress of vicarious trauma*' and, b) '*Vicarious growth*'. The first theme, describes the distress and struggle to interpret and understand the '*what*' of vicarious trauma by these women. The second theme highlights '*how*' they brought meaning to these experiences. Of interest are the domains of humility, love, gratitude, and empathy aspects of posttraumatic growth that are not captured by existing standardised psychometric tools. The importance of the insider's perspective into the ongoing 'lived' experience of family members exposed to vicarious combat distress over decades is discussed.

Key words: vicarious trauma; vicarious posttraumatic growth; wives; humility; love; gratitude; empathy.

7.2 Introduction

Research shows that living with a veteran suffering posttraumatic stress disorder (PTSD) is stressful, with partners exhibiting high and chronic rates of psychological distress (Beckham, Burkner, Rice & Talton, 1995; Calhoun, Beckham & Bosworth, 2002; Dekel & Solomon, 2006 ; Karney & Crown, 2007; Manguno-Mire, Sautter, Lyons, Myers et al, 2007). Repeated empathic and emotional support for a partner traumatised by combat or war creates susceptibility to what is variously known as secondary traumatic stress 'compassion fatigue', or 'vicarious traumatisation' (Figley, 1995, 1998; McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995). This indirect exposure to a traumatic event can result in both transference of psychological distress and changes to memory systems, including prior views of self and the world (Figley, 1995, 1998; McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995). Once overwhelmed, the affected individual may become emotionally distant minimising the trauma narratives of the primary sufferer, or over-involved, idealising the traumatised person (Figley, 1995, 1998; McCann & Pearlman, 1990). In either case, vicarious trauma can elicit in particular, feelings of self-doubt, isolation and anxiety as well as guilt for not being able to relieve the distress of the primary sufferer (Wilson & Lindy, 1994).

Conversely, the potential for posttraumatic growth is now recognised following a wide range of life events. These changes over-arch three broad life domains: positive re-evaluation of self worth, greater appreciation of interpersonal relationships, changed life values and beliefs

(see Helgeson, Reynolds & Tomich, 2006; Joseph & Linley, 2008; Prati & Pietrantonio, 2009; Tedeschi & Calhoun, 1996, 2004). A systematic review of 39 studies by Linley and Joseph (2004) suggested that positive change is commonly reported in around 30-70% of survivors of various traumatic events including transportation accidents (shipping disasters, plane crashes, car accidents), natural disasters (hurricanes, earthquakes), interpersonal experiences (combat, rape, sexual assault, child abuse), medical problems (cancer, heart attack, brain injury, spinal cord injury, HIV / AIDS, leukaemia, rheumatoid arthritis, multiple sclerosis, illness) and other life experiences (relationship breakdown, parental divorce, bereavement, immigration). They also reported that growth is associated with personality traits such as optimism, extraversion, positive emotions, social support, and problem focused, acceptance, and positive reinterpretation coping.

Helgeson et al (2006) conducted a meta-analytic review of 87 studies concluding that benefit finding was related to lower depression and more positive well-being, but also more intrusive and avoidant posttraumatic experiences. This latter finding has caused some confusion, leading some to question the adaptive utility of growth. However, others propose that posttraumatic stress should be viewed as the cognitive process that gives rise to growth. From this perspective, growth is seen to arise out of the chaos of trauma and the resultant cognitive – emotional struggles (Joseph & Williams, 2005; Joseph & Linley, 2005).

Although a few studies into the effects of trauma work on psychotherapists now exist which suggest that personal benefits and

positive changes can arise through vicarious exposure (Arnold et al, 2005; Brady et al., 1999; Linley et al, 2005; Pearlman & Saakvitne, 1995; Schauben & Frazier, 1995), understanding 'how' partners remain in marriages where combat related stress challenges both the veteran and partners' adjustment is as yet unresearched. Wives of Vietnam veterans are ideally suited to describe the 'lived' experience' of vicarious trauma over decades.

One empirical study has investigated distress and growth in wives of veterans (Dekel, 2007). In a cross sectional study using self report measures, Dekel found that wives of prisoners of war (POW) combat veterans reported high levels of general distress and posttraumatic growth. Dekel's study highlighted that long term association with a combat veteran may have both positive and negative outcomes. I wished to extend this line of investigation by adopting an Interpretative Phenomenological Analytic (IPA: Smith, 1996) approach to studying wives of veterans.

While Dekel's study indicated that wives are likely to experience both distress and growth, what it can tell us about the types of growth experienced which I think are likely to be idiosyncratic to this population, is inevitably restricted due to the use of standardised self-report measures. The measure of growth used by Dekel was the Posttraumatic Growth Inventory (Tedeschi & Calhoun, 1996) which although a useful tool, was developed and standardised on young college students, to measure five domains: (1) perceived changes in self; (2) developing

closer relationships; (3) changing life philosophy; (4) changed priorities and (5) enhanced spiritual beliefs.

IPA is a particularly relevant method for this study as it is informed by the theoretical perspective of symbolic interactionism that is, the construction of meaning by the individual within their social and personal world. Using IPA, the researcher sought an indepth understanding of the phenomenological experiences of vicarious exposure in wives of Vietnam veterans. Furthermore, the researcher was interested in whether perceived psychological growth could occur as a consequence of their ongoing struggle with vicarious distress and an antagonistic post war societal environment. As an indepth idiographic study of individuals as opposed to a nomothetic research study, each participant is a unit of analysis on her own terms.

Vicarious functioning explains the replacing of one psychological process for another that has been thwarted or repressed with the hallmarks of vicarious trauma being changes in memory systems and schemas about self and the world (Arnold et al, 2005). As such, the term '*vicarious growth*' is utilised by the researcher as a theme title to define a process of positively redefining self and world views as a result of being exposed to vicarious traumatic distress. Specifically in this study, it describes the emergence of growth following years of vicarious combat related distress.

7.3 Methods

7.3.1 *Participants*

Each of the four women who participated in this study was the wife of an Australian Vietnam veteran. The four women, Stella, Freida, Karen and Natalie were aged between 56 and 65 at the time of the study. Stella, Karen and Freida married their veteran husbands as young women, were currently in those marriages and had never been married before. Each had children from the marriage. Of the four participants, Stella and Karen had known their husbands prior to call up for National Service and deployment to Vietnam and had been married for over 35 years. Freida had been married for 30 years to her veteran husband who had had a brief marriage immediately after Vietnam. Natalie, married to her veteran husband for 17 years, had had a previous marriage as had her veteran husband whose first wife had died of cancer. Both Natalie and her husband had children from their previous marriages. All were now living as a blended family.

Each participant's husband had received a psychiatric diagnosis of posttraumatic stress disorder (PTSD) and other stress related categories including anxiety, depression, alcoholism, and paranoia as well as recognition for physical disabilities. One participant had attended individual counselling having lost her brother, a conscript, in a mortar attack in Vietnam. All families are now receiving varying levels of remuneration in the form of pensions for the veteran's disabilities and diagnoses but these have come in later life and not without contentious struggles with veteran medical tribunals. All wives have supported their husbands in seeking psychological and psychiatric assistance over the

decades but have not themselves been diagnosed with primary or secondary traumatic stress disorder.

7.3.2 Procedure

Semi-structured interviews were carried out with four wives of Vietnam veterans who were sourced through mail-outs and notice boards of social groups within the Vietnam veteran community of an Australian city. Following ethical approval, contact was made with willing participants through email to explain the study. Written consent was obtained and an interview schedule was developed. The researcher carried out the interviews in participants' homes at a time of their choosing. Each interview lasted approximately 1½ to 2 hours allowing for subjective reflexivity and clarification with emotional and empathic support. Apart from clarification and exploratory prompting, the interviews were not prescriptive but followed the lead of the participant. They were taped and transcribed verbatim providing the data set for analysis. Although specific issues were addressed, the interviews aimed to provide the opportunity for referencing actual events in space and time so that the participants could articulate significance and meaning to those events. They were asked to talk as widely as possible about the experiential phenomena of being a Vietnam veteran's wife and its ramification over a lifetime in Australian society.

7.3.3 Analytic Strategy

Interpretative Phenomenological Analysis (IPA; Smith, 1996, Smith, Flowers & Osborn, 1997; Smith & Osborn, 2008) provides a set of flexible guidelines, adaptable to the aims of various researchers. The four

interviews were treated as one set of data. Each was transcribed and analysis followed the four-stage process described by Smith and Osborn (2003; see Chapter 3, Methodology). A table showing higher order themes and subthemes was developed from the iterative process of refining understanding and interpretation (Table 9). This was followed by a descriptive analysis.

As a phenomenological and hermeneutic qualitative approach, IPA is used to study how people make sense of the events in their lives (Smith, 1996). It aims to capture 'lived' experiences and the meaning brought to those experiences. As such the researcher seeks to describe rather than explain. The method recognises the participants as the experts in their own lives with the interviewer encouraging them to explore their personal perceptions around events. It is an idiographic approach concerned with a detailed analysis of the data. Understanding the individual's personal world is a process of interpretative activity. Both researchers and research participants are engaged in shared reflexivity with the experiences of the past witnessed in real time (Smith, 1996). Thus there is an interpretative framework whereby the process of IPA recognises the relationship between the individual's perceptions of meaning, and the researcher's attempts at making sense of such perceptions. Table 8 provides the step-by-step stages of the analytic process.

The researcher conducted the interview and analysis. The researcher's supervisor's conducted the validity check via an independent audit (Smith, 1996). This involved checking that interpretations were

grounded in the text through critical examination of developed themes (Glaser & Strauss, 1967).

7.3.4 Researcher's perspective

I have worked extensively over two decades as a trauma psychologist with counselling services and support groups provided for Australian Vietnam veterans and their families. I was also present in Vietnam during the time of the conflict in a civilian support role. As such, prior knowledge, values and assumptions will influence interpretation of this data yet can positively contribute to the double hermeneutic focus of IPA. Awareness of these biases and preconceptions in IPA is necessary to make sense of the other's personal world through a process of interpretative activity. Only then can the two stage interpretative process occur: first, the participant trying to make sense of their world; and second, the researcher is trying to make sense of the participant trying to make sense of their world. I recognised not only the contamination of vicarious distress on families but the growth of secure attachments, and psychological wellbeing in the decades following the war. In this, the characteristics and dispositions of the wives, despite their own disenfranchised grief and psychological distress, seemed pivotal in buffering the effects on themselves and families.

7.3.5 Table 8: Stages of IPA Process

Stage	Process
1	Listening to recorded interview, transcribing verbatim and preparing first transcript.
2	Early interpretation of transcript by paraphrasing and summarising the participant's phenomenological and hermeneutic experience.
3	Beginning thematic analysis of transcript noting emergent threads of vicarious distress e.g. emotional and physical loss and grief, aspects of shame and closure, mid life threats as PTSD in veteran escalates; to meaning making through commitment and competence, and redefined altruism focus and self reparation.
4	Documentation of expected themes followed by exploration of higher themes of self living with vicarious trauma, and self finding comprehensibility through positive domains of acceptance, love gratitude, humility, empathy and personal strength.
5	Chronological listing of emerging themes for connectedness.
6	Repeat steps 1-5 for each script.
7	Further examination of higher theme, assessing its relationship across the scripts and links between psychological shame and distress, and emerging psychological wellbeing.
8	Clustering of themes around concepts and theories.
9	Data from transcript validated by supervisors to verify investigator's validity of interpretations from within the text.
10	Emergent themes of ' <i>Living with the distress of vicarious trauma</i> ' and, b) ' <i>Vicarious Growth</i> ' reassessed.
11	Subjective analysis of interpretation of themes representing the phenomenon of the 'lived' experience within the context of a life journey as a wife of a Vietnam veteran.
12	Narrative account of theoretical links to themes generated through concise verbatim extracts from transcript.
13	Development of links in primary and secondary traumatic distress through re-evaluation of self-in-time, redefined perceptions of altruistic identity and psychological growth.

7.3.6 Table 9: Juxtaposed distress and meaning making of vicarious traumatic exposure

1. Living with the distress of vicarious trauma
2. Vicarious growth <ul style="list-style-type: none"> • Humble acceptance • Love • Gratitude • Empathy • Personal strength

7.4 Results

Participants reflected on the positive and negative experiences from vicarious association as the wife of a Vietnam veteran. Two superordinate themes emerged. The first theme: *Living with the distress of vicarious trauma* encapsulated a cluster of negative cognitions and feelings including fear, self doubt, anxiety, guilt, anger and helplessness that women talked about when describing their early married lives. The second theme: *Vicarious growth* encapsulated a convergence across the four cases of new schemas that redefined positive relationships with self and others as the women talked about how they came to manage their distress by finding meaning in their experiences. These themes define firstly, an early struggle to define self within the context of vicarious trauma responses and incomprehensibility, and secondly, conscious attempts to examine self role in previous perceptions and reinterpret those perceptions for positive change.

7.4.1 Living with the distress of vicarious trauma

In this section I discuss how each woman subjectively experienced her struggle for comprehension from indirect rather than direct exposure to

war trauma. All four participants vividly remember being besieged by self blaming doubt – *"I thought it was me"*, and incomprehensibility – *"I didn't understand"*. Now in their late 50's and early 60's, words such as *clinging, crouching, frighten*, provide visual imagery of the subjective-felt experiences of frightened young wives some as young as 18 years old, ill equipped for the vicarious consequences following repatriation of young men terrorised by war.

For example, attempting to remain compassionate to her young husband's *"baggage of horrible things"* Stella recalls feeling confused and fearful witnessing her husband's post-war distress:

"I was just clinging onto everything that I knew, but didn't quite understand what had happened to me, because I've never witnessed anything as tragic as that in my life at that stage ... these horrific dreams ... crouching on the floor – they used to frighten me as a young person because he would turn into this person I didn't understand" (Stella).

