

Traitements contemporains pour les traumatismes psychologiques du point de vue des Casques bleus

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L'objectif de cette étude phénoménologique herméneutique consiste à examiner les méthodes contemporaines de traitement pour les traumatismes psychologiques du point de vue des Casques bleus. Des données ont été recueillies à l'aide d'entrevues enregistrées sur bande audio et réalisées auprès de dix Casques bleus d'aujourd'hui qui ont été déployés en Somalie, au Rwanda et dans l'ancienne Yougoslavie. On a demandé aux participants de décrire l'expérience qu'ils ont vécue lors des différents traitements reçus pour un traumatisme psychologique. On a invité les participants à passer en revue les comptes rendus ayant été faits à partir des transcriptions d'entrevues et à les commenter à des fins de rigueur et de vérification du sens. Une analyse thématique du texte, laquelle a été entreprise en vue d'examiner comment les méthodes contemporaines de traitement aident les Casques bleus à surmonter un traumatisme, a permis de révéler trois thèmes : *les médicaments qui ont été les plus utiles, la compréhension de ce qui se passe et l'autoguérison en tant que suite de découvertes*. À la suite d'un traumatisme chez les Casques bleus d'aujourd'hui, la nature corporelle de la guérison ne devrait pas être négligée. Il faut entreprendre d'autres études sur l'efficacité des différentes méthodes de traitement des traumatismes psychologiques, y compris les thérapies complémentaires esprit-corps.

Mots clés : traumatisme

Contemporary Treatments for Psychological Trauma From the Perspective of Peacekeepers

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The purpose of this hermeneutic phenomenological study was to examine contemporary treatment approaches for psychological trauma from the perspective of peacekeepers. Data were collected via audiotaped interviews with 10 contemporary peacekeepers who had been deployed to Somalia, Rwanda, or the former Yugoslavia. The participants were asked to describe their experience with various treatments for psychological trauma. Narratives from the transcribed interviews were reviewed with the participants and their comments solicited for rigour and verification of meaning. A thematic analysis of the text, conducted to examine the ways in which contemporary treatment approaches help peacekeepers to heal from trauma, revealed 3 themes: *medications as helping the most*, *understanding what is going on*, and *self-healing as a journey of discovery*. The embodied nature of healing from trauma among contemporary peacekeepers should not be overlooked. Studies on the efficacy of different treatment modalities for psychological trauma, including mind-body complementary therapies, are needed.

Keywords: adult health, intervention effects, mental health/psychosocial, trauma

Canadian military peacekeepers have been involved in United Nations peacemaking, peacekeeping, and peace-building and in North Atlantic Treaty Organization (NATO) peace enforcement in more than 65 missions. They have suffered more loss of life than peacekeepers from any other country (Renner & Ayres, 1993).

Nurses in all practice settings are increasingly working with military personnel as dedicated health services are being eliminated from military bases. In Canada, nurses are providing care for contemporary peacekeepers experiencing post-traumatic stress disorder (PTSD) in Operational Stress Injury clinics operated by Veterans Affairs Canada on an outpatient basis at Ste. Anne's Hospital near Montreal, Quebec, and satellite clinics in several provinces. Included in the network are the Department of National Defence's five Operational Trauma and Stress Support centres located across Canada. These clinics provide assessment, treatment, prevention, and support services for Canadian Forces personnel. If nurses are to provide knowledgeable and sensitive care, it is vital that they be informed about whether contemporary treatment approaches are helping peacekeepers to heal from psychological trauma.

The purpose of this article is to address the research question *Are contemporary treatment approaches helping peacekeepers to heal from psychological trauma?* The data presented here are part of a published doctoral dissertation on the experiences of contemporary peacekeepers healing from trauma (Ray, 2009). Data on approaches to the treatment of trauma from the perspective of peacekeepers will be presented and discussed.

Literature Review

Quantitative research studies have focused on recovery from military trauma by measuring the efficacy of different therapeutic interventions for reducing symptoms of PTSD, depression, anxiety, and related conditions (Bormann et al., 2005, 2006; Creamer, Morris, Biddle, & Elliot, 1999; Foa et al., 1999; Keane & Barlow, 2002; Taylor, Thordarson, Maxfield, Fedoroff, & Ogradniczuk, 2003). In a review of the literature on relaxation therapies for PTSD, Taylor et al. (2003) found that, in a sample of 60 participants, eye movement desensitization and reprocessing (EMDR) and relaxation did not differ in speed or efficacy whereas exposure therapy produced significant reductions in symptoms. In the field of anxiety-management training for PTSD, Keane and Barlow (2002) describe an assortment of approaches that have been studied, including relaxation (Taylor et al., 2003; Watson, Tuorila, Vickers, Gearhart, & Mendez, 1997), biofeedback (Peniston, 1986; Watson et al., 1997), controlled breathing, cognitive restructuring, and anger management (Chemtob, Novaco, Hamada, & Gross, 1997). Evidence from these studies suggests that skills-training approaches have a favourable impact on PTSD symptoms.

