


# An Exploration of PTSD and Coping Strategies: Response to the Experience of Being in a Bomb Attack in Iraq

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## Abstract

Although existing evidence suggests that bombing attacks leave behind psychological distress and poorer mental health, little research has focused on this topic in Iraq. This study aimed to explore how people who have experienced a bomb attack in Iraq make sense of their experience and identify the ways in which they attempt to cope with this event. A qualitative approach was taken. Nine adults (male = 4, female = 5) who experienced a bomb attack for the first time were recruited for the study. Semistructured interviews were conducted. Interviews were transcribed verbatim, and data were analyzed thematically using interpretative phenomenological analysis (IPA). Participants' accounts revealed that exposure to bomb attack has a significant effect on core beliefs of the self; traumatic states, such as anxiety and preoccupation with death and a permanent sense of threat; and a negative effect on interpersonal relationships and personal interest. However, participants also demonstrated a variety of coping strategies, both in relation to the bomb attack itself and other life circumstances, which preceded or coincided with the bomb attack. The findings illustrate key aspects of the experience, coping process, and highlight issues to consider for those caring for people who are suffering from this traumatic experience. This study adds to our understanding of how psychological difficulties may continue and affect recovery.

## Keywords

PTSD, bombing attack, coping strategies, Iraq, interpretative phenomenological analysis (IPA)

## Introduction

Whereas there is an extensive literature about the effects of traumatic events of veterans deployed in Iraq (Khaylis, Polusny, Erbes, Gewirtz, & Rath, 2011; Seal et al., 2009; Thomas et al., 2010), there is lack of systematic research about the effects of traumatic events among civilians in Iraq who have been experiencing successive crises and wars spanning several generations. Numerous studies also have been conducted looking at the psychological consequences following bombing: the Dresden/Germany bombing of February 1945, the March 2004 bombing in Madrid, the Oklahoma City bombing 1995, the Omagh bombing in Northern Ireland, the France bombing in 1995-1996, the U.S. embassy bombing in Nairobi, the bombing in Bali 2002, the bombing attack in Istanbul 2003, and London bombings of July 7, 2005. However, no study of the traumatic reactions of civilians after bombing attacks in Iraq has yet been conducted. Therefore, the ongoing bombing attacks in Iraq provided a unique, if unfortunate, opportunity to explore this unique topic over time in victims who had high

exposure to bombing incidents. Iraq thus provides an in vivo empirical laboratory for exploring the unique impact of these terrorist bombings while civilians maintain their habitual lifestyles in the face of the ongoing threat of bombing and other life disasters.

A bombing attack is one of the most intensely painful experiences. People who are exposed to a bombing attack are at a high risk of psychological disturbances, troubles, disruptions, and stimulate psychological, physiological, and mental health disorders (Luce, Firth-Cozens, Midgley, & Burges, 2002). It has been found that 22% of people who were exposed to the 1995 Oklahoma City Bombing suffered depression, 9% suffered agoraphobia, 7% suffered

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panic disorder, 4% had generalized anxiety disorder, 9% had alcohol use disorder, and 2% had drug use disorder (North et al., 1999). It has been also found that grief and lost sense of personhood (Allen, 2006) negatively affect the general mood (Somer, Ruvio, Soref, & Sever, 2005), phobic fear, anger problems, and feeling upset by remembering the bombing emerge as long-term psychological effects of bombing experience. Kutz, Resnik, and Dekel (2008) have suggested that exposure to bombing attack tend to produce acute stress symptoms with risk factors for posttraumatic stress disorder PTSD (Njenga, Nicholls, Nyamai, Kigamwa, & Davidson, 2004), depression, alcohol use disorders (North et al., 2004), and intrusive and avoidant symptoms (Essar, Palgi, Saar, & Ben-Ezra, 2007) in the months following the bombing attack. Despite the recognition that these terrorist bombing attacks precipitate diverse psychological distress and are associated with high rates of PTSD, there has often been an absence of focus on PTSD related to terrorist attacks in Iraq.