Similarly memories of feeling isolated and shamed by their association with veterans were remembered along with their inability to make sense of societal victimisation at that time:

"You wouldn't talk about it because they'd spit at your feet – you know it was a very, very outcast thing ...I thought it was me" (Freida).

Unable to comprehend these antagonistic behaviours, they became mistrustful of friendships and family. Isolating independence became an enabler that stabilised uncertainty:

"I didn't rely on my family – I guess I just put myself in limbo um – I didn't – didn't make outside friends as such you know ... I didn't join any social things" (Karen).

As absence of emotional and social support increased in their lives, these women recalled becoming increasingly self critical and self blaming:

"It's when you don't know why, that – that's what eats you up – I thought it was me ... inside that was very hard for me" (Natalie).

Similarly, as relational functioning continued to disintegrate, frustration and guilt fed distorted mental schemas:

"There wouldn't be conversation, or if there was it would be angry conversation. I was frustrated because I couldn't help ... I became angry to myself that he was still with the alcohol" (Karen).

Core beliefs in disarray, a crisis of meaning caused an angry turning in on self and away from others:

"I had hardened. I had closed off ... I built the walls of Jericho around me – that's the only way I dealt with it. Back then I didn't realise that I was hurting others" (Stella).

Throughout the interviews, there is a sense that the early years held a sense of foreboding bringing heightened vigilance. Natalie became the eyes and ears of safety for the veteran:

"His safety – his state of mind – I don't know how I knew ... but I knew he was suicidal ... I just knew it was dangerous for him to be there at work on his own – and then he admitted to me ... he just didn't want to be any more" (Natalie).

Such purposefulness was also defined by Freida through her identification with her husband's struggle for war service validation. It gave her the opportunity to connect with her husband in a common goal against another powerful enemy, government bureaucrats. Analogies with the 'battle' and 'win' capture Freida's intense involvement that can bind couples caught in the psychosocial consequences of vicarious trauma. It became 'their' battle rather than 'his' battle and as a consequence seemed to offer meaning to incomprehensibility:

"The battle with the bureaucrats – that was really black ... that was evil ... it was probably worse than the war itself – that was a bigger battle ... I was determined they weren't going to beat us and they didn't ... we survived that so we could survive anything and we beat them" (Freida).

7.4.2 Vicarious growth

7.4.2.1 Humble acceptance

While the first theme captures the 'lived' distress of vicarious trauma, what also emerged from the data was a gradual awakening of consciousness in these women which led to personal re-evaluation and initiation of change. This was sparked by reappraisal of their responses to that distress that allowed growthful change to occur:

"Thinking back to times when it all seemed just too much to bear and you want to run away from it all ... there comes another layer of learning and growth to accept things we cannot change" (Stella).

And acceptance of one's own behaviour:

"There's a lot, as you know that you have to accept - being honest (with myself) because there were times in my life when I was a very selfish person - totally selfish" (Stella).

Similarly there was recognition of positive personal change as a result of the situation, often expressed in terms of a past self and a current self:

"I used to be judgemental ... I just think I'm a whole lot nicer through all this ... you know what they say, you're meant to have these things to learn - I'm still learning, I'm still learning from this" (Natalie).

The sense of acceptance was for some tied to a spiritual understanding of the nature of their journey through life:

"I think we all have a path to tread and I do think we're all given tests in our lives and I think it depends on how well you cope with those is to where you end up and what you have in your basket at the end, how well you can bring it all together" (Karen).

Some were more explicit.

"I said – woah – stop the merry-go-round ... I have a great belief in – in strength in the Lord and that helps me face up to a lot of adversities that come my way - and I've dealt with a few of them. Now I'm coming back to where I want to be ... I began to trust in myself – how can this include this or enrich this.' you've got to be open - you can't shut down. You've got to keep open even though you mightn't like it – it's part of life" (Stella).

7.4.2.2. Love

Reflecting on self-past and new perspectives in self-present, the women talked about becoming more loving as part of their transformation out of vicarious trauma. In fact, love seemed a key to growth:

"I was just so innocent – I didn't have a clue – I was selfish and wanted everything my way. Now I would say I'm a very different person today – I'm happier when I'm giving. I don't do it because 'oh, I've got to do it' – I do it – there's a love that wants to do that. I think it's a deep

seated thing because I feel like that about compassion too" (Stella).

For Natalie, confronted with the fear of losing a child to anorexia nervosa, there was a 'knowing' that unconditional love provided the defining power to choose life:

"I was the thread – love was the thread – and she hung onto that" (Natalie).

Similarly, with the disclosure of her son's homosexuality Stella talks of love bridging the void of grief and disappointment to acceptance and closeness:

"It was so overwhelming – I threw everything out that I had – so yeah – despite the adversities – positivity and love ... I think that's one of the most powerful things. He hugs me in a different way now. He loves me differently because there's nothing in the middle. There's no dark horrible secret" (Stella).

They all associated their ability to recognise 'love' as the catalyst for strength in the face of adversity. It is seen as the vehicle for redefining world views and meaning making of the past, grounded in the present:

"I love this family so much and from that came the extra something in those times needed along with looking at how precious every day is" (Karen).

7.4.2.3 Gratitude

Another topic that respondents talked about was how they felt more grateful:

"I don't harbour any hatred ... when you've lost somebody you love like my brother - increased love ... you just love them with a passion that's so appreciative of having them – I have everything to be so grateful for ... I just have that very strong pulling that I'd do absolutely anything for them –" (Stella).

This change to speaking in the present tense: *"I have everything to be grateful for"* threaded its way through the latter part of all the narratives as a transformative re- interpretation:

"Now when I look back down my path that I've come, I see how it's all come together and I see where I am and I'm very grateful for who I am and what I've got. I think I've got a great appreciation for my husband and the children and the amount of love that is shown and that I have. I just feel very, very blessed to have all that" (Stella).

7.4.2.4 Empathy

Empathy and understanding was a further way in which the women talked about how they had changed:

'I didn't have any – is it empathy – I didn't have as much empathy for other people as I have – an enormous amount now ... I've learned not to be judgemental, not to

jump to conclusions about people because you don't know what's happened in their lives'. (Natalie)

With increased empathy came a better liking of the self:

"... a sense of achievement – um – a sense of well-being. Oh, I like me better. I like me better – um – I think I have more empathy – um I have a lot more understanding for other people. I'm not judgemental anymore – I see other people and I don't just judge ... I like myself better now, I do, yes I do" (Natalie).

7.4.2.5 Personal strength

Personal strength was a further topic:

"I guess it taught me that you don't know how strong you are until you confront each thing as it happens, and you take it one piece at a time um – you call a lot on your own reserves and you've got to be strong so that you don't collapse in a heap – you've got to think 'I've got to get through this' and it's amazing how you do" (Karen).

Meaning making over the years moved from *"I thought it was me"* to *"I know now it wasn't me"*. The later parts of the interviews are full of this 'time' fluidity which perceived adversity as a pathway to personal strength and connectedness with other's suffering:

"I don't think I would have reached where I am today without the steps that I've been through because it really

has made me grow in lots of ways. ... You do what you've got to do so that you rise to where you've got to be for that time. ... all of that gathering, I feel also puts another little layer inside of you that strengthens you as a person and it does make you more understanding, open – a bit more perceptive – aware” (Natalie).

What was striking was how their earlier psychological distress came to be regarded as a significant catalyst in assisting them to become the people they are now:

“I would say pain and growth were happening together. It's amazing they are normally the best lessons in life - no pain, no gain as they say” (Stella)

shifting their interpretation of distress from one of self doubt to one that facilitated purpose and meaning:

“We might have had problems but I haven't been held back – grown from it” (Freida).

As part of this recognition was also a projecting forward attitude of lives in progress:

“Despite the pain you're wiser. You can look back and say: 'I've learnt from that – um I can get through things, I can look forward'. Everything changes – you, your life and everything – you just go forward ... if you choose I think you grow. You grow with the change” (Karen).

7.5 Discussion

From an idiographic approach an interplay of factors unique to each woman's experience, contributed to positive change over time.

Furthermore, although specifics of individual events and circumstances brought individual interpretations to those positive changes, there were similar psychological processes, and socio-environmental factors, common to all that contributed to a convergence of themes across the women's realities. This included interpretative language that no longer reflected on the past but interwove past, present and future.

As the participants' began to reflect on the possibility of alternate interpretations, events were increasingly associated with 'time' allowing new interpretations to emerge in the present tense. During their memories of struggling with incomprehensibility, language was very much a story of the past. However, a shift in language to present tense reflected ongoing and positive change. There was a sense of 'self' engaging with 'time' and building a detailed picture of the subjective self across time. Although there was no definitive point of change between distress and positive change, 'time' seemed relevant to metamorphic changes both in family dynamics and examination of self. 'Time' also appeared to allow the altruistic emotions of humility, love, gratitude, and empathy.

The study by Dekel (2007) showed the first evidence of growth in wives of veterans diagnosed with PTSD. This present study also shows

growth in wives but extends the observation to ways that growth is experienced e.g. humility, love, and empathy, not captured well by existing standardized psychometric tools. There is as yet no one agreed definition of growth following adversity. Similarly, the relationship of 'time' and growth has not been studied. Different measurement tools assess different aspects of growth. As such, growth will be more or less observed according to the choice of measure. Researchers interested in understanding the types of growth that emerge following trauma and the extent of growth in any sample must be aware of this and the need to employ multiple measures. I would encourage the mix of in-depth qualitative analysis into their inquiry as what constitutes growth, I would argue, is best defined by the participant.

Schopenhauer (1844 in Magee 1997) argued that to feel satisfied with oneself is simply to wipe out a deficiency which can occur only when there has been suffering. As these women reconstructed their interpretation of their suffering as externally caused rather than an internal deficiency: '*Now I know it wasn't me*'; their world became more meaningful. As such, their relationships became increasingly valuable; they found self appreciation in sustained competence under threat; believed themselves to be stronger and more perceptive individuals; and found significance and comprehensibility through a determination to understand. By bracketing, or setting aside those past frameworks of *self experiencing incomprehensibility* a new intentional relationship with 'self-in-world' emerged. Choosing to foster emotional competence, they converted narratives of victimhood and pathological distress from the

past, into narratives of self efficacy for now and the future. This gave their current interpretation of their experiences of vicarious trauma epistemological relevance rather than one of pathology. This intentionality focused solely on self as the object of experience, but the interpretation of experience began to shift in a different and uniquely positive manner without obvious support from significant others or social validation.

In summary, phenomenological studies are well placed to illuminate unexplored areas of research highlighting future research questions for various analytic strategies. Such investigations provide alternate ways of understanding individual subjective distress to that provided by positivist approaches. As such neither generalisability, nor cause and effect can be drawn from this study. What the research shows is that wives of veterans have experienced distress but they also have experienced positive changes. They talked about how love, gratitude, humility and empathy had arisen.

Although this study is subject to various biases of memory, perception and recall when talking of historical details, *what* they experienced and *how* they brought meaning to the experiences of vicarious trauma increasingly referenced 'time' and 'self' to cognitively and affectively shift meaning making from a negative to positive interpretation of 'self-in-time'. As such, it offers insight into the ongoing 'lived' experience of both the negative and positive consequences of vicarious exposure to combat distress over decades.

Two new findings emerged from this research. First, accounts suggested that positive change arose gradually over 'time' and, second that positive change consisted of increases in humility, love, gratitude, and empathy. As opposed to defining growth through psychometric instruments this research study provides insight into the 'lived' experience of growth. For these women humility, love, gratitude, and empathy were the main domains of growth.

Understanding the relationship between vicarious trauma and vicarious growth is an untapped field of research. While this study provides some insight that growth might arise through the ongoing struggle with distress for wives, I cannot be sure how representative these results are for the wider population. It is an issue that deserves greater attention. In recent research over 300,000 United States military returnees from Afghanistan and Iraq displayed high rates of mental health problems (Hoge, Auchterlonie & Milliken, 2006) heralding decades of relational dislocation and psychological ill health for veterans and their families. Therefore, understanding the dynamics for growthful adaptation in those vicariously exposed to war and post combat distress promises to be an important endeavour for future research. Given the ad hoc and labile political objectives that often see young soldiers sent to less than just wars, it is likely that partners and families will continue to provide the major resources in post war care. Without partners' determination to remain committed to the relational challenges, many returning soldiers will struggle to access the complex and ongoing psychosocial, psychological and psychiatric care needed in the decades to come.

CHAPTER 8

Critical Reflections

8.1 Overview of critique

This phenomenological investigation was concerned with the impact of complex, traumatic events, such as war or genocide, on individual lives. It sought to investigate, describe and clarify individual, subjective 'lived' experiences and meaning making from primary or secondary psychologically threatening events, as opposed to everyday disappointments, losses, and distress. The approach adopted did not seek to explain psychological responses and behaviours following adversity through a positivist, medical model construct of psychopathology, instead the approach adopted was a phenomenological interpretation of subjective 'lived' experiences.

Section I addresses the predilection for illness narratives and positivist research paradigms rather than phenomenological understanding to inform psychological practice and societal thinking. First, the commodification of individual victimhood as emotional capital, exclusive of collective narratives of healing, is reviewed; and second, the infiltration of a positivist medical model into psychological thinking and practice is considered.

Section II critiques my own personal experience of using a phenomenological method in psychological research. First, I will reflect on an ontological split between 'self' in the world, and 'self' as researcher

that challenges phenomenological research using IPA; and second, I will highlight constraints to good data collection that can occur in the first two stages of IPA: a) devising an interview schedule and, b) carrying out an interview. This is followed by practical tips based on my own experience.