Quantitative pilot studies with American veterans of the Korean, Vietnam, Gulf, and Iraq wars have produced evidence supporting the benefits of “mantram repetition” (the repetition of a mantra) for reducing psychological distress, including the symptoms of PTSD (Bormann et al., 2005, 2006). The veterans reported a reduction in stress, PTSD, anxiety, and anger as well as improvements in quality of life and spiritual well-being.

Meta-analyses of numerous psychotherapy studies conducted between 1980 and 2005 have found that approximately two thirds of patients with PTSD completing courses of various forms of cognitive behavioural therapy (CBT) or EMDR improve or fully recover; however, some 30% of patients in all available psychotherapy studies showed little or no improvement (Vieweg et al., 2006).

The results of qualitative studies provide an in-depth, richly contextualized picture of healing from psychological trauma from the perspective of survivors. However, qualitative studies on healing from military

psychological trauma are limited to veterans of the Vietnam war, Soviet veterans, and Israeli soldiers (Karner, 1994; Kroch, 2004; Magomed-Eminov & Madrudin, 1997). The significance of the present hermeneutic phenomenological study rests with the opportunity to gain a richer and deeper understanding of contemporary treatment approaches from the perspective of peacekeepers.

Method

Theoretical Underpinnings

The methodological framework guiding the study was philosophical inquiry of a hermeneutic and phenomenological nature as articulated by Merleau-Ponty (1962) and van Manen (1998). The phenomenological philosophy of Merleau-Ponty defines “embodiment” as how we live in and experience the world through our bodies: embodied time, space/motility, sexuality, and speech. Thus interpretive phenomenology is committed to an inter-subjective understanding of the body: historically situated, relational, and defined by Merleau-Ponty as a “being-to-the-world” (p. 46). Such a term suggests that human knowledge is relational, temporal, and present in the world, as opposed to objective, static, and independent of the questioner. When the human subject is viewed as embodied and the body is viewed as a body-subject, suffering while healing from trauma is understood as a composite and complex whole that is experienced in the world in a concrete way. Van Manen (1998) discusses the four philosophical life existentials — lived body (corporeality), lived space (spatiality), lived human relations (relationality or communality), and lived time (temporality) — as fundamental lifeworld themes. These became guides for reflection in the research process.

Sample

The study was approved by the appropriate institutional ethics review board. A letter outlining the study was distributed to Operational Stress Injury Social Support groups for Canadian Forces veterans and enlisted personnel throughout Ontario. The study comprised a purposive sample of contemporary peacekeepers aged 37 to 46 years with a diagnosis of PTSD. The participants had been deployed to Somalia, Rwanda, or the former Yugoslavia. These deployments were chosen because they represent intrastate conflicts (civil wars) that have erupted since the collapse of the Berlin Wall. All the participants had received treatment for psychological trauma for a minimum of 2 years. A 2-year time span was chosen so that interviewees would be able to describe ample experience with treatments for psychological trauma. The 10 participants comprised six soldiers (Luke, Simon, Peter, James, John, and Tim), two chaplains

(Thomas and Matt), one medical assistant (Paul), and one female nurse (Mary). Pseudonyms are used for the purpose of anonymity. All participants provided written consent.

Procedures

Data were collected via one audiotaped interview with each of 10 contemporary peacekeepers who had served in Somalia, Rwanda, or the former Yugoslavia. The participants were first asked: *Are contemporary treatment methods for psychological trauma helping peacekeepers to heal?* They were then asked to describe if and how current treatment approaches were helping them to heal. The phenomenological method seeks to uncover the meanings of phenomena experienced by individuals through analysis of their descriptions. Van Manen (1998) describes six interactive approaches for hermeneutic phenomenological inquiry and data analysis: orienting oneself to the phenomenon of interest and explicating assumptions and understandings; investigating experiences as lived through conversational interviews rather than as conceptualized; reflecting upon and conducting thematic analyses that characterize the phenomenon and interpreting through conversation; describing the phenomenon through the art of writing and re-writing (re-thinking, re-lecting, re-cognizing), which is intended to create “depthful” writing; maintaining a strong relationship to the fundamental question about the phenomenon; and balancing the research context by considering parts and wholes.