A particular area of severe conflict and danger in the world today is the situation in Iraq. Sectarian conflict; traumatic events such as abduction and looting; and various acts of violence, including different forms of political repression, torture, kidnapping, terrorism, and bombing attacks—the most severe threat to the peoples' lives nowadays—have spread in Iraq. These dangerous and potentially trauma-inducing experiences are associated directly with the long period of suffering during the past decades (Alhasnawi et al., 2009). Since then, there have been repeated episodes of wars and conflict, which have occurred regularly every 10 years. Thus, adverse mental health effects or symptoms arising out of such traumatic events are potentially severe that they can be diagnosed as psychological and mental health disorders. This context of danger is important for study, for it offers insights into whether and how people are able to recover from the after effects of bombing attacks.

This study aimed to explore how people who have experienced a bomb attack in Iraq make sense of their experience and identify their ways of coping. The study involved an in-depth analysis of people's experience of the event and meanings they subsequently give to it. We know of no other qualitative study exploring the experience and potentially posttraumatic stress responses of bombings in Iraq. Understanding more about how people cope with a bombing attack is therefore important for those working in this field, including those attempting to develop effective services for victims. The psychological effects of such bombing attacks on victims are likely to be significant, and the way people cope with them is considered a valuable area of research. So, the results of this article could extend our knowledge of PTSD and coping strategies, especially in the context of dangerous social context. Particularly, most of the

work to date had been conducted on recovery from trauma requiring safety. Recovery from trauma is facilitated by a sense of now being in a safe context, but this is not the case in Iraq, which continues to be unsafe.

## Method

### Participants

A total of nine people were recruited (male = 4, female = 5). Participants were chosen on the basis of whether it is their first exposure to a bomb attack, in order to explore the impact such an experience has on relatively stable, nontraumatized people (Smith & Osborn, 2003). People were included in this study based on the following criteria: they were exposed to a bomb attack, the bomb attack was the first traumatic incident they experienced, they were aged 18 years or older, the traumatic incident took place at least 1 month prior to the interview, and they were civilian. Sampling is likely to be relatively homogeneous (and this is required for IPA). Overall, the sample might skewed toward the younger participants than the average age in Iraq.

### Characteristic of the Participants

A total of nine individuals who survived a bomb attack in Iraq participated in the study (see Table 1). The average age of participants ranged from 19 to 33 years, with a mean age of 26 years ( $SD = 6.01$ ). More than two third of the participants were married, and the rest were single. In terms of the educational level, more than a third had received education up to secondary and bachelor alike, and less than a quarter had received education up to primary. The rest, only 1, attended university and obtained postgraduate qualifications. All the participants identified themselves as Muslims. The average time between exposure to the bombing and the interviews ranged from 60 to 252 days ( $M = 136.77$ ,  $SD = 69.25$ ). Five participants were injured from the bombing incidents and four were not. Out of the five individuals who were injured, three were female and two were male. Pain and severity of the injuries also varied. Whereas three participants (two men and one woman) reported that the injury was a little bit painful, two described their injury as severe and very painful.

The medical records showed that the all the participants were healthy and did not suffer from any major health problems. It also showed that the people who were injured had all the physical treatment but did not go through psychotherapy. So, participants have not been diagnosed for PTSD symptoms. This is due to the lack of the availability of sufficient facilities (or professionals) offering psychotherapy in Iraq and, in general, the medical service system.

