



Binary phenomenon of hope: Perceptions of traumatized veterans

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Abstract

This is the second article in a phenomenological study of hope among 10 Israeli reserve soldiers with chronic posttraumatic stress disorder. The aim of the second analysis was to learn about the veterans' conceptualization of hope. The picture of hope that emerges from the analysis of their interviews is of a binary phenomenon in which hope develops but may also be arrested, is conscious but also unconscious, and strengthens the individual but may also weaken one. These findings show the binary phenomenon of hope and how it contributes to coping with traumatic events and therefore can assist professional workers who treat individuals suffering from posttraumatic stress disorder.

Keywords

hope, phenomenological method, phenomenon of hope, posttraumatic stress disorder

Introduction

Hope has been widely recognized as essential to our ordinary day-to-day lives and functioning (Snyder, 2000, 2002) and as an important element in coping with difficult life situations (Ai et al., 2005; Ho et al., 2011; Holtslander and Duggleby, 2009; Kelly, 2007) and crises (Berendes et al., 2010; Bergin and Walsh, 2005; Elliott and Olver, 2009; Glass et al., 2009) and in overcoming emotional difficulties such as depression (Cheavens et al., 2010) and anxiety (Arnau et al., 2007). It has also been shown to play a role in coping with a wide range of traumatic events, including, but not limited to, rape (Herman, 1992), domestic violence (Johnson and Zlotnick, 2009), school violence (Cedeno et al., 2010), and bereavement (Levi, 2008, 2011); cancer (Berendes et al., 2010), HIV

(Halkitis et al., 2005; Harris and Larsen, 2008), and other illnesses (Jacoby, 1989); different types of pain (Berg et al., 2008; Sanders et al., 2010); and combat, captivity (Levi, 2008, 2011; Herman, 1992; Snyder, 2000; Sympson, 2000), and terror (Ai et al., 2005).

But hope may also be undermined by the traumatic events and the psychological damage they may cause. Although the seminal writers on posttraumatic stress disorder (PTSD) do not

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actually use the term “hope,” their insights into the disorder strongly suggest that as a result of other damage that PTSD causes, it erodes the sufferer’s hope. Herman (1992) observes that trauma victims lose the ability to think about the future. Janoff-Bulman (1995) points out that trauma undermines all the positive beliefs that the persons affected had held about themselves and the world. It is not hard to see how without the ability to look toward the future and the confidence in a beneficent universe, the traumatized individual would find it difficult to hope. This interpretation is consistent with findings showing reduced hope among persons with mental illnesses (Cheavens et al., 2010; Haynal, 1985).

Nonetheless, scholarly exploration of hope among persons with PTSD is quite limited. The few studies on the subject to date focus on hope as a tool of therapy. Sympton (2000) describes her use of hope in treatment of persons with PTSD. In an empirical study, Ho et al. (2011) found that the use of hope as a therapeutic tool reduced the symptoms and improved the functioning of persons with PTSD. These studies accord with findings showing positive correlations between hope and psychiatric recovery from a variety of mental illnesses (Schrack et al., 2008) and the power of hope to predict the outcome of intervention with other survivors of traumatic events (Yohani, 2010). Berg et al. (2008) showed in their study how a hope-based intervention increased pain tolerance among university students. None of these studies, however, or any others of which we are aware, explores hope in the lives of persons with PTSD or examines either their perspectives on hope or the interweave of hope with their traumatic experience and PTSD.

This omission is unfortunate. Not only is PTSD the most prevalent psychiatric disorder following natural and man-made disasters (Norris and Slone, 2007), but traumatization is a risk following emotional abuse or deprivation in infancy and childhood (Erikson, 1963; Kohut, 2005; Winnicott, 1978). In other words, PTSD

may not be all that uncommon. Understanding the perception and experience of hope among persons with PTSD may help elucidate the ways in which hope is involved in the experience of traumatic life events and in overcoming their detrimental emotional consequences, matters that have not been studied to date. It may also help elucidate these processes in persons suffering from other emotional difficulties, whose perspectives on hope have not been examined either.