I interpreted verbatim transcriptions and used reflective journaling to clarify the data and better understand the experience. Reflective journaling served to reinforce the rigour of the study. I was made aware of my personal biases and unique perspective as a Clinical Nurse Specialist who had provided comprehensive holistic care, which included body-mind therapies for peacekeepers suffering from psychological trauma. I reviewed narratives from the transcribed interviews with the participants and solicited their comments in order to enhance rigour and verify meaning.

Results

The research question *Are contemporary treatment methods for psychological trauma helping peacekeepers to heal?* elicited three themes: *medications as helping the most*, *understanding what is going on*, and *self-healing as a journey of discovery*. Each excerpt from the transcript will be followed by a description in the words of the researcher.

Medications as Helping the Most

I'm getting the most out of the medications. They seem to be working. The doctor prescribed these to turn down the volume a little bit. Am I stuck on

these medications forever? I don't know. I don't care. If I was a diabetic I would take insulin.

Simon stated that medications to stabilize his PTSD symptoms had helped. He went on to explain that there had been no “therapy.” During the interview Simon said that the injury or illness resulting from the trauma had eradicated a range of emotions, leaving him feeling only mad, sad, or glad. His limited range of emotions was what propelled him to start treatment. However, he was told by the doctor that “this is as good as it gets.” That was the turning point for Simon, prompting him to cope and get on with his life. However, the lack of “therapy” to deal with his sense of numbness and limited range of emotions begs the question *Is this as good as it gets for those trying to recover from psychological trauma?*

I'm on Paxil. Double-edged sword. They tell you there may be some sexual side effects. I'm glad I'm not married. The medications certainly have helped. I'm getting them to the right level.

Matt described his medications as a double-edged sword because they had many side effects. He used the analogy of a rope that burns your hands if it slides through your fingers when thrown to a drowning person. The burns on your hands are like the side effects of medications. However, the rope, like medications, could save a life. The medications had saved his life, but at what cost? For Matt, they were a constant reminder that he was “sick” and “broken.” He wanted to be like everyone else — “normal,” with his own parish, functioning and contributing to society. However, the side effects of the medications were one of the tradeoffs he had made. The drug therapy made it impossible for him to perform his job and live a full life. Matt had tried EMDR therapy only twice because he found the memories and feelings too disturbing to process within a 45-minute session. Thus his therapy remained limited to regulation of his medications. The inability to process memories and to reattach with his feelings and emotions begs the question *Is this as good as it gets?*

The most effective treatment for me right now is the right doses of medication. What a struggle — the side effects, the sleepiness, the sedativeness, and then trying to get up and go to work in the morning. I had to get a late arrival for work. I can see an improvement, and so can my family, since the medication. My kids actually like me now. Two years ago they didn't want to be anywhere near me. Now when I come home they can walk up to me and say, “Hey, Dad!”

Tim explained that so far the most effective treatment approach had been medication. Like the other peacekeepers, Tim experienced many side effects, making it difficult for him to perform his job. For him, the trade-off was the ability to relate better with his wife and children, which he attributed to the medication. Would Tim heal even more if he engaged in therapy to help him process the memories of the trauma and reattach with his feelings and emotions?

I didn't want drugs. I do have PTSD. I finally accepted my first trial of medications. I went through a lot of reading and stuff. The psychologist helped me go from not ever leaving my house to I'm in uniform again. I got posted here. I just started couple counselling again because my wife has to live with this too.

John described his treatment with a civilian psychologist who referred him to a psychosocial group. The group did not work for John because it included people with a variety of mental health issues, not just those with PTSD. John said that he would rather be with his peers — his “band of brothers” — than to heal from his military trauma with a heterogeneous group. Throughout history “brother” and “band of brothers” have been the most common verbal symbols of the bond between soldiers, which is even stronger than the bond between a soldier and his biological family because soldiers face life-and-death situations together (Shay, 1994). The psychologist worked with John to increase his knowledge and understanding of PTSD and the medications used to treat it. Eventually John accepted his medications, which he now believed had helped him to leave his house. He was back in uniform, working at a military base. Like Tim, John was beginning to reconnect with his civilian family through counselling together with his wife.