8.2 Section I

8.2.1 *The commodification of individual victimhood*

Psychological narratives of identity and self help fed a post World War II generation keen to explain and understand the experiences of war, the suffering, and the moral mores that allowed such events to occur. In this new mood of political discourse, Rogers (1963) and Maslow (1968) extended psychology through the class barriers by individualising human growth as a natural tendency towards maturity and autonomy. In contrast to a pessimistic and class divisive psychoanalytic approach, Rogers offered a positive and optimistic interpretation of self, proposing that individuals' success and personal growth was dependent on a basic unconditional positive self regard. Maslow's interpretation of self-actualisation on the other hand was expressed as a dichotomy of wellness and illness suggesting that some individuals fall short of their potential through fear of success which inhibited aspirations of greatness and self-fulfilment. As such, psychological interpretations of the self took on a therapeutic narrative within therapy, counselling and rehabilitation programmes which became the new commodity for self improvement, a type of 'emotional capital', in a culture resonating with emerging capitalism (Illouz, 2007; 2008).

In relation to combat mental health, pharmaceuticals, policy analysts and practitioners have been advantaged by these therapeutic discourses of trauma and the categories that have emerged to dictate the level of compensation allocated to veterans. These alliances have isolated many distressed individuals from their community through an ontological explanation that re-victimises the 'user' now identified as in need of transformation and correction (Illouz, 2007; 2008). When a narrative is retrospectively written about expectations of a therapeutic or medical narrative, a level of what is unhealthy (e.g. too much anger or emotional withdrawal), is arbitrarily set. This creates polarity of the same pathological symptom. Normality is then rendered elusive and a therapeutic ideal. It becomes an unattainable goal leading to the phenomenon of 'learned helplessness'; (Seligman, 1975b) which inhibits personal agency (Pilgrim, Rogers & Bentall, 2009). Such reasoning, based on empirical persuasion, offers epithets of individual impairment ignoring any collective cultural aspects for healing and growth out of negative experiences.

The ever-changing defining criteria of posttraumatic stress disorder is just one of the categories created by psychiatry to serve these cultural and historical sequelae of 20th century warfare, particularly the Vietnam War, without consideration for the social void and alienation it would engender (Harvey, 2002; Shay, 1994). Colliding with this expansion of emotional capitalism, and contributing to an escalation in pharmaceutical remedies, it is one of an ever increasing list of mental pathologies (DSM 1952 - 2000) which has more than doubled between 1968 and 1980.

Illouz (2007) described this lucrative collision as providing a vast untapped market, “the virgin Alaskan oil fields of mental disorder” (p. 61) specifically designed to benefit insurance companies, law courts, licensing boards, child welfare and police work. As mentioned, there are external interests in maintaining this focus as it creates a language of understanding across professional boundaries especially the law, politics and psychiatry all of which are charged with decisions of compensation and accountability. Unfortunately, and in contrast to the idiographic phenomenological perspective of this thesis, this commodification of mental health through the positivist approach to research underpinned by the medical model, has infiltrated psychological research and practice.

8.2.2 *The positivist influence*

Sternberg and Grigorenko (2001) believe that three factors are pervasive in undermining good psychological investigation hampering a multidisciplinary and integrated study of psychological phenomena: a) adherence to single paradigm perspectives when investigating psychological phenomena; b) alliances to psychological sub-disciplines rather than the psychological phenomena they study and; c) an almost exclusive reliance on positivist investigation. In reviewing these three factors, I hope to illuminate the need for clear understanding of philosophical underpinnings when conducting qualitative research similar to this thesis.

8.2.2.1 *Empiricism, the medical model, psychological trauma*

Since the Vietnam War, defining loss of meaning following combat and war trauma has been made most commonly through a discourse based

on the categories of the Diagnostic and Statistical Manual of Mental Health (DSM: American Psychological Association 1952; 1968; 1980; 1987; 1994; 2000). The DSM developed out of a United States Armed Forces classification of mental disturbances (Medical 203 [1943]; Wilson, 1993) and other diverse documents whose lexicon was confusing in psychiatric care (Wilson, 1993). It is increasingly referenced outside of the United States particularly in psychiatry and clinical psychology.

As a reference tool, political and economic climates since the Vietnam War have increasingly used it to explain post-war thoughts, emotions and behaviours through an individual mental illness paradigm that reverberates with an individual therapeutic narrative rather than the collective narrative that brings healing to a community (Bloom, 1998). Even the individual veteran has come to believe he/she is the problem:

"yes – there's things that I should have realised about myself, and I'm trying to do something positive about changing that, internally and externally - um and trying to get other people to understand - yeah, I'm trying to change"
(Bob's transcript, Vietnam veteran).

Governments' responses to the needs of veterans currently accept the more positivist tradition of mental health research supportive of the medical model with less importance given to psychosocial considerations raised through epistemological and philosophical research (Bloom, 1997; Joseph et al., 2009). Following years of confusion, many veterans, including those in this thesis, speak of a personal diagnosis as a turning point for bringing understanding and acceptance:

"I had no idea that we'd lose the house and everything we had ... and I'd end up diagnosed with PTSD ... but I knew that – I knew it would happen and I – I also knew it had to happen to allow us to move onto the next stage whatever that was going to be" (Noel's transcript, Vietnam Veteran).

For advocates of the principles and methods of objective empirical science as the only legitimate science, alternate subjective and inter-subjective methods of scientific exploration are largely disregarded within medical interpretation (Bradford, 2010). As Bradford (2010) reminds us "the enduring power of the empirical science establishment and the diagnostic authority of its handmaiden, the DSM, remains king" (p. 337). However, both validity and reliability of the pathological categories of the DSM based on empirical science have been consistently disputed over the years (Goldstein & Goldstein, 1978; Horowitz & Wakefield, 2007; Jacobs & Cohen, 2010). Its use for expediency should not be confounded with science and alternate diagnostic approaches and formulae are needed. Categorisations encased in medical terminology and psychiatric tick lists do little to address the societal issues that contribute to poor reintegration, feelings of rejection, and isolating behaviours in the individual as a consequence of external events such as exposure to war. A personal illness narrative simply eases pressure on the societal conscience and feeds an expert ideology for specialist intervention.

8.2.2.2 Sub disciplines, specialisation, research paradigms

By affiliating ourselves as psychologists to psychological sub-disciplines we risk narrowing our investigative role in seeking meaning

and interpretation of experiential phenomena. Alliances with a medical model of enquiry have fostered a growing divisiveness and elitism in specialist fields of psychology. For example, in clinical psychology not only is the positivist view traditionally adhered to for so called evidence-based guidance, but a mental ill-health paradigm and medical model has come to be expected as an official way of explaining human suffering. Having survived a helicopter crash in the middle of an air strike in Vietnam, such 'expert' lack of understanding left Frank highly distressed and invalidated - perhaps another layer of betrayal - rather than supported or understood (from interview transcript):

"They sent me to a psych because they didn't believe that there was any post traumatic stress ... so he said there was absolutely no incidence whatsoever that I could have gone through that could have triggered the PTSD. Then they sent me to a clinical psychologist ... he reckoned I was faking it. I could have killed him ... it was a sausage factory - you know, clinical psychologist all round the clock - just take a number and you'll see one in a minute" (Frank's transcript).

As a discipline, clinical psychology is increasingly viewed as a bedfellow of the medical model to explain abnormal psychology (Maddux et al., 2004). My belief is that such co-dependency and narrow parameters de-skills rather than builds a breadth of integrated knowledge and expertise in both academic and practical psychology. Similarly, an expert down approach can create distrust and suspicion, a poor relational environment for mental wellbeing.

Furthermore, an alliance and specialisation approach, 'expertly' labelling and categorising human experience, inhibits collaborative investigating between client and practitioner to uncover meaning making of experiences. This absence of curiosity into other aetiologies of mental disorders particularly exposure to traumatic events, allows preference for the clinical trials of treatment response, procedures used, and pharmaceuticals dispensed (Perez-Alvarez et al., 2009). As such, clinical psychology risks elitism through specialisation if it is not mindful of the power of subjective meaning making for psychological wellbeing.

Following the involvement in war by any society, framing subjective distress with cultural and historical understanding rather than labelling an individual as the problem (Maddux et al., 2004), provides a platform for democratic inclusiveness that is reparative, informative and therapeutic for both individual and society. A medical construct can alienate those most in need of understanding and support:

"When I came back, um ... I was persuaded by my wife to go to a psychiatrist of which he had the compassion of a um - ... you know he didn't have much compassion at all - he - he couldn't relate to anyone in my estimation who - who'd been through what I'd been through. He - in fact when - asked what had gone on - he had a look of complete ...disbelief ... he - didn't openly come out with it but his body language said to me - that - that couldn't possibly have happened. And it took me not very long to get the idea ... I

said I'm not going back – I don't have any faith there at all"

(Peter's transcript, aid personnel).

This rigid symptom/diagnosis/treatment approach has dominated Western psychological training as well as practice in recent years, particularly the education of clinical psychologists. Although it remains invasive in undergraduate and graduate courses elements of clinical psychology training are beginning to encourage anti-psychiatry placement and encourage more critical and self-reflexive practice (Fox, 1997; Jenkinson, 1999; Johnson, 2000). Early psychological researchers need to be mindful of the chasm that can exist between methodological techniques and experimental expectations and that despite the best intentions of Western psychology, one model does not fit all cultural backgrounds. Currently, psychology's heritage lies in 19th and 20th Century concepts of treatment culturally bound in nature and origin. However, the 21st Century is already witnessing the emergence of collaborative global conceptualisations of trauma and recovery from the world's regions, i.e. East, West, North and South. As Wilson (2007) reminds us, "the scientific 'gold' standards of what works for whom under what circumstances will take on meaning that transcends culture but not persons whose human suffering impels humanitarian care" (P. 28).

8.2.3 *Looking beyond positivism in mental health*

Positivist and inductive, qualitative approaches can complement each other by lending converging evidence for an observed phenomenon and balance. However, if qualitative researchers are not aware of the radical difference in philosophical thinking between the two paradigms, they risk:

a) 'explaining' and categorising human responses to experiences; and, b) sabotaging their own research by inadvertently thinking within a positivist framework when approaching a phenomenological and hermeneutic task.

If taken from an ontological perspective, any event that impacts on the whole being in time and place, impacts on the whole being within their engagement with the world (Heidegger, 1927/1962). Without reference to the meaningful whole which encapsulates the societal framework of the individual, there is no definitive understanding of 'how' the individual is affected following trauma (Bracken, 2002). Freud has been accused of explaining phenomena in causal frameworks and as theoretical constructs which Heidegger (see Steiner, 1991) felt reduced human experience to an ontic or object level in the world. This approach was felt to be limiting and perhaps self-deceptive, censorious and reductionist. A phenomenology of illness on the other hand seeks to make meaning for the individual's experience through a hermeneutic grounding of their place in society and the world.

A phenomenological approach to psychological suffering reflexively suspends presuppositions and considers the subjective experience within cultural contexts. It is exploratory and iterative looking to build an inclusive narrative between the individual and society. It is well known that the social environment can offer the nurturance necessary for veterans to adjust from traumatic combat experiences (Jones, 1953; Bloom, 1997) especially when egalitarian, honest, open and trusting interactions prevail (Almond, 1974; Rapoport, 1960). As with clinical psychology, debate has arisen within health psychology over the

usefulness of the more established theoretical and methodological positivist approaches to both research and therapy. There is nothing wrong per se with the reductionist enquiry of positivist research but any single method has advantages and disadvantages. Collective generalisations or causes and effects tell us a great deal about particular populations however, convergent and divergent investigations looking for uniqueness give insights into psychological phenomena that are invisible when a quantitative, positivist approach is adopted. Interpretivism seeks only to establish tendencies, understandings and descriptions, rather than claiming strict, causes and rules (Potter & Lopez, 2001):

"I've come to realise that these moments are going to happen and if I want to sit and dwell on them, I can make them happen more often but if I take them like – like –it's like a shower – stepping into the shower – you've got this foreboding feeling coming all over you like water out of the shower – know that it's there, accept it for what it is, but then when you've – when you've had enough, step out of the shower and close the door and leave it in there" (Bob's transcript, Vietnam veteran).

If we consider human experience on a 'generalities-to-individualities' continuum, positivist research aligns itself with causal generalities and hermeneutic research with the rise of individual agency. More recently, psychological societies have renewed their interest in the value of qualitative epistemological and underlying philosophies. With it has come increased interest among candidates in specialised doctoral programmes.

However the rationale for their use needs careful consideration as 'method' can be confused with 'philosophical orientation' (Joseph et al., 2009).

Phenomenological enquiry requires a mindset that welcomes a double hermeneutic involvement with individual perceptions of experience. There are no generalisable outcomes across a population. There are no 'right' or 'wrong' answers or equivocal 'cause' and 'effect' conclusions to be made. It requires the recognition that reality, as experienced by each individual is a construct within intentional interpretations. It does not dispute physical reality as separate from our conscious experience of it. It is the individual's interpretation of their reality in time and place that the researcher seeks. The phenomenon of experience is not about a response to a stimulus but about what arbitrates between the stimulus and response (Spinelli, 2005). Prior training may lead researchers to retain presumptions and perceptions that unconsciously impact on their use of new methodological techniques that despite my best efforts invaded my own data collection. (*"How does that make you feel?"*; *"Does that make you feel that you've got to be alert all the time - or watchful?"*; *"Do you still feel at risk?"*). Similarly, if their supervisors have a specialist, paradigm perspective, then pressure to conform to particularly investigatory ways and styles of reporting, not because they are the best but because they are perceived to be so (Sternberg & Grigorenko, 2001), will challenge and test new researchers.