For these reasons, we undertook an interview-based study of the perceptions and experiences of hope among chronic PTSD veterans in Israel. This is our second article (Levi et al., in press) on the data. The first article, based on the superordinate themes that arose from our phenomenological analysis of the interviews, draws a rich and variegated picture. The participants, combat veterans with chronic PTSD, defined hope as a universal but subjective and dynamic phenomenon, which varies in quality and quantity from person to person and situation to situation, but that for all is the driving force that binds one to life and motivates one’s actions. In other words, the study participants defined hope as a crucial and powerful drive that was an important force in their lives. They discussed its sources in the self (genetics, accomplishments) and in the attitudes toward them of others (mother, father, teachers, army commanders, and employers). They described the different forms hope took in the course of one’s development from infancy through childhood, adolescence, and young adulthood, the stage at which they themselves were located. And they spoke extensively of the ways in which they experienced hope during and after the traumatic event.

As informative as these findings are, however, they are not the entire picture that emerged from the interviews. In keeping with the phenomenological method, we reread the interviews yet again in order to extract a more integrative account. This article presents the findings of our further analysis.

Method

This study was carried out using the phenomenological method. Anchored in the philosophy of Husserl (1859–1938), this method focuses on individuals' perceptions and experiences. Rather than examine why or how something happened or happens, the phenomenological approach seeks to describe what the experience was like (Giorgi, 1997). Put somewhat differently, it enables the collection of descriptive information so as to obtain a clearer understanding of persons' lived world (Polkinghorne, 1989). It is especially suitable where the matter under investigation has not been well researched and little is known about it, as is the case with the phenomenon of hope among veterans with PTSD.

The recruitment process

In accordance with the principles of phenomenological research, study participants were sought who met two criteria: (a) having substantial personal experience of the phenomenon in question and (b) being willing and able to describe that experience (Thomas and Pollio, 2002). Adapting these criteria, we recruited informants who had been or were currently in therapy at the Stress Reaction Unit of the Israeli Defense Force (IDF) Mental Health Center.

The recruitment began after the study was approved separately by the IDF and Tel Aviv University. Out of ethical considerations (e.g. not to pressure anyone to participate), the recruitment was done by a third person—the therapists from the Stress Reaction Unit (but neither their therapists nor the researchers). After receiving initial consent, the first author contacted potential participants to provide them with further details about the study and to schedule an interview. Interviews continued until data saturation—that is, until the information provided by the interviews became redundant and no new themes emerged (Thomas and Pollio, 2002). In this study, no new themes were

detected beginning with the ninth interview. A tenth interview was conducted to confirm data saturation. Ten informants are considered sufficient for a phenomenological study, whose sample size is typically between 5 and 20 (Creswell, 2007).

Participants

All the study participants were reserve soldiers in therapy at the Stress Reaction Unit of the IDF after having been diagnosed with PTSD in accord with the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.; *DSM-IV*) criteria. All were men who had been exposed to a traumatic event during their military service. Only men were included in the study because of differences in the incidence of PTSD among men and women in the Israeli army (Levi, 2008) and with gender-specific differences in PTSD found in empirical studies (e.g. Gavranidou and Rosner, 2003).

At the time of the interviews, 7 of the 10 participants were in active therapy and 3 (Shalom, Gil, Ziv) in follow-up sessions in the IDF Stress Reaction Unit. All the participants had been diagnosed with PTSD a year prior to the start of their therapy, several decades after their combat. Empirical and clinical reports (i.e. Galdas et al., 2004) have recognized the tendency of traumatized individuals, especially among men, to seek therapy only many years after their traumatization.

A summary of the participants' demographic features and information about the traumatic event is presented in Table 1. All names are pseudonyms.

As can be seen, the participants ranged in age from 28 to 59 years. Four of them were single, four married with children, one married without children, and one divorced with children. They were exposed to different types of traumatic events: war, imprisonment, and operational activity in Lebanon or Judea, Samaria, and Gaza as well as terrorist attacks.

Table 1. Participants' demographic and information concerning the traumatic event.