Understanding What Is Going On

A lot of cognitive restructuring to look at the way I think about him being shot and me being the survivor. We restructure in a way that it's not a bad thing to think that way but why are you taking responsibility for it? It's fate. Presently, I have a psychiatrist, and that's mostly for medications and to talk about how things are. My sleep patterns are a lot better but I have irritable bowel as a result of all the stress. I always know that around the corner for me it's depression around the time of year that he was shot.

James described his cognitive restructuring therapy with a psychiatrist to deal with his survivor guilt. A soldier was shot and seriously wounded when he relieved James on duty overseas. Cognitive restructuring therapy had helped James to learn not to take responsibility for the shooting of

the soldier. Although this type of therapy deals with the mind, it does not deal with the feelings and emotions surrounding the trauma. James still suffered from depression around the time of year when the soldier was shot. He had cognitively processed the memory of this incident but not the feelings and emotions surrounding it, so each anniversary of the shooting was emotionally difficult for him.

I was avoiding and giving the psychologist the Reader's Digest version. I have to go back over the incidences, and I haven't really tapped into my feelings. I don't really think that's avoidance. I just don't know how to get into the feelings yet. I think another side of it is grappling with the understanding that your career is over after 20, 25, 35 years. What do I do? This is all I know. You started down the path of not being that soldier any more. You're left with the wife, the kids, and the dog. You have to learn how to be a person again. It's taken a long time for even me and my wife to sit down. We're going to couple therapy. After 2 years of therapy I still feel very much alone.

Peter, like most traumatized contemporary peacekeepers, was caught in the so-called *Reader's Digest* version of his traumatic experiences. This was a way for him to shield others, including his therapist, from the suffering. The *Reader's Digest* version of events cognitively processes the trauma but in a way that avoids the fullness of the memories of an incident and one's feelings about it. Peter was still unable to understand his feelings and emotions about the traumatic incidents. His suffering in silence continued, as he had not been able to fully tell his story. According to Shay (1994), the communalization of trauma is necessary for healing to take place. Peter explained that his aloneness was due to the loss of his "band of brothers" — his military family — and his inability to tap into his feelings and emotions. Learning how to become a person again in civilian life means understanding and verbalizing one's feelings and emotions.

Self-Healing as a Journey of Discovery

Through Personal Growth and Life Coaching, I found a lot of answers... You have PTSD. You get angry, stressed, so you need to know what you're going to do when you get that way. I just have to find the answers in my head or get some help to search [for] them... don't feel guilty about getting help. Visualization and meditation [are] more effective. There's some writing, Pilates, and some self-talk. I accept that I have that condition. I have to live with it and control it with the tools for any occasion. I'm not on medication right now. If I have to take them again, I'll take them for

sure. I'm confident that I'm far from taking them. I have a lot of tools. I know myself a lot better now.

Paul saw a psychologist for maintenance therapy, which was an opportunity for him to ventilate about events during the preceding week. Paul felt that this was not “real therapy,” as he was not moving forward. Two or three sessions of EMDR did not make a great difference. Paul described self-healing through training in Personal Growth and Life Coaching. The use of tools such as visualization, meditation, writing, Pilates, and self-talk had been the most effective therapy for Paul. These self-healing tools had helped him to understand and express his feelings and emotions. Currently he was not on medications because he had these other tools instead.

In the beginning it was all about PTSD and the army. PTSD has struck me particularly hard. Then it wasn't all about having two accidents. It was also about those other relationships and conflicts in my life — my ability to ground myself, to identify and protect myself when I get in those anxious set of circumstances. Visualization and EMDR and those types of things were effective in my circumstances. I know that there's something greater than myself...to draw on that spirituality and to draw on feelings and to feel sad, to cry and to do other things are all good things. This has been a real journey for me. It's turning that around and putting “the man before the mission rather than the mission before the man.”

Luke described his therapy with a civilian nurse psychotherapist in a trauma clinic. Together they had been peeling away the layers so that Luke could learn about himself. Luke realized that there was much more to resolve than his PTSD, such as the multiple losses of his military career — including his “band of brothers” — his civilian relationships, and conflict in his life. He believed that holistic approaches such as visualization, EMDR, and grounding had been the most effective for his healing journey. Luke had been able to connect with his feelings and emotions as well as with something greater, his spirituality. He explained that he had many issues to resolve, such as being driven in his civilian job to the point of a “broken heart” and a “burnt soul.” Luke was well along on his healing journey. A holistic approach that included spirituality, combined with a strong therapeutic relationship, had provided him with an excellent opportunity to heal from the trauma of peacekeeping and of being abandoned by his military family.