8.3 Section 2

8.3.1 *Personal experience of conducting IPA*

It was a desire to hear and understand the individual interpretation of the extreme experiences of war and genocide that led me to choose interpretive phenomenological analysis as my method of investigation and analysis. Most of the participants in this study had had years exposed to a medical model of intervention, especially the veterans with a medical paradigm well invested in their lives as just recompense for war service. As such I was challenged from the start to delve beyond a well-worn story to elucidate the subjective life that had not yet been explored. In particular, using a qualitative approach, this thesis was able to uncover unique and original interpretations of experiencing complex posttraumatic stress over time. Similarly, it was able to illuminate processes for sense making despite the absence of societal support, not provided before in research on trauma and growth.

8.3.2 *Ontological split challenging IPA users*

8.3.2.1 *The interview schedule and interviews*

IPA provided a method suited to exploring the 'lived' experience of war, genocide and disaster. However, my experience of preparing and conducting the interviews with these participants highlighted unforeseen epistemological considerations. Despite preparing the semi-structured interview schedule in advance, pilot testing it on colleagues and pondering any sensitivities or difficulties that I might encounter as an interviewer, there were environmental and interpersonal dynamics that I

had not anticipated that have challenged me to reflect on the potential limitations of, and problems with, conducting IPA.

First, despite feeling welcomed by the participants, I was constantly aware of time pressures and the imposition that my research placed on their personal lives. This was a very different experience for many of the participants and myself where I had previously been their therapist. In many ways our roles were juxtaposed with me seeking their assistance in understanding the research question. Environmentally it offered different challenges. When interviews were held in the participants' homes the interviews were often interrupted by partner, dogs, phone and small children disrupting thought flow. When the participant lived alone or came to the interviewer's home, the interviews tended to be longer with deeper probing. In fairness to the participants, no participant indicated a need to be conscious of time. It was rather my own heightened anxiety picking up on the unspoken. I believe that when I sensed restriction on my time, I became more directive in my questioning (for example: "*And do you think that that was part of the Vietnam experience?*") and perhaps lost the opportunity to engage in the double hermeneutic process. In those interviews from which a richer data set has been gathered, participants willingly gave uninterrupted hours of their time and I became less explicit or directional (for example: "*That's a powerful story*", Stella, wife of veteran).

Secondly, as an early researcher at the time of data collection, honouring the participants' desire to story tell, yet gently encouraging them on to reflect on deeper meaning making to greater or lesser

degrees, created internal conflict for me in a one-off session. When working as a practitioner, the shift from storytelling to meaning making occurs over many sessions. The restrictions of a single interview demanded a different construct of time. This was further exacerbated by distance from event influencing stages of incubation, comprehension, and significance finding. One interviewee was still struggling for comprehensibility in cyclical ruminations (for example: *"Aw, there's another good question. I've thought about it a lot"*, Andrew, unused transcript), while others had processed the details long ago and were focusing forward on significance in their current lives (for example: *"Now when I've looked back down my path that I've come, I see how it's all come together and I see where I am and I'm very grateful for who I am and what I've got"*, Stella, wife of veteran).

The semi-structured interview schedules were formed to explore 'growth out of complex trauma' hoping to elucidate significance in participants' relationships, schemas and meaning making. For one participant still restrained by incomprehensibility (e.g. a Bali-bombing survivor), getting past the details to any significant meaning proved difficult in the short time available given the participant's interpretative stage of processing his shattered world. Although this interview is referenced in these reflections on my experience of conducting IPA interviews, ultimately the interview was excluded from analysis.

Firstly, the script became a chronology of events surrounding the bombing, the participant's evacuation to hospital, and physical rehabilitation. Secondly, he had sustained significant head injuries

including a stroke with recurrent epileptic episodes. Whether these physiological repercussions impacted on thought processes during the interview is unknown, however, he would periodically fall asleep during the interview and then wake to further recount events. There was no sense that significant meaning making had yet occurred restricting the gathering of unique insights from this event. However, apart from whether the participant was starting to make meaning of events that had catastrophically altered his professional, financial and relational life, it is important to reflect a further subplot that caught me by surprise as a researcher to deflect me from competency in the interview.

The participant and his wife had been injured in the Bali attack. He had held a position of considerable influence in the city in which he lived prior to the attack and much of this had been eroded due to his injuries. Prior to the interview, I had rung to confirm my arrival time. His wife had taken the call and alerted me that she knew of my intended visit from their joint email address. She had already left for work when I arrived. As the interview progressed I became aware that he personally had not told his wife of my visit to their home and she had not told him of my earlier call. I began to feel uncomfortable not sure what dynamics were at play. Intent on my task, I progressed without time to process or clarify my nagging discomfort. When the participant began to talk of the disharmony in his relationship with his wife since the bombing, I found myself diverting the interview:

A: "So yes, communication does break down. That is a reason. She's probably doing the same. She's probably

thinking I don't see – I don't get excited about things that she gets excited about so she's stopped telling me about that. So it's a bit funny when you're going along in a car together and both people are thinking that – cause you're just sitting there – both of you not say – looking out the window".

L: "So your future Andrew. Your future? – Where do you see your experience from Bali – it's affect on you, it's affect on your family, it's affect on you as a career person, cause you've had to make some big changes there too I guess?"

My sense now is that there was some transference of roles. Where he had previously related to me as his therapist supporting him after near death, the familiarity of that role seemed to usurp the interview with subsequent blurring of roles and relationship boundaries. What dynamics were at play between them over my visit are not clear, but he had sought psychological support post-Bali, she had not; he had received high-profile attention post Bali, she had not. Perhaps his wife resented less than helpful curiosity of researchers and media when she herself was dealing with her own post-Bali physical and psychological consequences. Whether reasonable or not, I felt I had inadvertently stumbled on interpersonal dynamics that I had not expected as part of the data collection and in failing to explore them may have missed rich insights relevant to the research question. Ironically, in later analysing the value of this interview, I recognised that had we been in a therapeutic situation

I would have comfortably explored the lack of communication and relational changes since Bali with his wife including the perceived role of my support.

At some subconscious level, I also realised that I had felt vulnerable and self protective, and that internal battles around roles had allowed judgement and values to invade the environment, influencing the way I had handled the unexpected. Rather than enhancing the double hermeneutic process of interpretative, phenomenological research, unexpected agenda and my resultant anxiety had inhibited the process. I had closed down the person-centred approach and stepped into a different epistemology forcing the participant to enter my world rather than I remain in his.

Ultimately, I became conscious that I was compromising good interviewing by suppressing inner voices and attempting to inhibit a participant led interview. I was not checking my own sense making against what the participant was bringing to the interview. I clumsily attempted clarification from the participant with the goal of either incorporating data that the participant sought to interpret as meaningful to the subject matter, or deciding whether the interview was becoming obsolete and moving away from the agreed domain:

L: "Can I ask why you chose not to tell her I was coming?"

A: "I don't know. I thought about that. I was thinking about that after – after – why – why I would not tell her

ar – I’ve never told – this is where the fault – I’ve never told her much about what I’m doing because I’ve found over 20 years that I tell her things about which I am excited and get rejected, it hurts me, so I’ve just stopped doing – my ar – ar my way of dealing with that is to stop doing it”.

Had my epistemological stance remained firmly committed to the double hermeneutic approach this novel avenue may have, in due course, led to rich insights of the current ‘lived’ experience of relational awareness post-Bali. However, my diversions contributed to an interview that at the end of the day was disjointed and fractured and offered little for meaningful analysis. This type of situation is a difficult on-the-spot conflict for interviewers, particularly new and inexperienced interviewers. If latitude had been allowed, the interview may have entered an unforeseen area far more relevant and enlightening for the research project.

During the analytic phase of this thesis I was able to reflect on the great difficulty interviewers have remaining neutral and reflexive, and the multitude of such hidden agenda that may thwart the best efforts of interviewers. Similarly, managing emotions so that there is an immediate recognition of biases and presuppositions affecting the interview process, allows the interviewer to return to the reiterative reflexivity and appreciation of the generous time interviewees give to the research process.

I further reflect on a third constraint: the positives and negatives of researching lives in which the researcher has been engaged as a therapist. All of the participants, bar five, had been clients of mine for trauma and relationship therapy. Their stories were therefore very familiar to me. From a positive perspective, trust was already established and there was an ease in these interviews that allowed an empathic and trusting connection to occur from the very beginning. However, from that familiarity, there were times when I directed the interviews towards narrative excerpts from their lives that I assumed would contribute well to the data and validity check by supervisors. Occurrences such as this again shifted the focus from their world to mine.

K: "Yes. Yes that was hard to accept but I guess I was being selfish on my – for myself then cause I was thinking 'oh, no grandchildren, no daughter-in-law', you know".

L: "So you've had to um – for the sake of the tape, you've had to um – be confronted with your son telling you – how old was he when he told you that he – was homosexual?"

The chain of connectedness between the narration, thinking, and emotional states of those who had been clients, flowed easily between us as it had during our relationship as client and counsellor. However, being inexperienced as a researcher/interviewer I would find myself oscillating between a person-centred counselling approach and an interviewer-gathering-data approach. The common denominator in both situations is a search for phenomenological meaning but my inexperience and lack of confidence often left me uncertain about which 'hat' I was wearing.

When this occurred instead of following the lead of the interviewee, I tended to formulate statements for information clarification and miss opportunities to dig more deeply into their interpretation of their 'lived' experiences.

S: "He was just taken down that dark staircase. That's what I mean, you're not always in control of your children (no) and you – and when you have that taken away again, you realise oh – you live on shaky ground. Shaky ground" (Stella, wife of veteran).

L: "So on one side you've had your brother taken away by someone else's decision in Vietnam and now your son's been taken away".

Finding these excerpts during the analysis was what I would call 'cringe moments'; lost moments as a researcher due to lack of experience and naiveté. From a phenomenological perspective, I had abandoned open-minded readiness to be receptive to, and willingness to be present with, the painful exploration participants offered. Rather than remain reflective by simply inviting understanding through repeating empathically "*shaky ground?*" or allowing silence for interpretation to emerge, I had shifted my epistemological question from a search for meaning and their interpreted 'lived' experience to one of seeking chronological detail. When I was able to relax and allow the double hermeneutic reflexivity to happen unexpected insights into comprehensibility emerged.

Later as I became immersed in the analysis of the data I reflected that trusting myself and a participant to adapt the investigation with exploration, flexibility and openness and with both reflexivity and reflectivity, was really not that dissimilar to a person-centred therapeutic style. That in fact, having been a therapist prior to research need not have disadvantaged good data collection and analysis if the roles and strategies of researcher/interviewer had been consciously understood, and practical differences that influence boundaries and relational dynamics had been clearly thought through beforehand.

The use of IPA lent itself to the reciprocity of exploratory interviewing with which I felt comfortable. I therefore felt disappointment that I had not differentiated my roles in my own head mindful of, and yet maintaining an objective distance from, my previous role as a therapist. On reflection, I recognise that the value of IPA interviewing is its lack of static, prescriptive process. If a positive and responsive empathic relationship is established early in the interview, the interviewer has the opportunity to encourage more private and vulnerable reflections not dissimilar to person centred therapy. Learning to ignore the recording device and those with whom you will share the transcripts should be a major goal. Similarly, if the interviewer is not conscious of any tendency to think in an explanatory mindset of positivism, there is little chance of a phenomenological interpretation being evidenced in the analyses.

8.3.2.2 *Preparing a researcher for doing IPA*

These reflections led to recognition that many dynamics influencing the collection of data have not been hitherto discussed in relation to

preparing a researcher for 'doing' IPA. It has been in the phenomenological experience of doing IPA that I have been able to bring meaning to the act of experiencing the 'how to' and 'subjective lived experience' of IPA. IPA (Smith, 1996) is a relatively new approach to the phenomenological method refined and specified by Husserl (Misiak & Sexton, 1973), and as such due regard has been given to emphasising what is required to gain 'insider's perspective' through 'bracketing out' your own biases and preconceptions. Much has been written on the strategies for analysis and how to remain descriptive rather than explanatory (Smith, 1996, Smith, Flowers & Osborn, 1997; Smith & Osborn, 2003; 2008). But the 'how to' bracket them out is somewhat more difficult to grasp.

The task of managing the environment, and self emotions and perceptions of the environment during the interview phase, is perhaps far more problematic for the qualitative researcher, and in particular, IPA usage by psychologists, especially clinical psychologists, than previously acknowledged. Quantitative research often relies on self report questionnaires with little personal interaction between the researcher and research participant. Qualitative research however, is a personal experience in its own right, full of potential conflicts of interest such as intimacy in relationships, intrusion, hypotheses, and personal safety issues. The stories of many colleagues conducting ethnographic studies in life threatening environments attest to this.

Interviewing another about their lived experiences is a phenomenological experience in its own right. My own experience in

interviewing the Bali survivor was a journey of growing consciousness and its relation to my reality as I interpreted it. Rather, the double hermeneutics, or the 'interviewer making sense of the participant making sense of their experiences' (Smith, 1996) is perhaps secondary to the interviewer making sense of themselves making sense of the dynamics of engaging with the participant prior and during the interview. My experience was timeless in that it occurred in the 'now' of my experiencing it. However, in entering the realm of reflective experience, I am now able to formulate meaning, and construct significances contained within those meanings. Of course, such significance is finite depending on my awareness of any number of variables impacting on my experience or my ability to find words to describe them. Finding those items of significance is an area of attention that any researcher embarking on IPA should address during preliminary stages of defining the research question, selecting participants, and constructing the interview schedule to avoid being derailed during data collection. It is now obvious to me that 'how' the researcher makes meaning of their experience of the IPA process is as relevant as the participants' interpretation of their experience.