Name	Year of birth	Education (years)	Profession	Family status	Year of the event	Circumstances of the traumatic event
Lev	1982	12	Student	Single	2002	Injury during a battle in the second Intifada
Nimrod	1982	12	Student	Single	2002	Injury during operational activity in Gaza
Shalom	1951	15	Artist	Married +1	1973	Exposure to battles in the Yom Kippur War
Oren	1948	12	Pensioner	Married +3	1967, 1973	Exposure to battles in the Six Days War and the Yom Kippur War
Mark	1953	14	Maintenance manager	Married +3	1973	Injury during the Yom Kippur War
Aviv	1963	15	Artist	Married	1982	Direct exposure to the death of a friend in his squadron in the 1982 Lebanon War
Adi	1976	12	Chef	Single	2002	Injury during the second Intifada
Gil	1951	15	Pilot	Divorced +2	1973	Fell prisoner
Ziv	1953	16	Engineer	Married +3	1973	Fell prisoner
Lonnie	1981	12	Student	Single	2002	Injury in a terrorist attack

Data collection

Data were collected via lengthy, in-depth interviews that lasted between 3 and 4 hours (Patton, 1990). The phenomenological interview is a powerful means of obtaining rich descriptive accounts of persons' lived experiences, as the interviewee, rather than the interviewer, is regarded as the expert (Giorgi, 1997) and often referred to as a co-researcher. The interview is unstructured and tends to be more like a conversation, with the interviewer posing an initial question and then following up the interviewee's responses with further questions (Moustakas, 1994). For consistency, the first author, a social worker serving as a mental health officer in the IDF, conducted all the interviews. All interviews opened with the same two questions: How do you define hope? What is the meaning of hope for you? After these questions were addressed, the remainder of each interview proceeded in an open and flexible manner. Questions followed the flow of the interviewee's statements (Drew, 1993) and focused on connections between the

issues and life events that the interviewees reported and the phenomenon of hope. All the interviews referred extensively to the manifestations of hope in the participant's life, its expression during the traumatic event, and how it was influenced by the event.

Of the 10 interviews, 4 were conducted in the participants' homes and 6 in the IDF Mental Health Center. The interviews were tape recorded, transcribed in their entirety, and left verbatim.

Data analysis

The interviews were analyzed following the five essential steps of the phenomenological method. First, the interviews were read to gain a holistic understanding of each. Second, the interviews were reread to identify meaning units. A meaning unit is "a part of the description whose phrases require each other to stand as a distinguishable moment" (Wertz, 1985: 165). Operationally, the relevant meaning units are formed by a slower rereading of the

interview. Each time the researcher experiences a transition in meaning in the interview, he or she marks the place and continues to read until the next meaning unit is discriminated. The end of the search for meaning units results in a set of central ideas still expressed in the participant's own words. The meaning units were grouped and categorized under nine themes; six common to all the interviewees, three by one each. The six themes were as follows: (a) definitions of hope as a resource for coping with life's disappointments; (b) hope as a changing phenomenon that develops in tandem with personality stages; (c) descriptions of hope in childhood, adolescence, and adulthood; (d) sources of hope; (e) traumatization as undermined hope; and (f) the importance of hope in coping with the traumatic events. The three themes identified by a single interviewee were the negative aspects of hope, the association between hope and faith, and the association between the hope stemming from within the individual and from the world outside. Fourth, the nine themes in a long process of moving backward and forward from the texts to the themes and vice versa including consultations with other qualitative researchers and peers were condensed to three generic themes: the sources and expressions of hope, developmental levels of hope, and trauma and hope (Levi et al., in press).

Finally, the themes were synthesized to provide a coherent understanding of the phenomenon under investigation (Giorgi, 1997), namely, the essence of hope. This corresponds with the last phase of a phenomenological study, which is to identify the essence of the investigated phenomenon. Essence is the most invariant meaning "... a fundamental meaning without which a phenomenon could not present itself as it is. It is a constant identity that holds together and limits the variations that a phenomenon can undergo" (Giorgi, 1997: 242).

To attain the coherent understanding, we reexamined all the interviews yet again, searching for the traits and components that consistently appear in the phenomenon. The meaning units and themes identified in earlier stages of

data analysis were examined for identification of the essence of the phenomenon. The themes were examined meticulously in order to identify common contextual and conceptual components. This process required a higher abstraction and conceptualization level and included breaking down the themes and reconstructing them while consolidating them into an essence that expresses a particular conceptual content (Denzin, 1989). This article reports solely on the findings of this stage.