**Table 1.** Demographic Details of Participants.

Name of participant <sup>a</sup>	Gender	Marital Status	Age	Religion	Educational level	Occupation	Date of incident	Date of the interview
Husain Abdullah	Male	Single	20	Muslim	Primary	Unemployed	August 16, 2009	October 15, 2009
Laith H. Suleiman	Male	Married	25	Muslim	Secondary	Factory workers	March 23, 2009	October 17, 2009
WisamAbd Al-Kareem	Male	Married	28	Muslim	Secondary	Shop assistance	May 17, 2009	October 18, 2009
Qusai Ahmed	Male	Single	33	Muslim	Master	University lecturer	July 11, 2009	October 20, 2009
Marwa Farhin	Female	Married	37	Muslim	Bachelor	Teacher	July 16, 2009	October 22, 2009
Noor Tariq	Female	Married	19	Muslim	Bachelor	Student	February 14, 2009	October 24, 2009
Huda Lateef	Female	married	28	Muslim	Secondary	Housewife	July 23, 2008	October 26, 2009
Maha Ali	Female	Single	21	Muslim	Primary	Housewife	August 27, 2009	October 29, 2009
Ala'a N. Bakr	Female	Single	25	Muslim	Bachelor	Student	March 18, 2009	October 1, 2009

<sup>a</sup>All participants' names were changed to protect confidentiality.

### Procedure

Clinical and nursing staff in the Ministry of Health in Iraq assisted with recruitment. They were informed of the purpose of the study by the first author, were given the selection criteria, and were asked to identify potential participants from their database. A total of 16 participants were initially identified. Six people did not wish to take part in the study, and the details of the other nine volunteer participants were passed on to the researcher. Initial contact with the volunteers was made by the first author and informed consent was obtained. Potential participants were given detailed information sheets and were asked to send back an "opt-in" form should they wish to take part.

Care was taken, given the sensitive nature of the material, to assist participants to feel as comfortable as possible in a setting that was relatively accessible and with which they were familiar. The research was described fully, and the participants asked any question they wished in order to gain informed consent.

Interviews were based on a semistructured schedule, including questions about the nature of the attack, their experience, impact on their emotions, impact on relationships, attempt to resolving the after effects, and social support. Duration of each interview was between 60 to 90 min and the average time was 75 min (Smith & Osborn, 2003). Interviews were audiotaped and transcribed verbatim. Ethics approval for this project had been obtained from the Faculty of Health ethics committee—University of Plymouth.

It has been emphasized that the location of the interview can make a difference; therefore, a context was sought that was relatively neutral and also one that was not too problematic for the participants in terms of access and travel time (Smith & Osborn, 2003). The first author met with five of the participants (male = 3, female = 2) in a hall at the Ministry of

Health (MoH)—Baghdad and four (male = 2, female = 2) at Al-Anbar University. Thus, participants who are living in Baghdad and other nearby provinces were interviewed in the MoH, whereas participants who lived near Al-Anbar province were interviewed at Al-Anbar University.

### Qualitative Analysis

Interpretative phenomenological analysis (IPA) was chosen as the study aimed to analyze the data and to gain an insight into the experience of the participants. IPA involves exploration of an individual's personal account in order to reveal their underlying understandings and ways of making sense of their experiences. It emphasizes the uniqueness of how individuals perceive, interpret, and make sense of their own experience, social world, and personal dilemma at the present time and also tries to enable common themes to emerge across the sample group (Smith & Osborn, 2003).

### Credibility Checks and Procedure of Analysis

All the interviews were conducted, transcribed literally in Arabic language, and translated to the English language by the first author. In order to verify the validity of the translation, the English and Arabic versions were given, without the biographical details, to two professional interpreters who helped with the translation of the questions structure. They looked over all the versions and made corrections.

The English transcripts were read repeatedly by the authors, in order to conduct preliminary observations and identify points of interest. To devise themes, the researchers conducted interpretation and analysis of the English transcripts and started to cluster these preliminary IPA observations/notes with super- and sub-ordinate themes.

The main author's research (RD and MC) also conducted an independent audit trail of the process of the analysis and clustering of the themes. One of the authors (RD) had also conducted an independent analysis of a proportion of the transcripts to enhance the validity of the analysis.

## Results

Four superordinate themes emerged from the nine interviews. The subordinate themes that are depicting the source of each master theme and the master themes itself will be discussed in turn. (Pseudonyms are used throughout).