IPA acknowledges a debt to symbolic interactionism (Denzin, 1995) in that it is concerned with the construction of meanings in the individual's social and personal world. However, unless an interviewer is actively and consciously constructing their own meaning of this social encounter with all its nuances it becomes impossible to bracket out our own 'real' world if it remains obscure and unrecognised. Without the

interviewer/researcher's conscious processes giving intentionality to their inter-relatedness and interdependence of self and other in the interviewing relationship, then we have not made meaning of the experience of our lived reality as an interviewer and it is likely to sabotage our efforts as researchers. As such, assumptions based on shared experiences, schemata, and other ontological givens, may overshadow the unique expression of meaning, and inhibit clarity of specific variables and universal invariants of experienced phenomenal reality (Spinelli, 2005). I felt that the parameters of my interviewing experience were contaminated because I was concerned with the reality that existed outside my mind. The conflict arose between contacting and interviewing the participant (objective reality), and the variety of thoughts and ideas about my 'being present' in the contact and interview (subjective reality).

Such external realities that unexpectedly infiltrated my consciousness to disrupt the person-centred focus of the interviews included: being a female in a war zone rather than a male; experiencing parenthood following primary exposure to war rather than vicarious exposure; relational differences between being therapist as opposed to an interviewer. Admittedly, all experiential variants cannot be bracketed out. Knowing that the unexpected may arise during interviews may assist the flow of the interview when the need arises to reflectively distinguish self from other in our common world.

Perhaps before embarking on an onerous yet highly satisfying phenomenological investigation using IPA, any interview schedule or

contact with participants should be prefaced by engaging in a dialogue with the 'self' that brings to consciousness experiential biases from personal experiences. This could be done using a phenomenological method of enquiry-of-self in an attempt to free the self from, preconceptions and hypotheses dormant in the unconscious psychological and social world of the investigator.

8.3.2.3 Combining transcripts, analyses and interpretation

Different challenges emerged as the analytic and writing phase of the process began. Although almost 30 years since I had completed my undergraduate degree in English, Drama and Music, a creative writing style of symbolism, concepts, plots and sub-plots, sensory representation of ideas, thoughts and feelings from that background almost immediately resonated with the narrative analysis of IPA. Although this allowed for freer access to personal interpretation as opposed to the prescriptive constraints of empirical writing, interpreting the participant's personal world from the evidence in the data was challenging.

Getting an 'insider's perspective' (Conrad, 1987) relies on both the expansion and contraction of subjectivity. Without the subjective interpretation there is no empathic understanding or ability to make sense of the participant's narrative. However, it is this very subjectivity that threatens the data with transference of personal interpretation. The researcher's own experiential world and perceptions can threaten to overburden the data with associative referencing, and bias objective consideration. It is in the second guessing of the person's thoughts that are not directly accessible in the transcripts that the risk of over-

interpretation and lack of quality can occur. Unlike discourse analysis, which is concerned with the interaction between verbal expression and pre-existing discourses, IPA is concerned with finding cognitive meaning from expressed beliefs. Empathic interpretation of another's complex internal dialogue accessible to others' only through their external vocabulary is further complicated by the limitations of the interpreter's internal dialogue.

8.3.2.4 *Interpretative activity*

For every positive aspect that contributed to rich data collection that would have added to interpretative activity in the analytic phase, there was an equal and opposing negative aspect. For example, the veterans and their families who had been previous clients or associates through veteran organisations shared a common life experience with me - experiencing war in Vietnam. My 'understanding' of what it was like to be there and come home to a hostile environment meant that there was no cautious testing of my agenda resulting in openness to be part of the research project simply because I had asked it of them. Similarly this occurred with the aid personnel who knew that I had experienced aid work and war first hand. When the interviews were in progress their willingness to speak, cry, and explore, was often followed with an expression that they would not be sharing this with just any researcher.

However, during the analytic phase, I recognised that because their stories were familiar to me, assumptions of close association tempered the natural curiosity of hearing a story for the first time. These assumptions contributed to an unspoken dialogue occurring in many of

these interviews that only became obvious in the analytic phase. At times, unconsciously comfortable in their presence, I failed to follow up with clarification because I 'knew' without need of explanation. Of course from an interviewer's perspective, I missed opportunities to provide evidence for the 'insider's perspective' producing data at times that struggled for a chain of connectedness between verbal report, cognition and emotions. Therefore, on the one hand I would interrupt a reflective insight to gather chronological and insignificant data, and on the other, ignore an opportunity to gather rich and meaningful interpretations.

Irrespective of my apprenticeship status during this thesis, there was much rich data collected. I raise many of these points to highlight the intricate dynamics at play within qualitative exploration and how easy it is to shift to a positivist paradigm of cause-and-effect lists and details. Furthermore, the challenge for early researchers to remain conscious of the philosophical and paradigmatic stance, risks slipping into questioning that is directed by own interpretations. Without quizzical curiosity to transcend into the unique world of the participant referenced in the data, the researcher can resort to formulating hypotheses searching the data for explanations of cause and effect.

8.3.2.5 *Thematic clarity*

As I repeatedly went through the transcripts looking for emerging themes, the process of clustering those themes and eventually identifying superordinate themes, I began to recognise that no matter how many times I poured over the dialogue I could reconsider interpretations and find meanings endlessly. Victor's interview (Aid Personnel, Chapter 4)

swept across a vast amount of experience and is rich in knowledge of a broad and multifaceted spectrum of aid work. Therefore, making sense of this history in all its facets, interlinking and separating perceiver from perceived, it seemed to challenge and resist being engaged in an interpretative relationship. Each aspect of Victor's experience offered content that was specific and detailed in his own observations of other's as well as his own emotional and psychological reflections and there were times when I felt that the process of interpretation and sustained engagement with the text inhibited limitation to finite themes.

My first interview for Chapter 4's case study was over 2 hours in length which created a very unwieldy manuscript. Although excited to attempt my first analyses, I was constantly overwhelmed by the enormity of the transcript and a fear that I would not do justice to its content. Part of the challenge was trying not to superimpose my theoretical interests but rather allow the script to lead me to unearth the richness and depth of Victor's experience. I was asked by a colleague whether it felt that I was walking in Victor's shoes. However, it felt rather that I was treading on a forensic site that I must not disturb until all the evidence was gathered. The script became so familiar that I could almost quote the pages of certain excerpts. At times it felt too close as it evoked musings of my own experiences as a trauma counsellor and therapist and an occasional volunteer to developing countries. At times I became impatient to reveal its deeper meanings from the actions and experiences. Throughout there was a growing realisation that Victor's journey was that of a life journey spent in seeking answers to

unfathomable questions driven by a highly developed sense of responsibility to others. In parallel, my seeking to understand the meaning of one individual's unrelenting determination to find those answers was the recognition that self criticism and self analysis empowers informed choice. Throughout the interview, Victor's reflexivity of his own journey, though at times eliciting painful memories, seemed to exemplify that no experience is a bad one if individuals are brave enough to learn, develop and grow from each painful experience. The interview seemed to reveal a life-in-motion seeking congruence which was innately related to an openness to allow intrusive self analysis and self questioning.

Throughout this investigation, my first as a phenomenological investigator, probably the greatest challenge was the double hermeneutic interpretation I brought to the data to arrive at themes that were not obvious in the data to my supervisors. One of my supervisors is an experienced qualitative researcher. The other comes from a positivist paradigm. I was a novice qualitative researcher. At times, my collective roles of interviewer, scribe and primary analyser brought interpretations that evoked stimulating discussion with my supervisors. In particular, the vicarious study offered unexpected frustration between what I felt was rich data and my supervisors did not. Their quality assurance of my thematic interpretations challenged me to be precise about clear evidence, justification and documentation. Furthermore the challenge to justify the narrative style of writing in thematic analysis to my second supervisor at least provided me with the opportunity to clarify in my own

mind the phenomenological argument I was presenting in each case and the paradigm I was using. It helped me reassert the necessary continuum that was part of the flexibility in the relationship between the results and the discussion and existing literature. It also took me back to the drawing board many times to continue the learning curve of phenomenological enquiry, and to check any biases that influenced my neutral endeavour.

8.3.3 Challenges in data collection: PHENOMENA

The challenges that lie in wait for the early phenomenological researcher using IPA have been discussed here in length. This is now précised below as a guide to other researchers embarking on this method. Although Smith (1996; Smith & Osborn, 2003; 2008) has provided a great deal of information for conducting the interviews and analysis, my own personal experience reminds me that both the interview preparation and inter-relational aspects of the interview itself can sabotage phenomenological inquiry. Researchers can come unstuck when there is discrepancy between epistemological knowledge and the know-how of practice. The risk then is that the interviewer's own perspective of the subject under investigation can bias the interview preparation stage and close down exploration when unexpected interpersonal dynamics arise in the course of interviews. In summary, I provide nine implications for practice and associated practical tips based on my experience for preparing an IPA interview schedule and carrying out interviews for early researchers:

Project size and time constraints
Honest assessment of personal rationale choosing IPA
Equity and relational challenges
Neutrality and unexpected dynamics
Obsolete interviews
Monitoring personal biases and pre-suppositions
Environmental challenges
Non-reciprocal person-centred stance
Anxiety control and hidden agenda

8.3.3.1 Project size and time constraints

Gaining access to the person/social life world of the participant through a funnelling technique can be difficult in one session. As researchers we are hoping that our interest and empathy will put participants at ease within a short period of time to comfortably explore substantive areas of the subject being explored. The art of facilitation and guiding requires familiarity with the interview schedule so that a relaxed and informal environment can encourage the participant to take the lead. If the interviewer becomes too rigid in questioning then pertinent and insightful exploration may not occur. This balance can create tension for the interviewer particularly if he/she is outcome focused. Using gentle probing questions while maintaining a balance between exploratory shifts from predicted areas of investigation, and negotiated domains, requires confidence and on the spot decision making. There is always pressure to develop a comfortable rapport that necessitates collection of rich data within one interview. Alternatively, a vast amount of data can make analysis unwieldy and overwhelming if

several interviews are needed or the project is small and time constrained.

I found that having several layers of contact prior to the interview helped with building this relaxed rapport. I contacted each participant initially by email gaining consent and sending research information. I followed this up with further emails including a copy of the interview schedule. This gave them the opportunity to clarify the subject area under investigation and set in motion reflection before I arrived. Phone contact was also established so that by the time we met, there was a sense that the interview was a collaborative event already in progress. With my first interview (Aid Personnel, Chapter 4), Victor began talking about the questions on the schedule while still in the garden and welcoming me. I quickly had to get the recording equipment organised while not dampening his enthusiasm (for example: *"So maybe if you just want to keep talking the way you were just then – it sounds so interesting"*).

8.3.3.2 Honest assessment of personal rationale

Unless a researcher explores their rationale for choosing IPA as a method there is the likelihood that their research efforts will be disappointing and outcomes challenged by copious amounts of unusable data. IPA has growing appeal to researchers in psychology possibly because it appears user friendly and interpersonal. Similarly, those researchers who have an aversion to quantitative methods may see IPA as an easy option. Without commitment to the philosophical underpinnings of IPA and its goal of exploring important issues through

subjective meanings, attitudes and values, a researcher may simply endorse a qualitative *method* or *technique* while adhering to expectations of a positivist model of research. In so doing, they will revert to the language of cause and effect, (*"But then you say on the other hand it was a point, it made you reconsider what you were going to do with the rest of your life and maybe set better choices for yourself?"* Interviewer to Bob, veteran) closed questions, (*"Are you a bridge? Do you see yourself as a bridge between the two?"* Interviewer to Natalie, wife of veteran) and generalities (*"um yes, when organisations at the top aren't very good at supporting – um – the workers – it can have a very deleterious effect on people, psychologically,"* Interviewer to Victor, Aid Personnel) looking to explain rather than describe the subjective 'lived' experience.

8.3.3.3 Equity and relational challenges

Unexpected dynamics can arise in collection of data when a prior relationship has existed with a participant. Navigating successfully the role of interviewer will depend on explicit understanding of why as a researcher you are there and what you are hoping to achieve. If the researcher has known the participant in any capacity; e.g. client, patient, friend, colleague, employer; prior relational contexts may bring hierarchical assumptions in either direction into the exploration of the topic. Apart from 'bracketing' out the interviewer's biases and presuppositions, prior discussion of expectations, roles and willingness to engage outside the boundaries of the previous relationship will need to be addressed. This is particularly important when the interviewer's role has

been one of 'expert' in the eyes of the participant who may feel obliged to accommodate the researcher. As power imbalances can impede openness and equity compromising data collection, any relational complications need consideration prior to interview.

'Bracketing' and clarifying a role change is particularly important when prior roles have existed. A positive outcome of prior relationships in which trust was established is their ability to pave the way for research into sensitive areas of 'lived' experience rarely accessible. When such trust has been established, perceptions of intent by the researcher can create willingness and openness to participate: *"And I would have said 'NO' otherwise to the interview but you know, because it's you and you're doing what you're doing, I'm only too willing to participate in the interview"* (Sean, veteran).

8.3.3.4 *Neutrality and unexpected dynamics*

Once biases and presuppositions are made explicit as far as possible to the self, it becomes much easier to maintain a neutral stance in preparing the interview schedule and in the interview itself. However, open reciprocity cannot be assumed from the participant. During an interview, dynamics may arise for clarification that interfere with the exploration of subject matter that reflect a current and unexpected, interpersonal agenda of greater concern to the participant (Interviewer: *'Can I ask why you chose not to tell her (wife) that I was coming?'* Andrew: *'I've never told her much about what I'm doing because I've found over 20 years that I tell her things about which I am excited and get rejected, it hurts me, so I've just stopped doing it'*. Unused

transcript). It may even be that the participant misinterprets the interview for counselling. Alternatively, the unexpected may deter the interviewer from explorative insights. The interview may either need to be aborted or clinician versus researcher roles redefined. At worst, the interviewer may miss the opportunity for rich, interpretative data.