Criteria for the quality of phenomenological research

Credibility in this study was obtained through prolonged engagement, persistent observation, triangulation of investigators, and peer debriefing. To make sure that the interviews would fairly represent the informants' perspectives, care was taken not to direct participants toward any way of thinking, numerous opportunities were provided to clarify what they said and elaborate on what they meant, and the interviewer frequently checked the accuracy of his interpretations with them.

The transcriptions were read, reread, and discussed to accurately represent the participants' meanings and experience with hope. The careful analysis resulted in meaning units and themes that emerged from what people said in the interviews and closely corresponded with their descriptions. Four interviews (Lev, Nir, Aviv, and Adi) were analyzed by several colleagues whose expertise is qualitative research, in order to make sure that similar themes are received and to strengthen the research reliability (Becker, 1992). Direct quotes are presented for the reader to examine in order to question the connections between participants' words and the interpreted understandings (Moustakas, 1994). Finally, the results were checked with the research participants who provided us with encouraging feedback on the accuracy of the "Findings" section and its consistency with their own experiences of hope (Lincoln and Guba, 1985).

Findings

The data presentation in this section is congruent with recommendations on qualitative data representation (e.g. Elliott et al., 1999). Thus, in a process of thick description (Wolcott, 1994), it is intended to allow the data to speak for itself, and direct quotes have been used to emphasize participant voices.

The findings reveal three binary components, or characteristics, of hope: that hope develops but may also be arrested, that it is conscious but also unconscious, and that it strengthens the individual but may also weaken one.

Hope develops but may also be arrested

One component or characteristic of hope is that it develops and changes over time, but that it can also be arrested, halted, or stopped. All the narratives link hope to the process of personality development:

... Everyone has a development process he has to go through in life. Here, it's kindergarten, school, the army and then life. It's a continuous process and in it your personality is formed, your identity and your hope. (Adi)

They describe it as a changing phenomenon, which changes in accord with changes in one's personality and circumstances and experiences:

Hope is an internal thing that goes through changes in accord with changes in the personality ... and is influenced by life's different events. (Mark)

You are born with a genetic load of hope that changes according to the circumstances and according to life events ... (Lev)

Participants also describe hope as an essential element that fosters development and enables coping with life's difficulties:

The final product [of hope] is a tool that is unique for each one. (Adi)

... This [hope] is an internal thing; a nucleus you are born with ... and accompanies you along life ... For example, in the Yom Kippur War, I was a simple reserve soldier who was put in uniform and told "go," "go with everyone," and I found myself unready, not understanding what was happening with me. But even then I knew I'd come out of the situation—and that's that inborn thing, hope. (Shalom)

At the same time, all the participants pointed out that hope can be arrested. For some, its close connection with the developmental process meant that any developmental crisis, any cessation of development, can arrest the development of hope:

Hope will not develop if you as a person don't develop at each and every stage. It will simply stay stuck. (Gil)

Most of the participants emphasized that hope can be arrested as the result of a traumatic event:

When my parents divorced, I felt shitty. I had no horizon. There was no light at the end of the tunnel. If hope means to look ahead and see the light at the end of the tunnel, I didn't see it. Hope was stuck. (Lev)

When you undergo a trauma, you fall apart ... It's the feeling that your hope has been arrested ... That you're stuck and can't build on it. (Gil)

Anyone who did not experience trauma, his hope is broader, it is cleaner, [because] nothing tainted it. Trauma taints hope because it harms every area of life: the ability to sleep, to communicate with people, to trust, and to hope. (Ziv)

Something very significant changed internally. In my inner hope, because it changed and was arrested. Suddenly I refer to things as if they can't happen, because any second death will catch up with me. It's as if life is not so clear and hope is like that too. Because before this, my hopes were sky high, the sky was the limit ... That's how I felt and thought before my injury, and suddenly the sky isn't the limit any more, because something

happened to you that made you understand that you can't plan things exactly, that things may change ... (Nimrod)

From this essence arise that the phenomenon of hope develops and grows along the stages of life. Nonetheless, at a certain developmental stage, it is in danger of "halting," becoming fixated, until it is impossible to pass to the next developmental stage. This implies an inability to develop to a higher level of hope. It fits theoretical models, which claim that each stage generates a unique developmental crisis that is a special challenge that conceals new opportunities for growth and development.