### *Loss of Self*

Loss of personal interest and loss of relationships with others was a feeling that such as a loss might lead to the deterioration of the self. This loss of self was conspicuous, in which several patterns emerged, including mood swings and a psychological imbalance (Nevid & Rathus, 2007). This is the central meaning of this theme. It was noticeable that a participant's opinion and feeling about their personality has changed for the worse, both in terms of their behavior and in their relationships with others, compared to the period before the incident:

I feel like I am another person. (Huda, text units, 22)

It is therefore undeniably true that participants have had problems with concentrating. Nevertheless, they are preoccupied most of the time with the incident's details. Arguably, this could be considered a significant signal of personality changes.

My father was talking to me yesterday and after each sentence I said ha? What did you say? To be honest, I was thinking of the incident. (Husain, text units, 17)

Participants repeatedly found themselves experiencing the fluctuating state of nervousness and having temper tantrum, unpleasant feelings, hesitation, and perplexity in making decisions. These aspects were also seen as uncharacteristic of who they "really" are as something uncharacteristic:

I feel nervous for every reason and for no reason. (Noor, text units, 18)

### *Shattering of World Assumptions*

This is the idea that participant's sense of the world and their lives had changed dramatically in terms of perceived safety and danger and community circumstances following the bombing. In particular, the world to them was a dangerous place and the community had changed for the worse:

Danger is everywhere, there is no safe place. People were not evil like nowadays, life was not miserable like now. (Qusai, text units, 15)

It could be argued here that an experience of bombing attack can shatter assumptions that the individual used to believe in prior to the event. Feeling safe was one of these assumptions that participants had implicitly and they viewed the world, particularly after the incident, as dangerous and unsafe. More generally, they perceived life is being surrounded by death, ordeals, and hardships, which to some extent they had been able to keep out of their attention. More important, such shattering of their assumptions altered how they saw the world, which also led to a distrust of others and the perception that people are dangerous, or in short, that human beings are not good:

We are living in a world filled with danger and hatred. (Maha, text units, 8)

Thus, participants' assumptions about safety went beyond the trauma they personally experienced, to reach the whole society and in particular the general living circumstances of their community, leading to the belief that society was dangerous and that the community is no longer safe. It is worthwhile mentioning here that these changed perceptions about the communities' circumstances have had a significant impact in shattering participants' assumptions about safety and who and what they considered safe in general before the incident, that is, people and the world, respectively. The emergence of these traits in participants' personality is a result of strong challenges to an individual's intellect vis-à-vis their assumptions about safety and danger. The conflict between these assumptions in a community led to assumptions about how it has been filled with danger and led to changes in individuals' thoughts and behaviors for the worse.

We are living in the country of blood. (Noor, text units, 11)

### *Existential Issues*

Participants expressed confusion, lack of confidence, and concerns about the future. In addition, preoccupation with death and a permanent sense of threat have dominated their thinking. Thus, when they looked to the future, they found it dark and anticipated a range of negative things could happen in the future. In other words, the feelings of pain and fear that participants experienced had influenced their views about the future. The experience of being in a bomb attack has led to the weakening of the capacity of participants to see and plan for the future realistically and effectively.

[Laugh] future?!! I can't imagine there is a future after that day. (Wisam, text units, 14)

Furthermore, preoccupation with death and an inability to cling the life led to changes in their perspective. Life after the bombing has become worthless and meaningless. Life is tragic and painful. This perspective toward life never existed before the incident.

Life is meaningless. (Maha, text units, 13)

### **Coping Strategies**

Participants reported different strategies that they have used to cope not only with the effects of bombing but also with other life circumstances that preceded or coincided with the bomb attack. Featuring in these coping strategies were religious beliefs, beliefs in receiving support from the God, prayer, and reading the Quran. These strategies played an important role to cope with the effects of bombing:

I resorted to the Quran. Reading the Quran helps me to cope with this shock. (Laith, text units, 14)

Turning to the Quran was thought to prevent them falling into depression and despair.