IPA interviews are dynamic interpersonal relationships that require both objectivity and subjectivity and the flexibility to be both divergent and convergent. On the one hand, the researcher must remain impartial and open to whatever interpretation the participant discloses on the topic being explored. However, the double hermeneutic reflexivity of IPA requires subjective interpretations from the interviewer. When exploring highly sensitive topics such as a person's involvement in war, the interviewer's own values and beliefs may be called into question. No matter how exhaustive pre-interview preparation has been, the 'unexpected' risks exposing prejudices and negating good data collection.

8.3.3.5 *Obsolete interviews*

Despite the best preparations and pre-interview investigations, there will be some participants who are unable to bring comprehensibility to their 'lived' experiences. Subject areas that delve into catastrophic and complex psychological or physical trauma and pain are integrated over time. A researcher may not be able to predict whether the participant is ready to engage in deep reflection for meaning making. The process of accommodating traumatic experiences has been described in several growth theories suggesting that for successful integration of trauma-related information at a personal level, an individual must find personal

significance and comprehensibility in their current life (see Joseph & Linley, 2008). Until that process has evolved, a participant may be caught in a reiterative ruminating stage attempting to bring comprehensibility to events by repetitively describing details similar to a biography. Alternatively, an individual may have stabilised their distress state with subjective wellbeing strategies by avoiding the more painful explorative processes that bring psychological wellbeing. Unfortunately, the process of phenomenological enquiry is exhausting, time-consuming, and fraught with the possibility that the participant may, for whatever reasons, be unable to delve into the depths of meaning making.

8.3.3.6 *Monitoring personal; biases and pre-suppositions*

Personal biases and presuppositions are not always easy to uncover. However, attending diligently and consciously to this task is possibly the most important pre-interview schedule task. Hidden biases and pre-conceptions will invade the entire process from defining the research question, to constructing the interview schedule, to identifying themes and analytic interpretation. There is much written on the suspension or 'bracketing' of biases and presuppositions once identified (see Spinelli, 2005), but how to recognise those inert and conditioned beliefs buried deep in the crevices of the unconscious mind challenges good research. Initially, the interviewer needs to identify conspicuous presuppositions about the investigated topic. From this list, questions, personal experiences, and discussions with colleagues and supervisors can illuminate the more sensitive and problematic biases that may sabotage interviews. In my own case, my perceptions of being a woman present

during the Vietnam War and on various humanitarian missions meant my 'narrative' needed to be put aside. Questioning of the self over why this topic is of interest, what personal investments drive that interest, expectations of outcomes and hidden hypotheses must be rigorously explored and distilled before questions are formulated. Similarly, practice makes perfect and interview schedules should have many practice runs with willing colleagues to uncover unsuspected biases and pre-conceptions.

8.3.3.7 *Environmental challenges*

Negotiating the place of interview requires that the participant's needs are prioritized. However, this can place extraordinary logistic and environmental challenges on data collection from the researcher's perspective. Amongst other things, the researcher is usually absorbed with data collection equipment, travel logistics and reducing the level of their invasiveness on the interview. Pets, children, grandchildren, curious others and the telephone can all potentially distract from the collection of unique, in-depth and rich data. (For example: "*But I know that I loved Stephen – like Stephen was this big love of mine*" baby started crying – some discussion about whether to go and feed baby; unused transcript). Engaging with the participant prior to the interview, emphasising environmental challenges, discussing the goals and expectations from both the interviewer and interviewee's perspective, potentially reduce obstacles and hazards to good data collection.

8.3.3.8 *Non-reciprocal person-centred stance*

There are many hidden agenda that may serve to interfere with the interactive research processes using the semi-structured interview approach of IPA. Firstly, it requires the nurturing of a non-reciprocal relationship that is focused on one of the dyad for the benefit of the other. In one aspect, the participant is gifting the researcher with extremely intimate thoughts and feelings. In return they are heard and validated. It is a fragile contract that maintains its balance through the double-hermeneutic approach. The task of the researcher is the maintenance of person-centred empathy and interested enquiry to make sense of the participant's expert interpretation of their experiences of the subject under investigation. The researcher must refrain from: imposing values, giving advice, using closed questions, seeking more information, overriding silences, blocking emotions, talking about others, or being 'over-analytic' or judgemental. That balance is further maintained by flexibility of the researcher to follow the lead of the participant as they uncover more in-depth understanding.

Dynamics external to the research dyad can interfere with meaning making and interpretation. For example, why a participant would agree to be interviewed and what is their understanding of what is in it for them may influence the trajectory they present. Similarly, vulnerability, safety and trust issues are as pertinent to the researcher as they are to the researched. Once a researcher enters another's personal domain they are to some extent controlled by the processes of that system and the other relationships that connect to that system. Equally, in agreeing to explore sensitive life experiences, emotional and psychological triggers

may cause distress. If prepared, a person centred approach by the researcher can access rich and meaningful data while positively supporting the participant make meaning of their distress. Conversely, if unprepared the researcher may find her/his anxiety a burden for the participant causing shutdown and a lost opportunity for both.

8.3.3.9 *Anxiety control and hidden agenda*

While gathering research researchers are mindful of the generosity of participants and that she/he may be encroaching on another's private life. For the researcher, particularly new researchers, several aspects of the interview process may potentially contribute to raising the anxiety levels of the interviewer: concern to follow protocols; not interrupting; actively listening; covering the research material; maintaining ethical considerations; remaining neutral and impartial, encouraging, empathic and open; sensitive to intrusiveness; and issues relating to equipment and time. For the research interviewee a number of responses or behaviours may produce nervousness or agitation, even antagonism and lack of cooperation during the interview process: concern that they will say the 'right' thing; wondering why they were chosen; giving up their time; gaining nothing in return; feeling inadequate in the face of an academic; poor feedback; and exposing painful memories and experiences. Putting self and the participant at ease can be aided by practicing with colleagues prior to commencing collection of data including forming open and encouraging questions, comfort with silences, flexible time management, and willing and empathic negotiation prior to data collection.

8.4 Conclusion

In summary, the main reflections gleaned from the process of this research were the interrelationship of positivist paradigms of research and a medical model of explanation in mental health with consequent influence on contemporary psychological practices and research. First, health and in particular, mental health research mostly acquiesces to a positivist perspective of enquiry underpinned by a medical model of explanation. Even more recent idiographic qualitative research in the health field, without due philosophical and conceptual awareness by the researcher, may camouflage unconscious analytical biases of causality and directionality. As such, objectivity becomes the key word so that a) events are reported in a 'reliable' way devoid of idiosyncrasy, and b) adherence to functional structures rather than philosophical underpinnings restrict exploration and interpretation. This means that if a researcher is not clear about the precepts for engaging in qualitative research, they may approach their research looking for objective variables in a way that differs very little from a positivist perspective. Objectivity has become so entrenched in the language of psychological research, acceptable to publishing editors, that the new qualitative researcher in particular, may unconsciously focus on measurable responses rather than interpretative activity.

Second, capitalist ideals have led to commodity driven individualism which encourages individuals to find life meaning in capitalist entrepreneurialism (Illouz, 2007). Researchers and psychologists alike are part of this urgency for recognised success which like Forscher's

(1963) metaphor of the fall of the builder and the rise of the brick maker often results in an abundance of replications, rather than edifices of originality. This can be particularly true of the researcher striving for recognition in an abundance of publications rather than great edifices. This frantic competitiveness has also resulted in unprecedented human mobility on an international scale with subsequent family and societal dislocation with more and more people living alone. Rather than the wisdom of older family members providing trans-generational histories, support and guidance for meaning and understanding, emotions have now become pathological capital, and people, commodities for therapy and fixing in a medical model of explanation. A platform for entrepreneurship in psychological practice is now firmly established through pathologising human experience. In many ways therapy has become the new religion or community support within capitalism. As such therapeutic relationships provide 'family' for the alleviation of suffering, victimhood and isolation while the DSM has provided a passport to compensation for many social ills.

My observation is that these two ways of 'being' in the current world have become so mutually supportive of the expert versus the victim approach to human experience, that the individual's perceptions or meaning making is hard to define without reference to medical intervention, diagnoses or meeting requirements for government support. Certainly reflecting over the participants' narratives and conducting these analyses, a major thread that occurred was that of a 'lone struggle' by the interviewees for meaning making of traumatic experiences.

However, deference to medical excellence was always an interpretative option by individuals easily coerced into a belief in their victimhood status. While this provides for some, a rationale for distressing behaviour, emotions and cognitions, it prohibits a more inclusive societal competence maintaining actors in the field of mental health positioned around an individual narrative of suffering and victimhood rather than one of communal growth.

CHAPTER 9

Thesis Conclusions and Implications

9.1 Key research conclusions

Understanding how individuals bring comprehensibility and significance to experiencing war, disaster, and genocide from both primary and secondary 'lived experiences', has been the focal question of this thesis. Yet as I complete this study, crises continue to besiege our world with humanitarian personnel and soldiers deployed to assist others in close proximity and increasingly overlapping roles.

Phenomenologically, a key aim of this thesis was to seek an unbiased examination of conscious experience through a meaning-focused approach rather than a cause-and-effect empiricist approach. Its findings, though supportive of the many known negative consequences of experiencing complex trauma, revealed aspects of posttraumatic growth that facilitated meaning making and psychological wellbeing that are not captured by existing standardised psychometric tools.

In this chapter I highlight four important strands that emerged in the present research. First, the findings of this study with regard to altruism and the domains of growth identified: empathy, love, gratitude and humility; second, ongoing posttraumatic research following exposure to modern global conflicts; third, professional practitioner implications; and fourth, my personal thoughts and journey from here.

9.2 Altruism, altruistic individuals and psychological growth

When I set out to study the phenomenon of exposure to war, disaster and genocide, I had no sense of what sustained those who found renewed understanding and psychological wellbeing from such distress. The emergence of domains previously unconsidered as processes for growth and how those domains might connect to profiles of particular roles or careers was not something I had considered.

In this section I will discuss my thoughts on the thematic findings that have arisen in the various studies. However, in so doing, I will touch on a variety of literature across varying fields of academia e.g. literature, history, philosophy. These reflections aim to contextualise the findings to the 'bigger picture' that could contribute to further research.

This study has blended together participants whose job descriptions and relationship roles may appear disparate on the surface, but when distilled reveal altruistic ideological orientations that are committed to eradicating injustice, inequity, and suffering at substantial cost to the individual. Psychological assault, social demonization, marginalisation, and indifference, are just some of the negative felt responses by these participants over the years after their involvement with complex traumatic events. Through personal re-evaluation they have, to varying degrees, successfully and radically reconstructed their 'place in the world'. Could these individuals be regarded as resilient individuals?

Scrutiny of empirical literature explains resilience, characterised by hardiness, optimism, self-enhancement, repressive coping, positive effect, and a sense of coherence, as protective against posttraumatic distress (Agaibi & Wilson, 2005; Bonanno, 2004; Tedeschi & Calhoun, 2004). Understood in this context resilient individuals following traumatic events will remain psychologically intact, relatively unchanged (Levine, Laufer, Stein et al., 2009) and therefore without the need for growth following adversity. In fact, resilience has been found to be inversely related to growth (Levine et al, 2009). Clearly, resilience as theorised, does not explain the felt experiences of these narratives. Psychologically, these lives were shattered for a time by catastrophic events. For them, positive change and growthful adjustment came through vulnerability to distress that stimulated a search for meaning (Linley & Joseph, 2004; Tedeschi & Calhoun, 1996). With this in mind, distress and growth needed to co-exist for comprehensibility to emerge.

However, co-existing with this dyad, positive meaning making following adversity is believed to be influenced by the extent to which the distressed individual has a socially-supportive environment (see Joseph & Linley, 2008). In the case of these participants positive change arose ultimately after a protracted period of posttrauma distress with little evidence or reporting of real and positive support from others. In effect, moral reparation and growthful autonomy appeared to evolve in the face of social antagonism, disinterest, rejection and invalidation. Whilst recognising that participant interpretations are based on perceptions and memory of events, it could be argued that an inverse relationship, as

with growth and resilience, was similarly evidenced in this study between psychological growth and social support.

This raises pertinent questions with respect to both extrinsic and intrinsic factors influencing psychological growth as a result of traumatic experiences. In the absence of positive social support, or in the presence of antagonistic negative support, are there other factors that could influence growthful change out of traumatic events, or are unsupported individuals following adversity doomed to remain without growthful reconciliation with the self? From the domains of growth that emerged in this study, not already explored in the literature, particularly empathy, love, gratitude, and humility, I am drawn to reflect on the possible importance of an *altruistic identity* for positive change and posttraumatic growth.

Altruism, an individual's ability to adopt the perspective of another person in need (Smith, 1853), describes many individuals whose career choice places them at risk in the service of others. An altruistic act can momentarily boost feelings of pleasure and self-worth prompting further acts of altruism (Zettler & Hilbig, 2010). People high in altruism have been described as helpful, generous and prosocial, and are more willing to accept personal disadvantages for the sake of others (Lee & Ashton, 2006; Lee, Lee, & Kang, 2003; Rushton, Chrisjohn & Fekken, 1981; Zettler & Hilbig, 2010). Thus in helping others, feelings of wellbeing and sense of achievement may fuel motivation to help again in a non-reciprocal manner.

Although there are still widely held beliefs that helping and moral commitment can be driven by egoistic as well as altruistic desires (Mastain, 2006) extensive research by Batson (1991) argues that no plausible egoistic explanation can be found for selfless acts of altruism. Recent research (e.g., Ashton & Lee, 2008; Lee & Ashton, 2004; 2006) in developing a six model of personality found altruism to be a blend of three dimensions: honesty-humility, agreeableness, and emotionality. Further, Munroe (1996) challenged traditional socio-cultural, economic, biological and psychological factors explaining altruism as a unique perspective of the individual: "This perspective provides a feeling of being strongly linked to others through a shared humanity and constitutes such a central core to altruists' identity that it leaves them with no choice in their behaviour when others are in great need" (p. 234; Monroe, 1996). Similarly, Oliner and Oliner, (1998) in interviewing hundreds of individuals who rescued Jews during World War II, found this universal perspective or moral code that upheld rights to health, happiness and freedom for all. "Far from involving self-sacrifice, altruism appears to promote both personal and social well-being" (Hurley, 1987; p. 2).

