Quantum Restorying of the PTSD Leviathan: Posthumanist, Critical New Materialisms of Wider Agentic-Trauma of Military and Civilian Bodies

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Figure 1: Leviathan-Veteran Cyclic-Antenarrative of PTSD-Fear
Without an identifiable why and what, then Leviathan for the veteran remains an absent referent, closed in the recurring cyclic-antenarrative of apprehension without object, anticipation, leading to aversion, the absent-Leviathan-referent hides, increasing appetite for veteran to relive and re-enliven fear itself, as the dominant conventional treatment modality.

Posthumanist New Critical Materialisms (Karen Barad, Mira J. Hird, Patrice Haynes, Jane Bennett, Deborah Cook, Diana Coole, and Samantha Frost) contribute to understanding Quantum Restorying the material/materializing/materializations of PTSD-Leviathan the absent referent in five ways:

1) PTSD inhabits living bodies in material ways (biochemical, phsicio-biologic, psychic-memory-neurology).
2) PTSD is embodied in the Leviathan of military, State, University, Medicine, and other institutions (family, academic, clinical, pharmaceutical, neuroscience, etc.) all co-producing PTSD in veteran bodies in relation to other bodies with and without the syndrome of PTSD. This is my reading of Samantha Frost who develops a new materialism reading of Thomas Hobbes’ Leviathan.
3) PTSD is embodied in the habit and disciplinary material/knowledge practices of military industrial complex, and formations of late modern capitalism where PTSD is recast as agentic singularity of veteran’s errant memory work. This is a Foucauldian reading of new materialism.
4) PTSD is materialized in ‘observing instruments’ and ‘observing apparatuses as well as in treatment protocols, the agential cuts of Cartesians and of vital materialisms (Deleuze, Merleau-Ponty, Barad, Bennett, etc.).
5) PTSD embodies the human spirit that haunts veterans, families, the military, social sciences of diagnosis (instrument production & measurement), and clinical treatments.

“No, the world itself is an apparition” ... “wandering pseudo-body of a spirit, it is an apparition: ... “look near at hand or into the distance, you are surrounded by a ghostly world ... you see spirits” ... “you should not be surprised” ... “your spirit is a ghost haunting your body” ... “that you yourself are a ghost.”
PTSD COACH’ SELF-ASSESSMENT app (not at all, a little bit, moderately, quite a bit, extremely):

1. In the past month, how much have you been bothered by repeated disturbing memories, thoughts, or images of the stressful experience?
2. In the past month, how much have you been bothered by repeated disturbing dreams of the stressful experience?
3. In the past month, how much have you been bothered by suddenly acting or feeling as if the stressful experience were happening again?
4. In the past month, how much have you been bothered by feeling very upset when something reminded you of the stressful experience?
5. In the past month, how much have you been bothered by having physical reactions (e.g. heart pounding, trouble breathing, sweating) when something reminded you of the stressful experience?
6. In the past month, how much have you been bothered by avoiding thinking or talking about the stressful experience, or avoiding having feelings related to it?
7. In the past month, how much have you been bothered by avoiding activities or situations because they reminded you of the stressful experience?
8. In the past month, how much have you been bothered by trouble remembering important parts of the stressful experience?
9. In the past month, how much have you been bothered by loss of interest in activities that you used to enjoy?
10. In the past month, how much have you been bothered by feeling distant or cut off from other people?
11. In the past month, how much have you been bothered by feeling emotionally numb or being unable to have loving feelings for those close to you?
12. In the past month, how much have you been bothered by feeling as if your future somehow will be cut short?
13. In the past month, how much have you been bothered by trouble falling or staying asleep?
14. In the past month, how much have you been bothered by feeling irritable or having angry outbursts?
15. In the past month, how much have you been bothered by having difficulty concentrating?
16. In the past month, how much have you been bothered by being ‘superalert’ or watchful or on guard?
17. In the past month, how much have you been bothered by feeling jumpy or easily startled?

I explored managing the PTSD, and was presented with this screen of eight options:

“What’s Wrong?”

1. Reminded of Trauma
2. Avoiding Triggers
3. Disconnected from People
4. Disconnected from Reality
5. Sad/Hopeless
6. Worried/Anxious
7. Angry
8. Unable to Sleep

On each of those screens I can rate my distress on a scale of 0 to 11. Distress PTSD Coach defined as “everything negative you are feelings, including anger, sadness, fear, and so on, all in one score.”
My purpose is to widen and deepen the identification and treatment of PTSD from its narrow PTSD COACH app and Old ways of Restorying into Posthumanist Quantum Restorying.
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| 1. Recharacterize (authentic identity) | Q1: Describe you and your family at its best, functioning perfectly, living up to your ideals?  
Q2: What are your most outstanding qualities as a person? ... as a family? | Q1: How does PTSD inhabit the living bodies of you, your family relations, in material ways (biochemical, phsiciobiologic, psychic-memory-neurology)?  
Q2: How is PTSD materialized in ‘observing instruments’ and ‘observing apparatuses as well as in treatment protocols?’ |
| 2. Externalize (re-label)          | Q3: Make the problem the problem.  
Q4: Give it its own name and identity separate from the person | Q3: How is the Military, Medical establishment materializing PTSD?  
Q4: How is PTSD embodied in the military and other institutions (family, academic, clinical therapy), in the relation of bodies with and without PTSD? |
| 3. Sympathize (benefits)           | Q5: What are the benefits of ‘Mr. Military’?  
Q6: Whom does this benefit you? ... your family? ... your career? | Q5: How do the military, medical, and university benefit from PTSD?  
Q6: What are the benefits of PTSD materialized in ‘observing instruments,’ ‘observing apparatuses, and ‘treatment protocols’? |
| 4. Revise (consequences)           | Q7: What are the negative consequences of ‘Mr. Military’?  
Q8: Would you really like to be rid of Mr. Military? ... rid of the problem? | Q7: What are the consequences of PTSD being embodied in the habit and practices of military industrial complex?  
Q8: What are the consequences of PTSD being embodied in the economics and politics of modern capitalism? |
| 5. Strategize (Little Wow Moments of exception) | Q9: What LWMs (unique outcomes) when problem not as strong or you overcome it, resisted it?  
Q10: When were you an exception to the plot of Mr. Military? | Q9: What are the LWMs when PTSD did not match the institutional diagnosis?  
Q10: When were you an exception to the military’s plot about PTSD? |
| 6. Restory (rehistoricizes the BME narrative) | Q11: How can you assemble several LWMs into a living story that becomes the rule, no longer an exception?  
Q12: Write a news release (or letter) to someone you think has this skill? | Q11: How can you reassemble the materiality of PTSD, its production in the Military, Medicine, Family, and University?  
Q12: How can you restory PTSD as a specter that haunts the veteran? |
| 7. Publicize (support networking)  | Q13: Who in your life can already see the new living story, the new loving character, your possibilities, and your new future?  
Q14: Who can you enlist to support you, and tell you when ‘Mr. Military’ returns to the stage? | Writing is a materiality process:  
Q13: What letter writing between therapist and you?  
Q14: What letter writing between you and family members? |