God inspires me and gives me strength to cope. When I feel depressed, tight and stressed, I often use these strategies. (Maha, text units, 15)

In addition to talking about religious coping, participants also spoke about receiving support from others (family/friends) as a way to cope with the effects of bombing. Participants' intact social support system is a favorable prognostic sign for future adjustment. This support helped change participants' perspective toward their current situation and life in general, mediate effect on distress, and with stalling the development of posttraumatic symptoms. With social support, they felt stronger to cope with the effect of bombing.

My uncle supported me and helped me a lot to get out of this ordeal. He was ready to do anything to make me feel happy. (Marwa, text units, 23)

Avoidance was one of the significant strategies used. There appeared to be a belief that avoiding the places where the bombing occurred, memories of the bombing, and even crowded places could prevent the onset of painful memories, feelings, and depression:

One must keep away from the place of the incident and avoid thinking about the incident; otherwise he will be an easy prey to depression. (Ala'a, text units, 18)

Despite using a variety of coping strategies to deal with the after effects of bombing incident, some of

these strategies that have been used, such as avoidance behavior, are "unhealthy." Some studies (e.g., Littleton, Horsley, John, & Nelson, 2007) have found that there is a consistent association between avoidance behavior and personality disorders. Likewise, there are studies that clearly suggest high-level avoidance entails the risk of development of trauma-related psychopathology in later life (McFarlane, 1992).

### **Discussion**

The current study aimed to explore participants' experiences of being in a bomb attack in Iraq and hoped that the findings would be relevant to those caring for people who are exposed to this experience and be of interest to those who themselves have been exposed to bomb attack. The results of this study indicated that even though there were considerable variations in the level of psychopathological symptoms found at the individual level, there are also some common themes in how people experience such attacks and the strategies they later to cope with the adverse aftereffects of the incident. In speaking of their experience of being in a bomb attack, the participants highlighted several psychological impacts both in relation to the bomb attack itself and other life circumstances that preceded or coincided with the bomb attack. We can argue that all results (themes) of this study are revealing about the nature of the traumatized sense of self among people who were exposed to a dangerous event.

The theme of changed self also connected with the participants' notion that the experience had changed them as people, their personality, and their sense of self. This was seen typically as a deficit, a loss of their old optimism, and abilities to cope. This theme also appeared to connect with other symptoms or traits such as withdrawal and loss of interest in maintaining relationships with others. This sense of loss of self appeared to contribute to a sense of not being able to cope or to think about themselves and their feelings. Laufer (1988) described the concept of a "serial self," an unsettling sense of shifting and changing experiences of self, which imprints the experience on the individual and its disruptive impact in later life. More generally, it may connect with a sense of despair that is characteristic of depression and related to PTSD. PTSD and trauma theory suggests that loss of self relates to an inability to concentrate, mood swings, and harmful behaviors (Nevid & Rathus, 2007). Arguably, a coherent and stable sense of self is required to act as a base that a person can use to make sense of the trauma and develop strategies to cope with the posttraumatic symptoms in later life (Janoff-Bulman, 1992).

Problems in interpersonal relationship and loss of self can be seen as associated with the concept of insecure attachment (Benoit, Bouthillier, Moss, Rousseau, & Brunet, 2010) and high levels of avoidant attachment strategies developed

as a result of the impact of the experience of the bombing attack. Participants discussed how their own experience of being in a bombing attack affected their level of attachment with others. Data not analyzed in this study has shown a major prevalence of insecure-avoidant nature among the participants and painful feelings thwarting their attempts to avoid feeling submerged and denied.