Hope develops along the stages of life. It simultaneously helps the individual cope with the growth and development process he undergoes, and thus fulfills its natural and unique function—help in times of crisis and in coping with different life tasks.

The question is what happens when environmental failures crop up? Under these conditions, an emotional and educational deficit may be created, which may comprise a danger for the development process in general and for the normal development of the phenomenon of hope in particular and danger exists that the phenomenon of hope will halt at a lower stage of development, relative to its developmental potential.

Hope is conscious but also unconscious

All the reserve soldiers described hope as taking both conscious and unconscious forms, at different times and under different circumstances, and emphasized that both are aspects of the same phenomenon and equally essential:

... When we feel hope, it is conscious. But hope can also be unconscious, not felt ... Both can be viewed as part of the normal developmental process, so that hope is at the person's disposal when it's needed. (Gil)

Several reserve soldiers spoke of conscious hope as the most characteristic of youth and

manifested in wanting, planning, and pursuing one's goals:

It's a process and a course, a course you plan in advance, and then you begin to do everything to achieve your aspirations and goals. You follow your course. For example, I decided to join a combat unit, I decided to become an officer, I decided that after that I would work in personal security. This is the course I chose. And this is the expression of hope. The desire, the planning, and the actions taken to achieve what you planned—that's hope! (Oren)

They spoke of unconscious hope as an undefined presence that envelops or accompanies them:

... this [hope] is something unconscious ... It sits here inside unconsciously and simply envelops me and accompanies me whatever I do. That is, it's something I don't have to think about in order to connect with. It simply exists in me and that's it ... (Shalom)

Most of the interviewees distinguished between the conscious and unconscious manifestations, the first taking concrete form and the second abstract:

... The concrete parts are the conscious parts of hope. My hope to marry and have children is a manifestation of the conscious part of hope. But when I refer to the experience that continues to accompany me beyond the fulfillment of the aspiration to marry and have children, this is an example of the unconscious part. (Adi)

The implication of these statements is that conscious hope is active and that it both enables and fosters direct coping with life tasks, including those that involve a felt threat. The statements further imply that the unconscious, inactive, aspect of hope is an essential complement to the conscious aspect, which serves both under ordinary circumstances, when the individual feels settled and secure and has no pressing goals, and in times of despondency, when, on a conscious level, one feels bereft of hope.

Hope empowers but also weakens the individual

Finally, the reserve soldiers spoke of hope as a quality that can both empower and weaken the individual. The ability of hope to empower, as they described it, rested in its fostering coping, realism, adaptation, and acceptance of limitations:

... In situations where you have no control and in which hope can falter, it takes time to come to your senses. To do this, hope comes into action. All the envelop that's called hope begins to act to help you to cope with such situations ... (Shalom)

Part of the power of hope is its ability to help you understand that there are limitations you have to accept, and not to create delusions and fantasies. It's part of the developmental process of hope whose purpose is to bring you to see reality with open eyes, which means that there's an end, death, and that you must not cling to the illusion that you'll live forever. In this way it also helps you to understand that reality changes and that you have to adapt to it in order to live fully. (Ziv)

A practical aspect of hope is accepting death ... as part of the developmental process ... (Aviv)

Hope and the ability to accept disappointment are two things that go hand in hand. If you don't have hope, you can't deal with disappointment ... (Gil)

The danger that hope can enervate the individual, raised by two reserve soldiers, was attributed to its sometimes illusory elements. Aviv pointed to the pain entailed in having to give up one's childhood illusions in adulthood: "... children live in a dangerous illusion, because the process of abandoning this hope may be painful, very painful." Gil was concerned about the illusory elements of adults' hope.