Narrative therapy has broadened to include how Buddhism and Zen fit in with psychotherapy. The intrusive memories for the most part are manageable. However, there are times I try to avoid them, suppress them until

I'm able to start working through them. Partly because I think I felt abandoned by the medical system, the military, and the spiritual branch, I'm probably spending more time self-healing. I have a drive to become whole and the abilities and the knowledge...to do it. I did some Jungian workshops and looking at the role of grief and journaling. I've learned relaxation techniques, the Buddhist concept of mindfulness and meditation.

Thomas had turned to self-healing after feeling abandoned by the military medical system and by his military and spiritual families. He had turned to Jungian workshops, the role of grief, journaling, relaxation techniques, the Buddhist concept of mindfulness and meditation. Thomas was spending more time self-healing than with his psychiatrist because he had a drive to become whole. His self-help comprehensive holistic approach to healing had helped him to begin healing from both the trauma of his peacekeeping deployments and the abandonment by his military family.

It is a journey of self-discovery. A labyrinth is a meditative tool for soothing and for rebalancing your energy. The labyrinth is similar to a maze except you go in and out only one opening. I could feel myself rebalancing. I generally experience a tingling, pleasant sensation throughout my body. I assume that the sensation is a result of all of my molecules shifting around to where they're supposed to be. I can feel my body when walking the labyrinth. Initially the idea is to focus on the physical act of going around the labyrinth. You should be focusing on putting one foot in front of the other, be aware of what your body is doing and let your mind go blank. Clearing your mind and focusing on the "physicality" will often allow fresh ideas or solutions to come to your mind once you have settled into the middle space of the labyrinth to "meditate." I find that walking back out gives me closure and leaves me feeling relaxed (I re-balance on my way in). A large labyrinth to walk around is more "powerful" than a lap labyrinth that you run your finger through (possibly because my whole body is involved while walking the large one), but the lap labyrinth is still a good therapeutic tool. You're more focused on the physical rather than things in your brain taking over.

Mary felt that knowledge is the key in any recovery program. She had tried a multitude of approaches on her healing journey. These included CBT, grief work over the loss of her military career, exposure therapy, trauma and addiction courses, and walking, as well as lap labyrinths. The word "labyrinth" comes from the Latin *labyrinthus* and the Greek *labyrinthos*, which mean "maze," a large building with intricate passages; in English it also means "maze" — in the figurative sense, "a confusing state of affairs" (Skeat, 1983, p. 389). The labyrinth may represent the

intricate and confusing process that the peacekeepers had to go through in order to obtain help with healing from the trauma of peacekeeping. For Mary it was an intricate passageway through which she was finding a sense of closure from the trauma of peacekeeping and from the trauma of being abandoned by her military family; it was a tool connecting her body and mind to her feelings and emotions.

Discussion

For Simon, Matt, and Tim, treatment was limited to one aspect of holistic care, the use of prescribed medications to reduce their PTSD symptoms. Despite the side effects, the peacekeepers found medications to be the most helpful means of reducing their symptoms of PTSD. John found that medications helped him to put on his uniform and return to work in the military. James found cognitive restructuring helpful in dealing with his survivor guilt. However, he was unable to process the emotional impact and as a result experienced depression around each anniversary of the shooting of his comrade. Similarly, Peter had cognitively processed the trauma but not his feelings and emotions. Peacekeepers whose therapy was limited to medications and/or CBT had not resolved their traumatic memories and thus remained disconnected from their feelings and emotions. There remained a profound disturbance in how they reacted to the world around them. They lacked the comfort and taken-for-grantedness that untraumatized people experience in the “entwining of their body in the world” (Merleau-Ponty, 1962, p. 45). It has been reported that approximately 30% of patients in all available psychotherapy studies show little or no improvement in healing from trauma (Vieweg et al., 2006).