Exposure to bombing has often been implicated in numerous psychological problems and may affect many aspects of the survivor's life, including cognitions (Ehlers & Clark, 2000). Among the cognitive changes that have been ascribed to exposure to bombing attacks are changes in the individual's assumptions toward the world/self/others. So, as a result of this new self, they no longer trust the world and perceive the world to be dangerous. Scholars such as Janoff-Bulman (1992) argued that some perceptions or world assumptions protect us from fully appreciating our vulnerability and that exposure to traumatic event unsettles or even shatters the illusion of safety and forces people to examine and revise their assumptions and often replace them with new assumptions less positivity. In other words, people hold core assumptions about their life and other people, which appears as threatening or challenging and as something highly dangerous. Life-threatening and unexpected events require reflection and opportunities to develop new emotional and behavioral responses to be able to anticipate and plan for the future. The participants in the current study indicated that the areas of core assumption most challenged and likely to be shattered after exposure to bombing attack were noticing danger more, preoccupation with danger, and Iraq as a dangerous place to live in.

The theme 'Shattering of world assumptions' highlights these psychological demands faced by the participants in the current study. The participants spoke about how much the circumstances in Iraq nowadays are dangerous. It was also noticeable that there are many social consequences of the bombing attack both in relation to their social identity and their concerns about other people. Such events often reveal the ultimate fragility of existence and can eventuate in both immediate distress and long-term interruptions to normal functioning with far-reaching consequences for oneself, one's loved ones, and society. Furthermore, it shocks the psychological system and violates core assumptions that life is predictable, safe, and secure. The preoccupation with the danger and the sense that there is no place safe in Iraq seemed to indicate the incorporation of the bombing attack into their life assumptions. This theme is clearly connected with the work of Janoff-Bulman (1992) who likewise emphasized how experience of highly dangerous events and traumatic reactions can involve a shattering of core assumptions about oneself and the world they are in. Even though the majority of the participants felt that they can rebuild these assumptions positively once they leave Iraq, it should be noted that the preoccupation with danger might hamper the positive adjustment.

This traumatized self appeared to be struggling with existential issues, confusion, and worry about the future. Laufer (1988) argued that exposure to a traumatic event could "shatter" those fundamental assumptions that gave our life meaning and that the resultant emotional upheaval potentially leads to PTSD. This is in line with research that suggests the potential effects of traumatic events lead to PTSD (Martz, 2004). PTSD is believed to result when a traumatic event shatters a person's core beliefs that enable to establish meaning in life (Herman, 1992) and increase the level of preoccupation with death (Chung, Chung, & Easthope, 2000). This is in line with research that shows that people who report a better meaning-restructuring coping experience reported lower levels of posttraumatic symptoms (Owens, Steger, Whitesell, & Herrera, 2009).

Even though traumatic events lead to negative psychological effects, such as the feeling that the world is dangerous, worrying about the future, and the inability to relate to any one, the person affected is also trying to cope with reality. The reality involves the feeling that Iraq is still highly dangerous, potentially traumatic, and that they are stuck in this dangerous country and cannot leave it, which potentially makes the problem worse. In this case, individuals affected are attempting to cope with the reality by turning to religion, reading the Quran, reading religion-based stories, and asking for support from God.

Other coping strategies were described as avoidance or emotional withdrawal and keeping feelings suppressed, which appeared to aim at distancing participants from the stress that they might be experiencing. It was noticeable that participants also received social support from a range of different sources such as friends and family, which facilitated the coping process. However, in some cases, this attempt at support included encouragement to engage in avoidant strategies, such as trying not to think or talk about the events.

These findings support the limited existing research about the subjective experience of bomb attack and provide some useful elaborations (Luce et al., 2002; North et al., 2004). For instance, the emotions and psychological problems following the bombing attack had been identified in previous research (Allen, 2006). Process of coping strategies with traumatic events have been described in previous researches (Muldoon & Downes, 2007). What have been found in this study is completely different. The current study highlighted a variety of strategies that people used to believe and rely on. These strategies, including reinforcing one's belief system with the belief that God is an important source strength and support, help people cope with the trauma. Such strategies also provided potential explanations for the hardships people experience when trying to reconcile with and accept the new situation they face in the aftermath of bombing event. The participants were struggling to rebalance their psychological well-being by using different ways of coping. Reading Quran and other strategies provided the strength against the trauma that they were exposed to.