... Hope ... serves the person's aspirations and desires. This is connected with the misleading element it has when you want something, as happened with me when I fought for things that, deep inside, I felt I wasn't suited for, but my hope pushed me to keep pursuing them ... There are

situations where hope is very strong, and your great desire may blind you a little. It may make it a little difficult for you to see the reality and accept it, and with the disappointment, you can fall into an even deeper pit ... (Gil)

At first glance, the participants' descriptions of the empowering and enervating capacities of hope seem to be inconsistent with their descriptions of its conscious and unconscious aspects. In both its conscious and unconscious forms, hope involved for them the belief that their goals could be attained, their desires fulfilled, and their problems resolved, which, in turn, fostered coping and persistence. In describing the empowering and enervating capacities of hope, however, the participants make no mention of these capacities, but rather attribute both to what they see as hope's anchor in the limitations of reality. Hope empowers by reconciling one to (undesirable) changes, limitations, and death and by fostering acceptance of and adaptation to them. It enervates by creating illusions of possibilities that cannot be realized. The inconsistency is only apparent, however; for it is precisely the reality-based acceptance of and adaptation to the boundaries of existence that enable coping based on understanding of what is and is not possible in given circumstances. It may be suggested that fostering this aspect of hope may serve as an antidote for the debilitating effects of illusory hope, which, when dashed may lead to prolonged feelings of failure and frustration.

Discussion

The picture of hope that emerges from the participants' accounts is of a binary phenomenon in which hope develops but may also be arrested, is conscious but also unconscious, and strengthens the individual but may also weaken one. "Binary," if so, represents in the best way the findings that have been shown that the concept of hope is a contradictory, complex, multi-dimensional system of thoughts, feelings, and activity that changes with time (Dufault and Martocchio, 1985).

Of these six features, the only two that have been noted in the literature directly are its power to strengthen persons (Snyder, 2000) and its unconscious dimensions (Casement, 1995). The idea that hope fosters the development process has been observed (Winnicott, 1978), but not that it itself develops. Nor has hope been described thus far as a binary phenomenon consisting of features that are both interrelated and opposites.

The novelty of these findings after decades of research on hope may stem from our research methodology. Most writings on hope have been either theoretical (Boris, 1976; Casement, 1995; Menninger, 1959; Stotland, 1969) or reports of quantitative findings (Snyder, 2000). Relatively few interview-based studies have been carried out, and the interviews tended to be structured (Benzein et al., 2001; Dufault and Martocchio, 1985). It may be that our data collection through in-depth, open-ended interviews allowed the participants to bring up previously little noticed features of hope, which the phenomenological analysis enabled us to access.

The binary picture we obtained reflects the particular construction of the traumatized combat veterans who were our research participants. Each of the three polarities can be explained by the interviewees' traumatization. All the interviewees, without exception, talked extensively of the difference in their hope before, during, and after their traumatic experience. As they described it, even as hope was an essential aspect of their survival during and after their traumatic experience, it was strongly impacted by it. In describing hope as a developing phenomenon, which also fosters the development of the personality, they seem to have been looking back at its vitalizing power and ability to move one forward and make one grow, which they felt they had lost. At the same time, their verbal reconstructions of their hope in the past seem also to have been a way of willing it back, so that it would serve them in the future. The idea of hope not only as a conscious phenomenon but also as an unconscious one served them to explain their emotional survival during and after the trauma, when the more prominent

feelings are usually depression, despair, and/or numbness. At the time of the interviews, most of them had families and jobs and possessed a fair amount of hope, even if tainted and not what it was before (Levi et al., 2011). But the idea seems to have been that if they had not possessed unconscious hope in the darkest moments of their traumatic experience, they would not have survived it. The idea that hope not only strengthens and empowers one but may also weaken one reflects the interviewees' dashed expectations. As they describe it, youthful hope—that is, hope before their traumatization—led them to believe that all was possible for them. When their trauma showed them that it was not, they felt that their inflated expectations stemming from their unrealistic hope boomeranged and made it difficult for them to deal with the crisis in which they found themselves. Although these connections were not made directly by the interviewees, they emerge from what they said.