Given that these participants experienced horrific personal challenges and indifferent or antagonistic social support, I draw on the literature to consider whether a positive *altruistic identity* could act as an internal stimulus for positive change and self reparation in place of a supportive social environment. As yet, little research defines empathy, love, gratitude and humility as domains of growth for bringing positive change

following adversity. However, there is extensive research linking each of these domains to an *altruistic identity* which I will discuss below.

9.2.1 Empathy and altruism

First, in linking *empathy* to altruism, Batson (1991) and Mastain (2006) found that *empathy* is not only an integral part of the experience of altruism but may be the primary motivator. In fact Hurley (1987) suggests that *empathy* is an important attribute for “healthy mindedness” and psychological maturity. Empathic responses felt by altruists are thought to be vicarious affective responses to another’s experience (Reber & Reber, 2001) and may go some way to explain the intense shameful and moral doubt of personal responsibility felt by the veterans and humanitarian personnel interviewed in the current thesis in witnessing other’s morally questionable behaviours. Unfortunately, while empathy may be experienced as a strong emotional desire to alleviate another’s distress feeling responsible for their well-being extracts catastrophic personal costs (Mastain, 2006). Victor’s thoughts on humanitarian altruism reflect that cost: *‘I don’t think it makes people more happy . . . that’s the cost of doing it’* (Aid Personnel, Chapter 4).

The characteristics of empathy: developing people, building community, providing leadership, empowering followers, and serving are all responses to perceiving others in need. Empathy appears in the self-sacrificial leadership literature through its connection with altruism (De Cremer, 2002) with extensive literature recognising that good

leadership is best provided through service to others (Batson, Ahmad, Lishner, & Tsang, 2002).

9.2.2 Love and altruism

Second, the drive to be involved in relieving the distress of others, despite personal costs, has been described as *love* – a sense of pleasure and delight in the well-being of others (Freeman, 1992; Post, 2003; Sorokin, 1950; Tjeltveit, 2003). Conversely, when acts of love are thwarted, similar to the wives of veterans in this thesis, intense confusion is conceivable: '*I didn't understand*' or '*I thought it was me*' (Wives: Chapter 7). Yet *love* as a construct, tends to be avoided in psychological research contributing to academic debate as to whether *love* or *empathy* is the primary emotion underlying altruism (Batson, 1991; Mastain, 2006; Sorokin, 1950).

Contributing to that debate, Post et al (2003) stresses that *love* rather than *empathy* is the predecessor of altruism and ultimately spirituality. Clearly a conscious acknowledgement of the power of *love* brought fundamental change to self worth ('*I like myself better now*') and relational care for the wives interviewed in Chapter 7 of the present thesis who spoke of love bridging the void of grief and disappointment to acceptance and closeness. Both Stella and Natalie (Chapter 7, this thesis), found that: '*Love was the thread ... positivity and love*' and was pivotal in motivating a reconnection with positive change even spirituality for re-defining altruistic selves: '*I actually just went down on my knees one day and asked the Lord to come into my life and empower me*'. Yet to a large extent, social psychology has neglected the emotional, spiritual

and experiential aspects of altruistic action particularly what happens within the individual following thwarted acts of altruism.

9.2.3 *Gratitude and altruism*

The third domain, gratitude, the positive emotion that is felt after having received something of value, enhances the willingness to help, and also fosters prosocial behaviour (Carlson et al. 1988; Emmons & McCullough 2004; Bartlett & DeSteno 2006) resulting in an 'epidemiology of altruism' (Nowak & Roch, 2007). Over time, actions inspired by gratitude build and strengthen social bonds and friendships (see Emmons & Shelton, 2002; Harpham 2004; Komter, 2004). In fact gratitude fuels reciprocal altruism (Trivers, 1971) the foundation of enduring friendships and alliances similar to the deep bonds formed by aid personnel and soldiers who have shared life threatening experiences.

Even when an altruistic act cannot be reciprocated, such as a colleague in need, individuals can experience gratitude that motivates permanent faithfulness, appreciation, obligation and indebtedness for a lifetime (Roberts, 1991). This may go some way to explaining the strong bonds of devotion veterans expressed in the interviews of the present thesis (Chapter 6) for their colleagues-in-arms, and the penchant for aid personnel to return to the field when poor validation is felt post mission. Such collegial gratitude often based on a life saving event, may itself stimulate growthful processes as gratitude is negatively related to emotional distress such as depression, social anxiety and envy (Kashdan & Breen, 2007; McCullough, Emmons & Tsang, 2002). Accordingly, the interweaving of altruistic action and gratitude between giver and receiver

and the subsequent positive emotions felt, results in higher functioning for individuals, organisations and communities.

Of interest to the outcomes of this thesis is the appearance of gratitude as a domain of growth as the participants aged and were distanced by time from their traumatic experiences. Understanding of positive emotions amongst older adults and across the life span is limited. However, as people get older, their priorities and goals shift from knowledge and achievement-seeking to interest in those events that bring emotional meaning (Carstensen et al., 1999; Charles & Carstensen, 2007). Deeply ingrained social norms in Western societies encourage greater effort in regulating interpersonal relationship in women, whereas men tend to focus on the maintenance and pursuit of power and status (Brody, 1997, 1999; Stoppard & Gruchy, 1993). Men may even regard experiencing and expressing gratitude as vulnerability and weakness (Levant & Kopecky, 1995).

The older veterans and humanitarian workers interviewed in the present thesis expressed gratitude (*'I am thankful for what I have and for what I have had'*, Veteran, Chapter 6) as a positive and essential aspect of redefining their experiences. As a central element of gratitude is mindfulness (Hayes, Strosahl & Wilson, 1999; Kashdan, Mishra, Breen & Froh, 2009) becoming aware of personal value and the realisation of a shortened future may provide confidence to feel more autonomously (*'I suppose that as you strive to be a better human being, recognition from anyone in relation to oneself becomes less and less important'*, Veteran, Chapter 6). Mindfulness and self acceptance allow individuals to

effectively live in the present, recognise personal values and live in accordance with those values irrespective of other's opinions (Hayes, Strosahl & Wilson, 1999). Thus the path from mindful gratitude and autonomous living among these interviewees may have facilitated growth and the repair of psychological distress as they aged.

Recent studies have highlighted the therapeutic efficacy of gratitude interventions in promoting growth of skills, improved relationships and resilience (Seligman, Steen, Park, & Peterson, 2005; Kashdan et al., 2009). Men are not born less emotionally expressive than women but are influenced by regulated and socially-proscribed gender norms (Brody, 1997; 1999; Levant & Kopecky, 1995). As a consequence, research shows that younger men, in particular, are less likely to seek help from friends, family or the medical profession for fear of being judged dependent or needy (George & Fleming, 2004; Good, Dell & Mintz, 1998). As positive emotions tend to beget subsequent positive emotions and gratitude is one of the strongest contributors to well-being, social capital and physical resources (Kashdan et al, 2009), interventions designed to increase psychological flexibility that allow feelings of gratitude are to be encouraged.

9.2.4 *Humility and altruism*

Humility is another candidate emotion that captures the essence of the altruism construct. It is seen as a liberating virtue that allows the individual to expect nothing while ready to appreciate everything (DeMarco, 1996; 2000). Consequently, the humble person enjoys the freedom to be whoever they are judging neither himself nor others. For

example, among the interviewees in the present thesis: *'I have a lot more understanding for other people. I'm not judgemental anymore – I see other people and I don't just judge ... I like myself better now'* (Veteran wife, Chapter 7). Humility requires however, honest and realistic assessment of self without thinking either too highly or too lowly of self (Heim, 2009). Because of this honesty individuals who embrace humility are more likely to be realistic and dedicated to human rights and the needs of others (*'I'm happier when I'm giving ... there's a love that wants to do it'*) (DeMarco, 2000). Kishon-Barash, Midlarsky, and Johnson, (1999) found that Vietnam veterans of their study were able to transcend their own distress when confronted by the distress of another engaging in empathic concern and a desire to help despite their own chronic posttraumatic distress. That ability to extend sympathy and love without the need for reciprocity even when personally distressed is akin to descriptions of humility by Bernard of Clairvaux (Burch, 1940), and Buddhist values of humility (Heim, 2009). In essence such honest self appraisal encourages altruism and compassion to self and others, wisdom and personal growth while accommodating limitations and vulnerabilities.

In summary, altruistic individuals' propensity for assisting those in need has the reciprocal benefit of developing their own personal and social wellbeing (Hurley, 1987). Empathy, love, gratitude and humility are all candidate emotions for the position of primary influence of altruism and altruistic actions and each exemplifies the selflessness of the altruistic actor to help, offer their services generously, and connect socially even when threatened with great personal cost (Lee & Ashton,

2006; Lee, Lee, & Kang, 2003; Rushton, Chrisjohn & Fekken, 1981; Zettler & Hilbig, 2010). It is easy to imagine that the participants interviewed in the research reported in the current thesis felt a distortion of their altruistic values following both traumatic exposure and the confusion of rejection, betrayal and alienation. Fundamentally, their altruistic identities were dishonoured and invalidated. Psychological wellbeing came through recognising the value of their altruistic identities against a backdrop of nothingness in the eyes of others. In coming to expect nothing from others, they were able to appreciate with renewed self awareness the value of their own virtues and the value of connecting. In the words of G.K. Chesterton (cited in DeMarco, 2006): "It is one of the million wild jests of truth that we know nothing until we know nothing" (p. 3).

9.3 Implications for future research and practice

In considering future research and practice from the findings of this thesis, first, altruism may offer a key to understanding why some individuals despite horrific events and the absence of positive social environmental support continue to redefine their lives positively. The motivating internal resources of altruistic individuals may provide further direction for research into domains of growth: empathy, love, gratitude and humility, not yet explored. For example, vulnerability acted on by social support may be one avenue to psychological growth, but in the absence of social support, vulnerability acted on by altruism may be another avenue to psychological growth. Zettler and Hilbig (2010) concluded from recent research that it is a question of the situation that

predicts behaviour. Similar to trait activation theory (Kamdar & van Dyne, 2007) these findings suggest that although individuals possess unique dispositional profiles they demonstrate certain traits only when situational cues require them to do so. As such situational factors may be moderators of those unique profiles. Research confirming a well-defined altruistic identity as a profile strength for aiding adjustment posttrauma, would be invaluable to those considering a career in which there is the risk of threat to psychological integrity.

Similarly, it would offer recruiting organisations concerned with global unrest and conflict, important screening information for better post-mission outcomes before engaging and deploying staff to high risk areas. Maintaining a positive *altruistic identity* is of benefit to personnel, organisations and those they seek to help.

Second, the concept of social support is defined by multiple interpretations in the literature. To the extent that protracted self blame was articulated as resulting from feeling betrayed, ambivalence, invalidation or outright antagonism from either society, family members or organisations, the role of early appropriate support for returnees from international emergencies and war deserves detailed exploration. What is meant by appropriate support however may need some radical rethinking and less analytical abstraction. Social support is a complex concept that similar to 'debriefing' has been adopted into medical and research lexicon without the necessary teasing apart of its community, cultural and personal interpretations.

Third, the relationship between age/time and growth is poorly researched. Understanding the role of positive emotions and their impact on the processes of growthful psychological wellbeing out of adversity over the life span, could better assist in the after care of veterans and aid personnel returning from missions. In particular, knowing how the different genders utilise positive emotions for wellbeing and how these are perceived across the genders could be of benefit in psychosocial reintegration protocols. In the present climate of global conflict, the greater percentage of those at the front line of current conflicts is male. If men regard the expression of positive emotions such as humility, gratitude, love and empathy as evidence of vulnerability and weakness adopting an avoidance orientation and a preference for concealing emotional expression, then they may be limiting their resources for psychological growth following complex trauma.

Similarly, the loss of those more expressive emotions in a relationship, particularly where the greater effort on regulating interpersonal relationships occurs with women, predicts that many wives and partners of returnees from global conflicts will bear enormous psychological and emotional burdens. Any therapeutic intervention promoting positive emotions for self reparation and relational intimacy as discussed can contribute to psychological adjustment following adversity. As the research reported in this thesis has shown, post-mission reintegration processes are important determinants of psychological wellbeing. Thus, a three step approach post-mission protocol for reintegration and rehabilitation: (a) 'debriefing' and psychological

assessment; (b) psychosocial rehabilitation with family, community and workplace; and (c) psychoeducational sessions for both aid worker and family members, is encouraged for both military and humanitarian organisations. Such an approach would address the important humanitarian protocols: sense of belonging, sense of control, social support, meaningfulness and human dignity; which are as valid for the carer as they are for the recipients of care.

Finally, modern war and conflict are, fundamentally, global social movements rather than political struggles and will not be resolved by imposing the individual thought of democratic logic and the force of foreign armies. The increasing deterritorialised nature of ethical rather than political conflicts means that combatant war is more likely to be indiscriminate and without real and visible enemies (Chandler, 2009). The psychological cost to young returnees and their families from current conflicts continues unabated. Yet non-dominant, collaborative dialogue between evolving individualistic and collectivist cultures may better address inequity and injustice.

The interviewees in the research reported in the present thesis (see Chapters 4, 5, 6, and 7) suffered the pain of trauma betrayal, shame, narcissistic self harm, rageful anger and moral doubt as responses to helplessness and powerlessness whilst striving for moral justice. Their desire to assist and their self doubt when they fell short, their struggle to make meaning of vulnerability to psychological distress, found renewed moral integrity and psychological wellbeing in a tapestry of growthful domains that reflected resourceful and positive *altruistic identities*.