Paul, Luke, Thomas, and Mary had tried many different holistic therapies, such as EMDR, visualization, meditation, grounding techniques, and journaling, and thus were further along than the other participants on their journey of healing from the trauma of peacekeeping and subsequent abandonment by their military family. Thomas and Mary spoke about self-healing for both types of trauma. Mary found the labyrinth to be a very effective tool for rebalancing and connecting her body and mind to her feelings and emotions. Research findings on the full range of physical and mental changes following trauma indicate that a single psychotherapeutic pathway to recovery may be less effective than different treatment modalities, which may modulate the system in different ways. It could be that drug treatments of various kinds act primarily via a subcortical (bottom-up) approach and psychotherapeutic approaches primarily via a cortical (top-down) approach (Vieweg et al., 2006). Therefore, to help peacekeepers fully recover from their traumatic expe-

riences a comprehensive holistic approach that considers the whole person, including mental, emotional, spiritual, physical, social, and environmental factors (*Merriam-Webster's Collegiate Dictionary*, 2003), would be preferable to a sole reliance on medications or CBT.

Phenomenology provides a lens through which to explore the body in time, space, and relation and to understand these elements as intertwined and inseparable (van Manen, 1998). From a phenomenological perspective, we perceive the world with our bodies and thus are never able to be out of our bodies (Ray, 2009). The lived body is a physical self that senses the qualities of the world in which it is immersed and situated. Nurses spend time bridging the monadic (gnostic) body known to science with the dyadic (pathic) body that expresses itself (Cameron, 2006; van Manen, 1999). They seek to understand the particularity of each suffering body and to alleviate the suffering of the pathic body, where we live our lives and where healing takes place (Cameron, 2006). Traumatic memories may be stored differently in the body (van der Kolk, Herron, & Hostetler, 1994). Whereas non-traumatic memories are stored in a verbal, linear narrative, traumatic memories are fragmented by a disruption in the unifying thread of time (Stolorow, 2003; Stolorow, Atwood, & Orange, 2002). From a phenomenological perspective, healing begins with the establishment of safety and self-care; first the focus is on the body but then it gradually moves to the external environment. The body is a tremendous resource that often goes underused in trauma therapy. The therapist can use non-touch techniques to help the client access this resource (Ogden & Minton, 2000). Body-awareness techniques used in therapy for psychological trauma include grounding, which can help peacekeepers gain mastery over flashbacks and other intrusive phenomena. In order to heal, asserts Rothschild (2000), trauma survivors need to feel and identify their bodily sensations, and need to learn to use language in order to name and describe these sensations and articulate their meaning. According to Rothschild, the goals of therapy should be to reconcile implicit and explicit memories stored in the body into a comprehensive narrative of traumatic events and their aftermaths, to eliminate hyper-arousal in connection with those memories, and to incorporate traumatic events into one's personal narrative.

Implications for Nursing Practice, Education, and Research

Discourse on healing from psychological trauma often overlooks or minimizes the importance of embodiment. When caring for peacekeepers suffering from psychological trauma, nurses must not forget the embodied nature of healing in order to understand how trauma is lived (Ray, 2006). The body's storage of traumatic memories and the impact of those

memories on the body are essential features of psychological trauma and must be addressed as part of the healing journey. Embodied healing is performed *by* traumatized peacekeepers, not *to* them, as the presence of the body in life situations gives the other life existentials their meaning — that is, time, space, and relation (Ray, 2006). In order for nurses to be truly present, embodiment and embodied engagement need to be incorporated into the development of best practice guidelines for the nursing care of contemporary peacekeepers (Ray, 2009).

Nursing programs, including specialty programs for advanced practice nurses, should include curricula for all forms of psychological trauma — military-related as well as other forms — so that nurses are adequately prepared to assess the care needs of enlisted personnel and veterans. Specialty programs are needed so that advanced practice nurses can acquire the knowledge and expertise necessary to provide care to psychologically traumatized military personnel.

Future studies, both quantitative and qualitative, are needed to address the efficacy of different treatment modalities, including mind-body complementary therapies, in order to ensure that the best care is delivered to those who are suffering while healing from the trauma of peacekeeping deployments. For nurses and other health professionals, whether in clinical practice, education, or research, human science inquiry offers a way to understand the experience of contemporary treatment approaches for healing from psychological trauma.

Conclusion

Nurses and other health professionals need to enhance their understanding of military psychological trauma and support those affected in their search for proper treatment. Treatment approaches must be focused on grieving multiple losses, which include the loss of deceased military “brothers,” being separated from the “band of brothers,” and losing one’s career upon discharge from the military following a psychiatric diagnosis. Research studies are needed to test the efficacy of treatment approaches for PTSD, especially those that incorporate embodied healing such as mind-body complementary therapies. The ongoing deployment of Canadian troops to Afghanistan and elsewhere requires studies that respectfully address the findings of the present investigation in order to determine the best treatment approaches for military personnel upon their return home.

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