Feelings of strength, resilience, and power were also seen to be a result of the support that they have received from family and friends. This suggests that social support might play a vital role in promoting resilience, recovery from difficulties and problems, and help with overcoming the effects of trauma and might lead to an improvement of the emotional climate in the aftermath of the bombing attacks. It appeared that social sharing helped people to reconstruct basic assumptions or social positive beliefs and fostered the transmission of positive feelings. Finally, because of the reinforcement of social integration and positive beliefs, social sharing also helped the participants to construct a positive emotional climate, emphasizing trust, hope, and positive feelings (Páez, Basabe, Ubillos, & González-Castro, 2007). PTSD and trauma theory supports this assumption (Altawil, Harrold, & Samara, 2008), suggesting that the decline of the PTSD symptoms overtime might be due to the support that the person receives from others (Martz, 2004).

The research has shown that stressors and exposure to bombings result in considerable risks of mental and physical health problems, including PTSD (Tucker et al., 2007), depression (Seal et al., 2009), impairment in social functioning, and the inability to work (Sayer et al., 2010). It is argued that there are two things that are mandatory to alleviate the psychiatric and social consequences of these ongoing bombings. First, the social, psychiatric, and psychological services must be available to assist this population by offering a chance to process their experience and feelings. Even more important, we must provide intense outreach to these individuals so that they are encouraged to use the programs. Mental health services must be provided in primary care, and confidential counseling must be provided through employee assistance programs. This needs to take into account the wider understandable tendency in families that try to dismiss the traumatic experiences and to move on. However, this may also involve the cost of prolonging the existence of distress and posttraumatic reactions.

### Limitations of the Study

It has been confirmed that using IPA requires a homogeneous sample (Smith & Osborn, 2003). An attempt has been made to ensure that participants have common experiences and features in as many respects as possible. However, given the time frame available in which to recruit participants it was not possible to do matching between participants on all aspects that may have a bearing on the issues they mentioned during the interviews. The diversity of the demographic differences within the sample enables identification of potential explanations for differences between the participant's accounts. This might be an interesting area for future research.

A further potential criticism of this study is that due to the difficult circumstances that Iraqi people have been facing, living in such situations could affect the psychological

well-being and leave behind more psychological distress in the same way that a bombing attack does.

Although all participants were able to recall and speak about the explosion, data regarding the date of the incident and its severity could have been more accurate, another potential limitations. Whereas some participants reported the bombing attack to have occurred only recently, for others the incident has occurred several months ago, which may also have a bearing on the degree of severity of posttraumatic symptoms reported. Furthermore, avoiding sometimes talking about painful things regarding the incident might have also affected the results of the study. This may be another interesting area for future research.

The language is the key element to describe the participant's experience; furthermore, it's substantial for IPA. A final potential limitation is the validity of translation. Despite the fact that the researcher did his best to make the English version similar to the Arabic version, the translation might still not be very accurate vis-à-vis extracting the appropriate themes from the interview transcripts.

### Conclusion

Bombing attacks have been used by terrorists to kill people, spread horror, and fear in Iraq. It is unlikely that a single day passes without the occurrences any bomb attack in Iraq. A bombing attack leaves behind several psychological and physical effects. However, no study has been conducted to investigate these effects. The current study is therefore an important addition to the limited existing literature focusing on people's experience of being in a bombing attack and how they cope with it. This study suggests that the experiences and ways of coping are associated with the wider cultural context of danger and the lack of a safe base to resolve the experiences. The themes, loss of self, shattering of assumptions, and existential changes, elaborate the nature of the symptoms that are described by PTSD theory and diagnosis. This study adds to our understanding of how PTSD and other psychological difficulties may continue, for example, loss of self and shattering of assumptions to hold back opportunity to recover.

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