The picture also has theoretical implications. Most scholars tend to view hope either as a cognitive-behavioral phenomenon (Frank, 1968; Snyder, 2000) or a dynamic one (Mitchell, 1993). Our findings reinforce those relatively few scholars who have tried to combine the two aspects (e.g. Jacoby, 1987). The interviewees' description of hope as an active agent that helps them set goals, plan, act in pursuit of their goals, and cope with difficulties is consistent with Snyder's (2000) cognitive-behavioral description of hope as consisting of a sense of energy in the pursuit of goals and of pathways to achieving those goals. Their description of its unconscious presence in themselves is consistent with Mitchell's (1993) description of hope in psychotherapy as the unconscious motivating force that leads survivors to try to restore or repair lost or broken elements of their selves. Their description of hope as intimately intertwined with the developmental processes—as it itself changes in successive stages of development, through its contribution to coping with developmental transitions and in its being subject to arrest and fixation—lends further support for viewing hope as a cognitive-behavioral

cum dynamic phenomenon, just as the developmental process itself is.

Moreover, describing the conscious and unconscious sides of the phenomenon as one, and understanding its contribution to the development process, helped understanding the meaning of the hope phenomenon in dealing with PTSD, starting from the immediate moments of the exposure until its chronic version. This sheds a unique and essential light on the process hope goes through during the exposure to an event that unstable the foundations of the "self" existence (Janoff-Bulman, 1992) until it stabilizes and functions as assisting in the coping process with the event's outcomes. This also comes close to Dufault and Martocchio's (1985) description of hope as a complex, multidimensional system of thoughts, feelings, and activity that changes with time.

Moreover, the findings support previous suggestions and findings (e.g. Ho et al., 2011; Mitchell, 1993; Snyder et al., 1991) that hope plays a role in posttraumatic growth (PTG) following the experience of traumatic events (Tedeschi and Calhoun, 1996). Among the features of PTG are greater appreciation of life, changed sense of priorities, greater sense of personal strength, and recognition of new possibilities or paths for one's life. These psychological changes (Horenczyk and Brom, 2007; Laufer and Solomon, 2006) are consistent with the participants view of hope as empowering and strengthening them, whether by fostering coping or by reconciling them to the boundaries of human existence.

Whether the interviewees' binary construction of hope is unique to traumatized Israeli reserve soldiers or shared by victims of other traumas cannot be known. Findings among cancer survivors (Berendes et al., 2010), battered women (Johnson and Zlotnick, 2009), Holocaust survivors (Menninger, 1959), World War II veterans, and survivors of Hurricane Katrina (Glass et al., 2009) show hope as a more positive, one-dimensional phenomenon that strengthens the person and helps him or her to cope with the traumatic experience and its aftermath.

We cannot know whether and how much this difference derives from the difference in the nature of the traumatic experience or in the population studied or from the research methods used. Nor can it be ruled out that the difference is anchored in the fact that all our study participants were in therapy, which may broaden and deepen an individual's awareness of the complexity of phenomena. Similarly, it cannot be ruled out that the interviewees' conceptualization is not unique to traumatized individuals but reflects the universal nature of hope. Further research among other populations, traumatized and not traumatized, throughout the world is required to determine the degree to which this is so.

These unanswered questions point to the main limitation of the study: The fact that it was undertaken among a small number of PTSD veterans in Israel, who were undergoing therapy, means that we cannot, at this stage of our knowledge and without further research, disentangle the role of their traumatization, of their therapy, of universal tendencies, and of the culture and realities of Israel in their construction of hope. Indeed, the existential threat under which Israelis live and the frequent recurrence of hostilities, whether in the form of war or terror, differentiate it from the more secure countries of the world. This may have given them a unique perspective on hope, different from that of other traumatized veterans. Another limitation is that the study was carried out at a single point of time. If hope is indeed a phenomenon that changes with time and circumstances, as the interviewees aver and has been claimed in previous studies (i.e. Kelly, 2007), multiple interviews at different stages of the interviewees' lives would be a better way of capturing its dynamism.

Notwithstanding these limitations, this article offers a picture of hope that has not been presented in the literature thus far. In addition to their theoretical value, the findings also have practical value for therapists treating veterans and possibly others with PTSD. Not only do they underscore the importance of hope to such

persons, as our previous article had (Levi et al., in press). They provide therapists with a fuller conception of how such persons view hope, which the therapist can bring to bear in treating them.

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