9.4 Personal reflections of career trajectory

Apart from my own lived experiences of war and disaster and the unique interpretation I bring to them, the impetus for conducting the present investigation was motivated following a long therapeutic career, hoping to evidence the narratives of growth I felt had occurred for many individuals exposed to war and atrocities of combat or humanitarian aid. Probably naively, it was approached after 20 years of practice, with the hope of giving rarely-heard-in-research client groups a voice in the journals of academia. Like many practitioners I felt I had accrued practical knowledge and insight from my clients but had never found time to share or investigate intuited skills. As I progressed along this path I began to realise, mainly from being forced at times to define my position, that both my life as a trauma therapist and this research have been highly influenced by other life careers and coping experiences: a distressed child at boarding school, living in under-developed countries, humanitarian work, music teacher, nurse/midwife, and business woman as well as my relational roles, daughter, sister, friend, wife, ex-wife and mother. As such, both have evolved bearing my experience-based values, beliefs, attitudes and biases.

‘Bracketing’ these pre-suppositions regarding the phenomena under investigation required a constant process of self-investigation. That self-examination also led to a rise in consciousness followed by a critical awareness that I had often felt compromised as a practitioner between a more person centred, unique or idiographic understanding of clients’

narratives and the nomothetic logic of the positivist, medical model approach to therapeutic intervention discussed previously.

As an early psychology practitioner feeling my way, lists, categories and recipes defined by a positivist framework of health research inspired confidence in selecting a therapeutic treatment. However, I came to sense that with such a model the individual as expert in their own lives was denied and reciprocal trust was inhibited leaving the client's interpretation acquiescent to the expert practitioner. It seemed to limit and exclude the many interlocking systems of life reducing psychological practice to a "self-limiting specialization" (Bevan, 1982; p. 1311).

Ultimately my work in the early years of practice often left me feeling dissatisfied and I learned that this impersonal and invalidating approach often resulted in shutdown by the client, an unwillingness to disclose truthfully, and non-compliance of therapeutic directives and recommendations. 'Success' was a more likely outcome when 'expert' objectivity was avoided and a meaningful and intentional inter-relationship between myself and client was given reign to develop. A genuine interest in their phenomenological experiences and their subjective perceptions for making sense of their unique lived experience further facilitated positive outcomes. As a consequence, invitations from the client to provide psycho-educational knowledge often followed. I came to note that understanding and creating positive change out of their distress was not necessarily a matter of diagnosis and treatment rendering them passive reactors. Rather, encouraging the client to engage in active, interpretative reconstruction of their experience of

distress was more likely to give meaning to events as they occurred in time and place in their environment, resulting in psychological wellbeing and growth.

'Cure', 'objective reality' or 'causality' may work when investigating physical wellbeing but rarely brings meaning and positive change to a whole-of-life view that psychological distress invades. It seemed to me that a detached objective approach was a prerequisite for failure in the psychological therapeutic environment. Achieving psychological health seemed far more likely when both client and practitioner willingly sought conscious understanding of unique experiences and allowed relational risks that were able to remain neutral across a range of systemic and ethical contexts. Such risks may place some therapists vulnerable to transference and vicarious distress. However, the humility to recognise that as practitioners, we are not omniscient but able to learn from our clients while they redefine their lives during and following complex distress, can I believe provide a protective layer that brings openness and growth to both in the therapeutic environment. It was out of this practice experience that a philosophical interest in phenomenological interpretation of traumatic experiences, following war and disaster, resonated.

As an early practitioner, my mentors were experienced practitioners who had honed their skills prior to '*practice*' entering the lexicon just over 10 years ago. Clinical judgement, wisdom and expertise had been achieved through a broad range of methodological inquiry and a broad range of '*practice based evidence*' (PBE). This context resonated with me

encouraging an alliance with social and humanistic psychology that emphasised the independent dignity and worth of human beings and their conscious capacity to develop personal competencies and self respect within their societal environment. Although '*evidence based practice*' (EBP) developed to tame the unscientific and often shambolic world of clinical practice, it now has entered the unscientific and complicated world of politics. Political and economic rationales have become so reliant on EBP in setting guidelines for practice that many believe that if therapeutic intervention is not proven through a randomised controlled trial (RCT), the corner stone of EBP, it should never be used.

This misconception stems from the historical concept of the positivist approach that infers that understanding the world requires evidence of cause and effect. As Einstein is purported to have said: '*not everything that can be counted, counts, and not everything that counts can be counted*' (McKee, 2004). The concept of PBE, on the other hand, deals with the multiple facets of real world practice where the process of measurement and the complexity of the personal, social and environmental systems impacting on practice and research and are more important than controlling how practice is delivered. Rather than does X cause Y, the question becomes how does X impact on the complex personalised system of the client?. Yet preferential use of EBP is a reductionist approach that inhibits phenomenological differences. Of course there is a place for evidence-informed practice, but a slavish adherence to results from randomised controlled trials without

collaborative consultation of phenomenological differences, inhibits the opportunity for informed decision making by both client and practitioner.

Clinical practice guidelines provide the practitioner with a valuable starting place. However, I argue that these protocols in themselves do not fully address the issue of the client in front of you with his or her own unique physical, psychological, emotional, environmental, and cultural perspectives. The skilled practitioner must take these guidelines and make decisions regarding the appropriateness for the individual client. This is not an excuse to throw out the guidelines entirely and utilize a "guru" approach. As practitioners, there is responsibility to measure both practice techniques and outcomes for all patients in order to create an even richer database of clinical scenarios to improve the guidelines. Thus, a return to practice informing research and research informing practice provides a dyad of knowledge for practice with neither element complete on its own. Psychology needs the full range of research paradigms, from systematic reviews, to RCTs, to phenomenological and ethnographic qualitative research. Baumeister, Vohs and Funder (2007) have suggested that the psychology research community include "direct observation of behaviour wherever possible" (p. 396). Certainly a focus on converging evidence through multiple methods may contribute to meaningful research of human functioning. However, we also need the thoughtful practitioner who carefully seeks to understand each unique patient, and provides ongoing analysis of meaning making, or measures outcomes of collaboratively agreed clinical intervention.

For myself as a practitioner/researcher, I am concerned with the way in which economic ebb and flow, political lability, multinational pharmaceutical companies and psychiatric categorisations have synthesized to directly impact on psychological practice and research. In particular, the growing regularisation of practice through EMB threatens to erode confident clinical judgement, promote a hierarchical and expert top-down therapeutic environment, and negate other forms of epistemological inquiry. The use of RCTs for informing EMB is born of reductionist thinking and a medical model of practice which has been used widely for teaching, delivery of practice, and clinical services within the medical framework (Joseph, et al, 2009). It provides guidelines from the perspective of one research paradigm. However, mental health is not solely medical, but environmental, social, emotional and relational and psychology and psychologists need to challenge the imposition of one paradigm of inquiry. More important, is the recognition that qualitative and quantitative inquiry are not in opposition but come from different paradigmatic frameworks. The use of a qualitative approach as an adjunct to quantitative research grounded in the medical model tradition has limited application for elucidating subjective interpretation. Thus qualitative and quantitative methods can complement each other but to truly understand subjective distress, a positivist approach to questioning must be avoided and the phenomenological and hermeneutic underpinnings of the qualitative question be addressed.

In conclusion, my thesis has helped me define my epistemological stance as a researcher and practitioner. I retain my passion for

promoting good mental health practice in aid and military organisations for several reasons: (a) to aid personnel in preparation, in the field, and on return; (b) to assist in the reintegration of personnel with families and into society; and (c) ongoing support for those in need of psychological care for psychological growth over time. Similarly, the value cultural diversity, interactive systems, and the ecology of the family and communities all have a role to play in promoting psychological wellbeing in the individual through collaborative narratives.

Future research interests following this thesis include an ongoing contributing to organisational evaluation and accountability for psychological wellbeing in staff of aid and military organisation particularly selection processes and postmission reintegration with families. Inclusive in this is the necessary collaboration across cultures for the psychosocial wellbeing of recipients of disaster relief. I aim to continue research into the role and benefits of an altruistic identity in contributing to psychological growth following complex trauma.

I hope that the combination of clinical experience in the field of complex trauma and research knowledge through this thesis will offer me the opportunity for further collaboration in understanding 'how' individuals positively grow over time following catastrophic events particularly in the absence of positive support. Similarly, as global citizens, a cultural-ecological discourse for utilising culture-specific psychosocial practices can challenge the monopoly of the medical model pathological framework in understanding human response and both positive and negative adaptation to complex trauma and adversity.

9.5 Summary

Finally, the first study (Chapter, 4) develops a concept of Altruistic Identity Disruption (AID) which refers to the difficulties returnees from humanitarian work can experience in reintegrating back into their families, communities and society post-mission. AID causes the returnee to feel isolated, question their role in humanitarian work and its value, and engage in self-blaming. As a result many may return to the field prematurely seeking validation from aid colleagues.

Two studies (Chapters 5 & 6) further highlight the complex social dynamics for individuals reintegrating with loved ones and society following military or humanitarian missions. All experienced varying levels of betrayal from government, families and society and struggled to understand feelings of shame and doubt of personal moral integrity. Shame out of betrayal appeared to find two pathways of expression, either internalised restraint when shame was triggered by personal moral doubt, or externalised retaliation when shame was associated with the immoral acts of others. Over time, self reparation and growth occurred through the domains of humility, empathy and gratitude.

For the wives, self-doubting restraint resulted in withdrawal from intimacy and relational communication while they remained hypervigilant guardians of their veteran husbands. As with their veteran husbands, self reparative growth was facilitated through a new definition of self over time and the growthful domains of love, empathy, humility and gratitude rarely considered in the growth literature. These appeared

to facilitate positive and self-reparative new identities and psychological wellbeing (see Figure 2).



9.5.1 *Figure 2. Pathways of betrayal/shame to 'self-in-time' psychological growth through humility and gratitude*

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TRANSCRIPT EXTRACT NOTATIONS:

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|--------|--|
| [...] | indicates editorial elision where non-relevant material has been omitted |
| (text) | indicates explanatory text added by author |
| [-] | pause in speech |

APPENDICES

1. *Interview schedule for Humanitarian Personnel*

1.	Could you describe how your experiences in aid work have impacted on you over your lifetime so far?
2.	As an aid worker you have contributed to assisting many following and during international emergencies and disasters. How do you make sense of these events, your involvement in them, and how they have impacted on your life?
3.	Can you talk about returning home from an aid mission particularly reintegrating and the role of your organisation, society, family and friends?
4.	I am interested in your perceptions of both positive and negative impacts on you from your involvement in Aid work?
5.	Could you describe any changes you perceive to you as a person that you sense are related to your experiences in Aid?
6.	Are there any psychological, philosophical, existential thoughts that have altered or that have emerged that are related to your involvement in Aid?
7.	Your interpretation of the impact on Aid work on not only your present but your future are of interest to me?
8.	It has been suggested that psychological growth can follow adversity such as experiencing war, genocide or disasters. Could you comment on any transformative changes in the way you think about yourself, your relationships, and your values and beliefs that are related to your experiences of being an Aid worker?

2. *Interview schedule for Vietnam veterans*

1.	Could you describe how your experiences related to Vietnam and homecoming have impacted on you over your lifetime so far?
2.	How do you make sense of your personal involvement in the Vietnam War?
3.	How do you make sense of the human dynamics at play in Australian society following Vietnam that you have been caught up in?
4.	What is it about your Vietnam experience in particular that has impacted on you either positively or negatively?
5.	Do you think you as a person have changed because of these experiences?
6.	Are there any psychological, philosophical, existential thoughts that have altered or that have emerged over the years since Vietnam?
7.	It has been suggested that psychological growth can follow terrible adversity such as war. Could you comment on any transformative changes in the way you think about yourself, your relationships, and your values and beliefs over the decades as a result of being a Vietnam veteran?

3. *Interview schedule for wives of veterans*

1.	Could you describe how your experience of being a wife of a Vietnam veteran has impacted on you over your lifetime so far?
2.	How do you make sense of what you have experienced living with a Vietnam veteran?
4.	I am interested in how you perceive the impact of the human dynamics at play in Australian society following Vietnam and how they have affected your sense of self?
4.	What is it about your being the wife of a Vietnam veteran that has impacted on you either positively or negatively?
5.	Do you think you as a person have changed because of these experiences?
6.	Are there any psychological, philosophical, existential thoughts that have altered or that have emerged over the years because of Vietnam?
7.	It has been suggested that psychological growth can follow terrible adversity such as war. Could you comment on any transformative changes in the way you think about yourself, your feelings, thoughts, relationships, and your values and beliefs over the decades as a result of being the wife of a Vietnam veteran?

4 Example of suggestive extracts from transcripts

Wives

L: Thank you for those reflections. I had an idea that what you were talking about was simultaneously feeling the distress of ongoing trauma, yet thinking in a growthful way - that the pain and the growth were happening simultaneously. Is that how you would describe it?

S: "I would say pain and growth were happening together. It's amazing they are normally the best lessons in life - no pain, no gain as they say" (Stella)

Veterans

L: When you talk about being emotional, do you mean you have more empathy, you feel more sadness, you feel grief for people?

S: I feel grief for people. Anybody, anybody that has a tragedy in their life you know - I can feel their pain.

Aid Personnel

L: Alan so would you say the greatest legacy you had in the immediate period after Rwanda was this loss of compassion an almost inability to relate to people in pain at a level that was not extreme like you'd seen in Rwanda?

P: I would withhold pain relief ... If I thought you were a malingerer or a winger I would withhold pain relief - "get on with it son, because I'm not doing anything for you"